Royal Crescent Surgery Patient Survey

The Royal Crescent Surgery has started a Patient Reference Group to help us to improve the service we offer. We have asked the group to identify areas where they think we can improve and this survey has been compiled based on the priorities determined by our Patient Reference Group.

Please answer the questions by putting an 'X' in the box next to your chosen answer(s). Completed questionnaires will remain confidential and anonymous.

Please return your completed questionnaire to reception in the envelope provided by Wednesday 13th March

1.	Reception and waiting room fac	ilities	
1a)	How easy do you find getting into the building at the surgery?		
	Very easy Fairly easy Not very easy Not at all easy		
1b)	How clean is the GP surgery?		
	Very clean Fairly clean Not very clean Not at all clean Don't know		
1c)	In the reception area, can other patients overhear what you say to the receptionist		
	Yes, but don't mind Yes and am not happy about it No, other patients can't overhear Don't know		
1d)	Are you aware that you can ask to speak more privately if you wish?		
	Yes No		

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1e)	How helpful do you find the receptionists at the surgery?		
	Very Fairly Not very Not at all		
1f)	Do you look at the notices on the noticeboards?		
	Yes No		
1g)	If you do look at the noticeboards, how helpful do you find the information displayed?		
	Very helpful Fairly helpful Not very helpful Not at all helpful		
recep	tion and waiting room facilities such as weboards:	ons you would like to make about the what information you would like displayed on	

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2a)	a) How do you usually order your prescriptions?		
	In person/surgery Post Email Through the chemist		
2b)	How would you like to be able to order your prescriptions in future?		
	Email Telephone Online In person/surgery		
2c)	Are you aware that you can arrange for local pharmacies to order and collect your prescriptions?		
	Yes and I use this service Yes but don't wish to use the service No but may use it in future No and don't want to use it		
2d)	Would you like to be able to collect prescriptions on Saturday mornings?		
	Yes No		
Is the	ere anything else you would like to mention	on about prescriptions?	

2.

Prescriptions and medication

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

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