



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Patient Access Survey 2019/20

Please answer all the questions that are relevant and apply to you to the best of your knowledge. There are no right or wrong answers, and the practice will not be able to identify your individual response. We will be using the information that has been provided in order to share learning and continue to improve services.

We appreciate you taking the time to complete this patient survey as we value your feedback.

Name of GP surgery

Old Station Surgery

What is your age range?

0 - 4 years

5 - 15 years

16 - 24 years

25 - 40 years

40 - 60 years

60 - 75 years

over75 years

Do you have a long-standing illness or condition?

Yes

No

If yes, please specify _____

Do you have a disability?

Yes

No

If yes, please specify _____

Do you consider yourself to be a carer?

Yes

No

If yes, please specify _____

Are you able to communicate in your language of choice when you visit your GP Practice?

Yes

No

If yes, please specify _____

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

- 1-3 times 4-6 times 7+ times

Which of these groups would best describe you and your circumstances?

- Employed full time Employed part time Carer
- Student Self employed Home worker
- Retired Other (please state) _____

Are you able to visit the surgery during the working hours of 8am - 6:30pm Monday to Friday?

- Yes No

If no, what are the reasons or difficulties? _____

How would you prefer to book appointments?

- By telephone (verbally) In person (face-to-face)
- By SMS/Text Message Email
- My Health Online (**MHOL**)

Generally, how easy is it to get through to someone at the surgery on the telephone?

- Easy Neither easy or difficult Difficult

Do you know if your practice offers any of the following through My Health Online **MHOL?**

- Booking routine appointments online Yes No Not sure
- Ordering repeat prescriptions online Yes Yes Not sure

Generally, how do you find making a routine appointment at the surgery?

- Easy Neither easy or difficult Difficult

Tell us about your experience with this _____

Generally, how easy is it to make an urgent appointment at the surgery?

- Easy Neither easy or difficult Difficult

Before you booked this appointment, did you try any of the following first?

- Looked for self-care information online. Yes No
- Visited a pharmacist through the minor ailments scheme. Yes No
- Visited an optician for minor eye conditions. Yes No
- Accessed information via NHS direct/NHS 111. Yes No
- Did not obtain advice from anywhere else. Yes No
- Other. (please state)

If you have asked for urgent appointment with a doctor in the last 12 months, when did the appointment then take place?

- On the same day The next day
- A few days later A week or more later

How long do you normally have to wait for a routine appointment with a GP of your choice?

- No wait About 1 week
- 2-3 weeks 4 weeks or more

How long do you normally have to wait for a routine appointment with another Health Care Professional of your choice?

- No wait About 1 week
- 2-3 weeks 4 weeks or more

How helpful do you find the reception team at the surgery?

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

Have you been seen by a Health Care Professional other than a GP?

- Minor Illness Nurse Yes No Not sure
- Advanced Nurse Practitioner Yes No Not sure
- Practice Paramedic Yes No Not sure

Practice Pharmacist Yes No Not sure

Other Please state _____

How satisfied were you with the care you received?

Very Satisfied Satisfied Neither Satisfied nor dissatisfied
 Dissatisfied Very Dissatisfied

When you need information about appointment booking/times, what ways have you tried to find that information?

Speaking to someone at the surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surgery website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surgery leaflet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Display boards or posters within the surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How would you rate your overall experience accessing services at this surgery?

Excellent Very Good Good
 Fair Poor Very Poor

Please tell us more about your experience rating and anything else you wish to share

Thank you for completing this survey