

## REDGATE MEDICAL CENTRE - PATIENT PARTICIPATION GROUP SURVEY

Our Patient Participation Group would like to obtain the views of other patients experience at the surgery today. Please could you take a few minutes to complete the survey below after your appointment today. This survey is totally anonymous and there is a secure box in reception in which to place completed surveys.

**1. How welcome and relaxed did the doctor/nurse practitioner (NP) make you feel?**

Not at all                      Not very                      moderately                      Very                      Extremely

**2. How much did the doctor/NP involve you in decisions during the consultation?**

Not at all                      Not much                      Moderately                      Very                      Completely

**3. How good was the doctor/NP at listening to you?**

Very Good                      Good                      Neither Good nor  
Poor                      Poor                      Very Poor

**4. Did you feel the doctor/NP gave you enough time?**

No, not at all                      No, not really                      Yes, but not fully                      Yes                      Yes, Completely

**5. Did you feel confident about the doctor/NP's assessment?**

No, not at all                      No, not really                      Yes, but not fully                      Yes                      Yes, absolutely

**6. Did you feel the doctor/NP addressed your main concerns today?**

No, not at all                      No, not really                      Yes, but not fully                      Yes                      Yes, fully

**7. Are you clear about what will happen next?**

No, not at all                      No, not really                      Not completely                      Yes                      Yes, absolutely

**8. Do you know what to do if your condition gets worse?**

No, not at all                      No, not really                      Yes, but not fully                      Yes                      Yes, absolutely

**9. How easy did you find it to understand what this doctor/NP was telling you?**

Not at all                      Not very                      Moderately                      Very                      Extremely

**10. Overall how would you rate your experience at the surgery TODAY**

Very Good                      Good                      Neither Good  
Nor Poor                      Poor                      Very Poor

Thank you for completing our survey.

Please use the space overleaf to provide us with any additional comments.

**Comments:**

**Patient Participation Group**

We are an advisory group of patients who work voluntarily with the surgery, acting as 'critical friends' to help the practice improve services for the patient population.

The practice feels it is extremely beneficial to have patient involvement and that the group's constructive and challenging views help the surgery to better understand the patient perspective and be more responsive in their service delivery

**If you would be interested in getting involved in our Patient Participation Group please leave your telephone/email contact details with the Receptionist.**