

ST THOMAS MEDICAL GROUP

PATIENT SURVEY 2013

Dear Patient

You may be aware that we now have a Patient Reference Group comprising patients and members of staff. The Group's objective is to collect views and opinions of patients, identify areas that need addressing and set up an Action Plan for the coming year.

We are pleased to say we now have 112 patients in our Group.

An initial survey has been completed by our Patient Reference Group which has identified the main areas that we would like to take forward for discussion:-

Same Day Illness Clinic
Surgery Times
Access to Building/Services
Telephone Consultations
Home Monitoring/Self-Testing

Please find below a more in-depth questionnaire which we are now asking our Practice population to complete.

Would you please be kind enough to complete and return this form to the Health Centre.

When we have received the results of this survey, we will meet with our Patient Reference Group again to agree our next Action Plan.

Many thanks for your help in trying to improve your Health Centre.

SURGERY TIMES - please tick		YES	NO
Do you find the surgery times we offer suitable for your needs?			
If "NO", which of the following surgery times would you find more helpful?	Monday - Friday	12 - 2pm	5 - 7
	Saturday	10 - 12	

SAME DAY ILLNESS CLINIC - please tick	YES	NO
Have you used our Same Day Illness Clinic before?		
If "Yes" was the time convenient		
Was the wait to be seen acceptable?		
Did you have to return to see your own GP?		
If "NO" what time would you like the Clinic to run?		

ACCESS TO BUILDING/SERVICES - please tick	YES	NO
Have you experienced difficulty accessing our services?		
If "YES" in which areas?		
Do you have any suggestion as to how we could improve accessibility?		

TELEPHONE CONSULTATIONS - please tick	YES	NO
Are there occasions when you would be prepared to have a telephone consultation with your GP or Nurse, rather than a face to face consultation?		

HOME MONITORING/SELF TESTING - please tick	YES	NO
We are considering providing interested patients with equipment to enable them to monitor their conditions at home, e.g. blood pressure, heart rate, lung capacity. Would this be of interest to you?		
If "YES" please let us have your details by completing the "tear off" slip below		

I am interested in Home Monitoring for:

Name: Telephone No: