Patient Satisfaction Questionnaire - GP Doctors

Thank you for choosing to be seen by us at the Oxford Private Medical Practice.

We aim to provide you with the best possible healthcare service. By providing feedback on your experiences and views, you will be helping us to improve every aspect of how we support you.

All information received is treated in confidence, please do not write your name on this questionnaire and please base your answers only on today's consultation.

Please write today's date here: .....

Today I came to see: .....

Which surgery did you attend? Mayfield House ☐ Stratum Clinic ☐

1. Which of the following best describes the reason why you came in? (Please tick all the boxes that apply)

i To ask for advice ☐

ii Because of an ongoing problem ☐

iii For treatment (including prescriptions) ☐

iv Because of a one-off problem ☐

v For a check-up ☐

vi For vaccinations and travel advice ☐

vii Other (please give details) .....

2. Thinking about booking your appointment today and the related administration, please let us know how you found the experience (Please complete and tick one box)

i Where did you hear about our practice ----------

	Great	Good	Fair	Poor	N/A
ii The information available on our practice (eg website)	☐	☐	☐	☐	☐
iii The ease of booking an appointment	☐	☐	☐	☐	☐
iv The charging structure was explained clearly	☐	☐	☐	☐	☐
v The practice info, confirmation and T&Cs are clear	☐	☐	☐	☐	☐
vi Our welcome / greeting on your arrival	☐	☐	☐	☐	☐
vii The punctuality of your appointment time	☐	☐	☐	☐	☐
viii Your impression of the practice environment	☐	☐	☐	☐	☐
ix What do you consider of the overall cleanliness	☐	☐	☐	☐	☐

	Yes	No
x You had easy physical access into the practice	☐	☐

OXFORD PRIVATE MEDICAL PRACTICE

3. **How good was your doctor at each of the following? (Please tick one box in each line)**

	Great	Good	Fair	Poor	N/A
i Making you feel at ease					
ii Letting you tell your story & listening to you					
iii Assessing your medical condition					
iv Explaining your condition and treatment					
v Involving you in decisions about your treatment					
vi Giving you the chance to ask questions & raise concerns					
vii Providing or arranging treatment for you					
viii Clearly explaining what you will be charged					

4. **Please decide how strongly you agree or disagree with these statements (please tick one box in each line)**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i My information will be kept confidential					
ii This doctor is honest and trustworthy					

5. **Can you let us know how you feel about your appointment (please tick one box in each line)**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i I am confident about this doctor's ability to provide care					
ii I would be happy to see this doctor again					
iii You were provided with clear verbal & written instructions					
iv I was shown respect for my religious & cultural beliefs					

	Yes	No
v Was this visit with your usual doctor?		
vi Would you recommend the Practice to others		

Please add any other comments you want to make about this doctor.

Please note: No patients will be identified when this information is given to the doctor.

We value any comments about any other aspect of the service we provide, in particular if you feel there are any services we could include which may benefit you in the future

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