

# THE GP PATIENT SURVEY

Thank you for taking the time to answer these questions. Please answer the questions below by putting a **X** in ONE BOX for each question. We will keep your answers completely confidential.

If you would prefer to complete the survey online, please go to [www.gp-patient.co.uk](http://www.gp-patient.co.uk)

Reference/Username: 
  
 Online password:



## A. ABOUT YOUR GP SURGERY OR HEALTH CENTRE

**Q1** How easy do you find it to get into the building at your GP surgery or health centre?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy

**Q2** How clean is your GP surgery or health centre?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Don't know

**Q3** In the reception area, can other patients overhear what you say to the receptionist?

- Yes, but I don't mind
- Yes, and I am not happy about it
- No, other patients can't overhear
- Don't know

**Q4** How helpful do you find the receptionists at your GP surgery or health centre?

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful

## B. GETTING THROUGH ON THE PHONE

Now please think about times you have phoned your GP surgery or health centre in the past 6 months.

**Q5** In the past 6 months, how easy have you found the following?  
Please put a **X** in one box for each row.

	Haven't tried	Very easy	Fairly easy	Not very easy	Not at all easy	Don't know
Getting through on the phone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking to a doctor on the phone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking to a nurse on the phone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting test results on the phone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. BOOKING AN APPOINTMENT

**Q6** How do you normally book your appointments to see a doctor or nurse at your GP surgery or health centre?

Please **X** all the boxes that apply to you

- In person
- By phone
- By fax machine
- Online
- Digital TV
- Doesn't apply

**Q7** Which of the following methods would you prefer to use to book appointments at your GP surgery or health centre?

Please **X** all the boxes that apply to you

- In person
- By phone
- By fax machine
- Online
- Digital TV
- Doesn't apply / no preference

## D. SEEING A DOCTOR

**Q8** In the past 6 months, have you tried to see a doctor fairly quickly?  
By 'fairly quickly' we mean on the same day or in the next 2 weekdays the GP surgery or health centre was open.

- Yes ..... Please go to Q9
- No ..... Please go to Q11
- Can't remember .... Please go to Q11

**Q9** Think about the last time you tried to see a doctor fairly quickly. Were you able to see a doctor on the same day or in the next 2 weekdays the GP surgery or health centre was open?

- Yes ..... Please go to Q11
- No ..... Please go to Q10
- Can't remember .... Please go to Q11

**Q10** If you couldn't be seen within the next 2 weekdays the GP surgery or health centre was open, why was that?

Please **X** all the boxes that apply to you

- There weren't any appointments
- The times offered didn't suit me
- The appointment was with a doctor I didn't want to see
- I could have seen a nurse but I wanted to see a doctor
- I was offered an appointment at a different branch of my surgery
- Another reason
- Can't remember

Q11

In the past 6 months, have you **tried** to book ahead for an appointment with a doctor?

By 'booking ahead' we mean booking an appointment more than 2 full weekdays in advance.

- Yes ..... Please go to Q12
- No ..... Please go to Q13
- Can't remember .... Please go to Q13

Q12

Last time you tried to, were you **able** to get an appointment with a doctor **more than 2 full weekdays in advance**?

- Yes
- No
- Can't remember

Q13

When did you last see a doctor at your GP surgery or health centre?

- In the past 3 months ..... Please go to Q15
- Between 3 and 6 months ago ..... Please go to Q15
- More than 6 months ago ..... Please go to Q14
- I have never been seen at my present GP surgery or health centre ..... Please go to Q14

Q14

If you haven't seen a doctor in the past 6 months, why is that?

Please **X** all the boxes that apply to you

- I haven't needed to see a doctor
- I couldn't be seen at a convenient time
- I couldn't get to the GP surgery or health centre easily
- I didn't like or trust the doctors
- Another reason

## E. WAITING TIME AT THE GP SURGERY OR HEALTH CENTRE

Q15

How long after your appointment time do you normally wait to be seen?

- I don't normally have appointments at a particular time
- I am normally seen at my appointment time
- Less than 5 minutes
- 5 to 15 minutes
- 16 to 30 minutes
- More than 30 minutes
- Can't remember

Q16

How do you feel about how long you normally have to wait?

- I don't normally have to wait too long
- I have to wait a bit too long
- I have to wait far too long
- No opinion/doesn't apply

## F. SEEING THE DOCTOR YOU PREFER

**Q17** Is there a particular doctor you prefer to see at your GP surgery or health centre?

- Yes ..... Please go to Q18  
 No ..... Please go to Q19  
 There is usually only one doctor in my GP surgery or health centre ..... Please go to Q19

**Q18** How often do you see the doctor you prefer to see?

- Always or almost always  
 A lot of the time  
 Some of the time  
 Never or almost never  
 Not tried at this GP surgery or health centre

## G. OPENING HOURS

**Q19** How satisfied are you with the hours that your GP surgery or health centre is open?

- Very satisfied  
 Fairly satisfied  
 Neither satisfied nor dissatisfied  
 Fairly dissatisfied  
 Very dissatisfied  
 I'm not sure when my GP surgery or health centre is open

**Q20** As far as you know, is your GP surgery or health centre open...

Please put a **X** in one box for each row

	Yes	No	Sometimes	Don't know
... before 8am? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... at lunchtime? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... after 6.30pm? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... on Saturdays? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... on Sundays? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q21** Would you like your GP surgery or health centre to open at additional times?

- Yes ..... Please go to Q22  
 No ..... Please go to Section H

**Q22** Which one of the following additional times would you most like the GP surgery or health centre to be open? Please pick one answer showing the time you would most like it to be open.

- Before 8am  
 At lunchtime  
 After 6.30pm  
 On a Saturday  
 On a Sunday

## H. SEEING A DOCTOR AT THE GP SURGERY OR HEALTH CENTRE

Please answer these next questions about the last time you saw a doctor at your GP surgery or health centre.

**Q23** Last time you saw a doctor at your GP surgery or health centre, how good was the doctor at each of the following? Please put a **X** in one box for each row.

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking about your symptoms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining tests and treatments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions about your care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking your problems seriously .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q24** Did you have confidence and trust in the doctor you saw?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know/can't say

## I. SEEING A PRACTICE NURSE AT THE GP SURGERY OR HEALTH CENTRE

**Q25** Have you seen a practice nurse at your GP surgery or health centre in the past 6 months?

- Yes..... Please go to Q26
- No..... Please go to Q27

**Q26** How easy is it for you to get an appointment with a practice nurse at your GP surgery or health centre?

- Haven't tried
- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Don't know

**Q27** Last time you saw a practice nurse at your GP surgery or health centre, how good was the practice nurse at each of the following? Please put a **X** in one box for each row.

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking about your symptoms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining tests and treatments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions about your care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking your problems seriously .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## J. YOUR OVERALL SATISFACTION

**Q28** In general, how satisfied are you with the care you get at your GP surgery or health centre?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

**Q29** Would you recommend your GP surgery or health centre to someone who has just moved to your local area?

- Yes, would definitely recommend
- Yes, might recommend
- Not sure
- No, would probably not recommend
- No, would definitely not recommend
- Don't know

## K. PLANNING YOUR CARE

**Q30** Do you have any long-standing health problem, disability or infirmity? Please include anything that has troubled you over a period of time or that is likely to affect you over a period of time.

- Yes ..... Please go to Q31
- No ..... Please go to Section L
- Don't know/can't say ..... Please go to Section L

**Q31** Have you had discussions in the past 12 months with a doctor or nurse about how best to deal with your health problem?

- Yes ..... Please go to Q32
- No ..... Please go to Section L

**Q32** In these discussions...

	Yes	No	Don't know	Not applicable
...did the doctor or nurse take notice of your views about how to deal with your health problem?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...did the doctor or nurse give you information about the things you might do to deal with your health problem? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...did you and the doctor or nurse agree about how best to manage your health problem?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...did the doctor or nurse give you a written document about the discussions you had about managing your health problem?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...did the doctor or nurse ever tell you that you had something called a 'care plan'?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q33** Do you think that having these discussions with your doctor or nurse has helped improve how you manage your health problem?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know/can't remember

Q34

In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Please think about all services and organisations, not just health services)

- Yes, definitely
- Yes, to some extent
- No
- I have not needed such support
- Don't know/can't say

## L. SOME QUESTIONS ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

Q35

Are you male or female?

- Male
- Female

Q36

How old are you?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or over

Q37

Which of these best describes what you are doing at present?

If more than one of these applies to you, please X the main ONE only

- Full-time paid work (30 hours or more each week) ..... Please go to Q38
- Part-time paid work (under 30 hours each week) ..... Please go to Q38
- Full-time education at school, college or university
- Unemployed
- Permanently sick or disabled
- Fully retired from work
- Looking after the home
- Doing something else

Please go to Q40

Q38

In general, how long does your journey take from home to work (door to door)?

- Up to 30 minutes
- 31 minutes to 1 hour
- More than 1 hour
- I live on site

Q39

If you need to see a doctor at your GP surgery or health centre during your typical working hours, can you take time away from your work to do this?

- Yes
- No

Q40

In general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

Q41

Do you have any of the following long-standing conditions? Please include problems which are due to old age.

Please X all the boxes that apply to you

- Deafness or severe hearing impairment
- Blindness or severe visual impairment
- A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
- A learning difficulty
- A long-standing psychological or emotional condition
- Other, including any long-standing illness
- No, I do not have a long-standing condition

Q42

Are you a deaf person who uses sign language?

- Yes
- No

Q43

Are you a parent or a legal guardian for any children aged under 16 currently living in your home?

- Yes
- No

Q44

Do you have carer responsibilities for anyone in your household with a long-standing health problem or disability?

- Yes
- No

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

**Q45** What is your ethnic group?  
Choose one section from A to E below, then select the appropriate option to indicate your ethnic group

**A. White**

- British
- Irish
- Any other White background

→ Please write in

**B. Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

→ Please write in

**C. Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

→ Please write in

**D. Black or Black British**

- Caribbean
- African
- Any other Black background

→ Please write in

**E. Chinese or other ethnic group**

- Chinese
- Any other ethnic group

→ Please write in

**Q46** Which of the following best describes how you think of yourself?

- Heterosexual/straight
- Gay/Lesbian
- Bisexual
- Other
- I would prefer not to say

**Q47** Which of the following best describes your religion?

- None
- Buddhist
- Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I would prefer not to say

Thank you for your time.

Please return this questionnaire in the reply paid envelope provided or send it in an envelope marked only FREEPOST GP PATIENT SURVEY (no stamp is needed).

This questionnaire has been developed in conjunction with the Peninsula Medical School and the National Primary Care Research and Development Centre at the University of Manchester.

