

Giffords Surgery

Patient Participation Group Survey 2013-14

Number of Responses: 240



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Patient Participation Group Survey 2013-14

The Patient Participation Group would like your views on the following issues to help the practice shape the service offered to its patients. Please can you answer the following questions, please tick the option you agree with, if you wish to, please add comments:

1a. Which GP do you normally see:

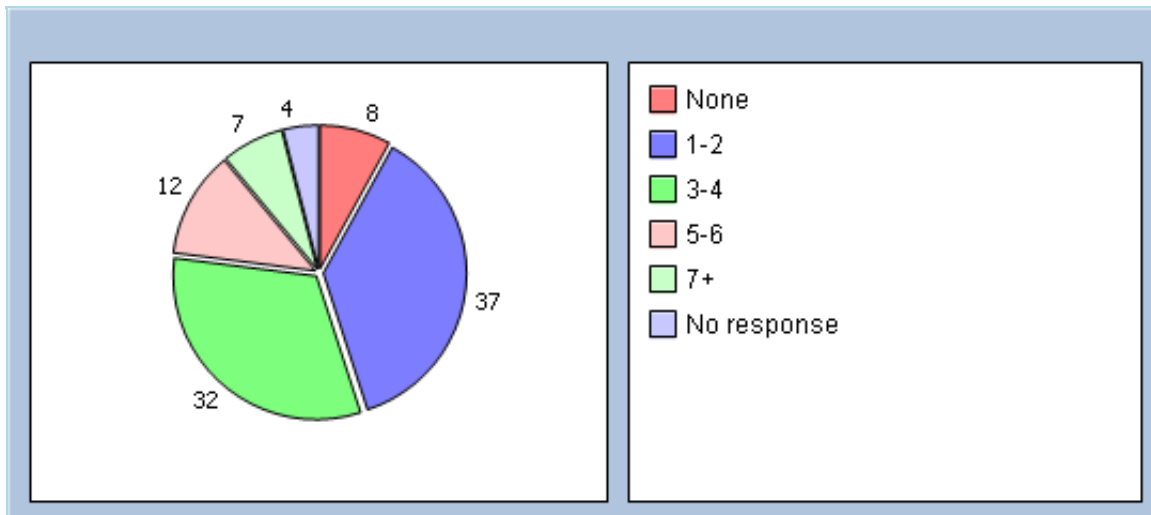
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1b. Who is your registered GP

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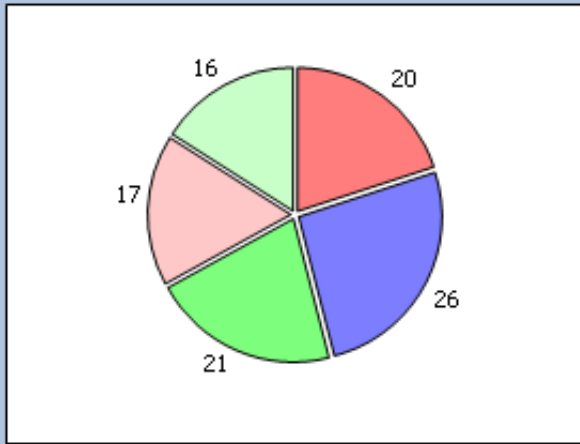
2. In the past 12 months how many times have you seen a doctor at the surgery?

None	8%
1-2	37%
3-4	32%
5-6	12%
7+	7%
No response	4%



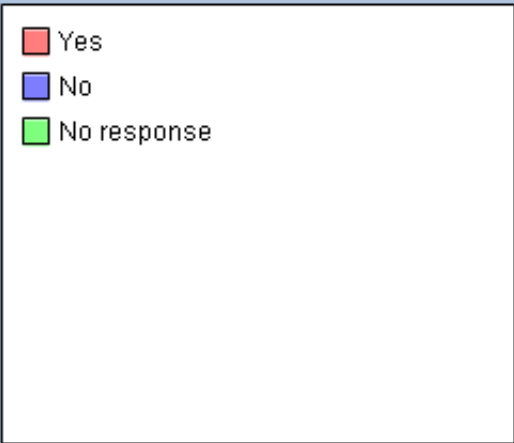
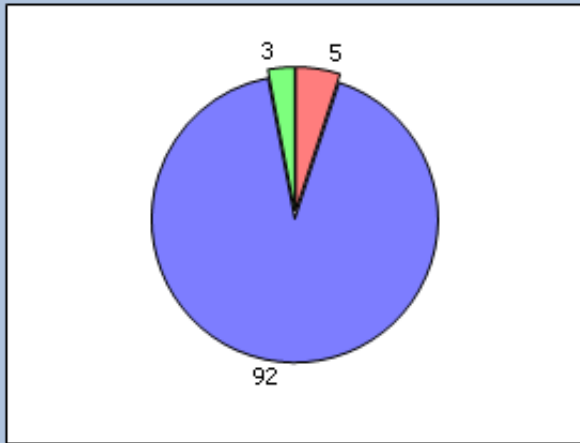
3. If these visits were for routine appointments were you able to see your usual GP?

Never	20%
Sometimes	26%
Mostly	21%
Every time	17%
No response	16%



4. Have you failed to attend an appointment at the surgery in the last 12 months?

Yes **5%**
No **92%**
No response **3%**

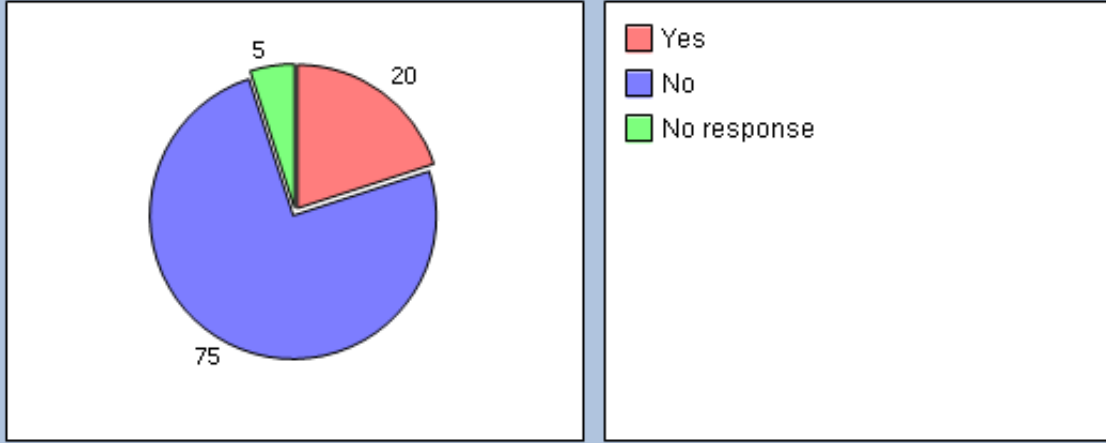


5. Have you used the automated telephone system or online appointments to cancel your appointment in the last 12 months?

Automated Telephone System - Yes **14%**
Automated Telephone System - No **69%**
Online Appointments - Yes **10%**
Online Appointments - No **58%**

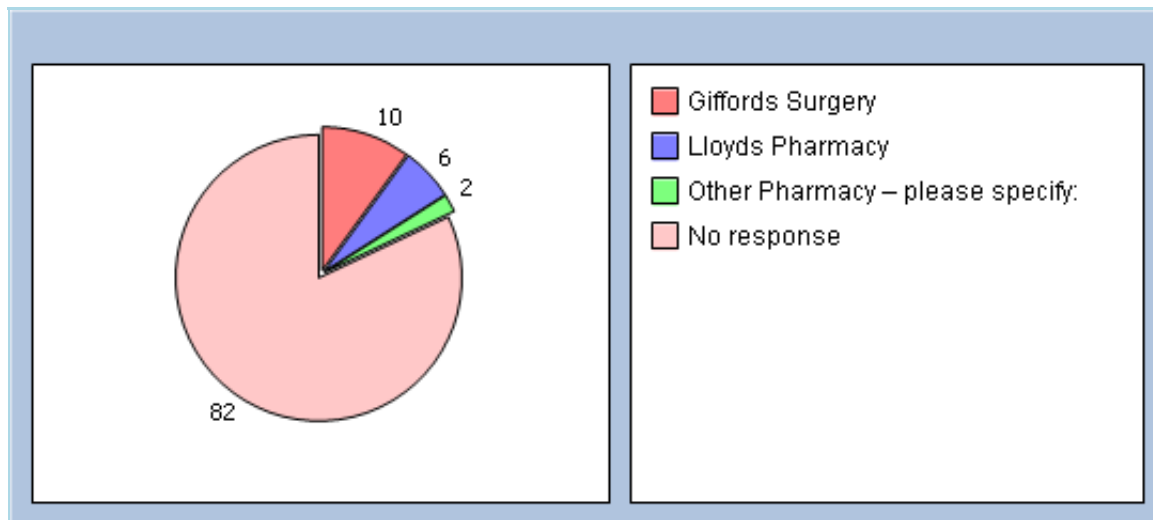
6. In the last 12 months have you had a problem obtaining your repeat prescription

Yes **20%**
No **75%**
No response **5%**



7. If yes was the problem with the practice or with Lloyds Pharmacy?

Giffords Surgery	10%
Lloyds Pharmacy	6%
Other Pharmacy – please specify:	2%
No response	82%



8a. If the problem was with the practice were we able to resolve the matter quickly for you and explain what went wrong?

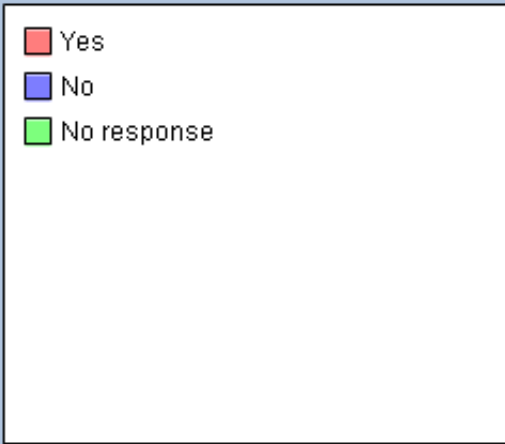
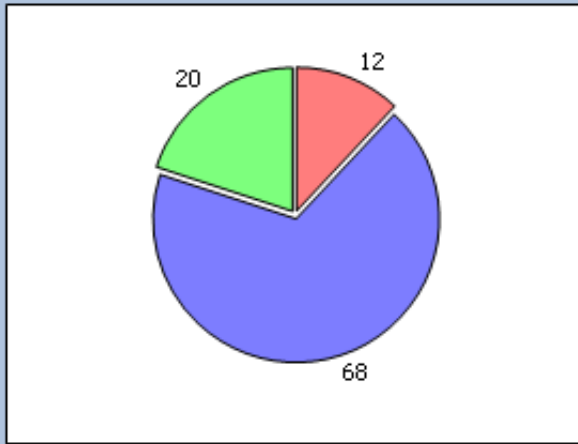
Yes	9%
No	10%

8b. If you answered yes to 8a please add any additional comments

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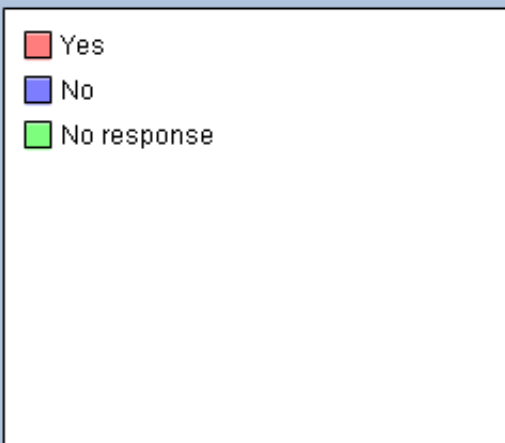
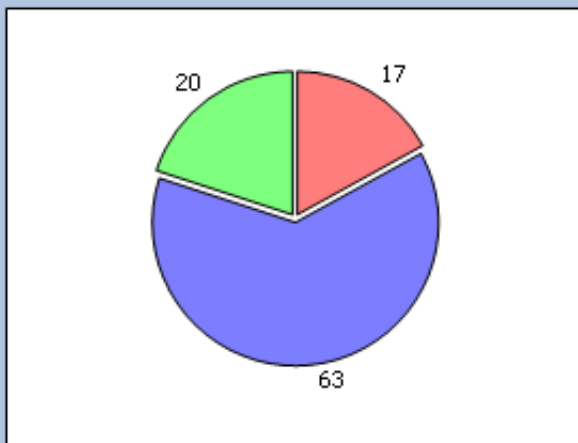
9. In the last 12 months have you used the online repeat prescription request service? If you have not used this service but would like to know more about it please ask at reception.

Yes	12%
No	68%
No response	20%



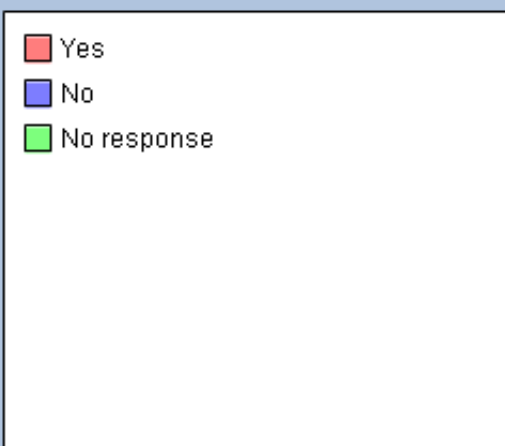
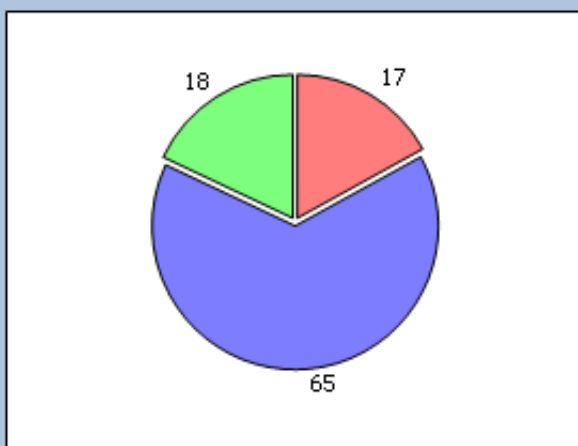
10. Have you registered at your local pharmacy for the Electronic prescription service? If you haven't but would like to register for this service please pick up a leaflet from reception and speak to your usual pharmacist.

Yes	17%
No	63%
No response	20%



Patient Information 11. Have you used the practice website in the last 12 months?

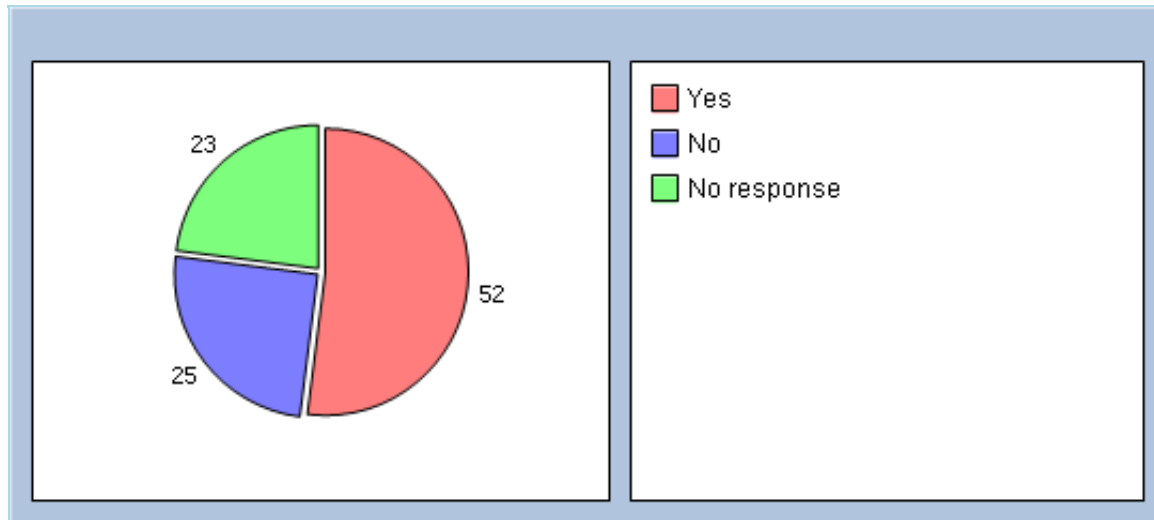
Yes	17%
No	65%
No response	18%



12. Do you feel you have been given enough information about the services from the

practice in the last 12 months?

Yes	52%
No	25%
No response	23%

**13. If no how would you like to be kept informed about changes or services in the surgery?**

Leaflets in the surgery	15%
Practice Newsletter	17%
Posters in the waiting room	11%
Practice website	10%
Other – please specify	1%

14. Any other comments or suggestions you have for improving the service offered by the practice?

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What is your preferred method of contact from the surgery – please tick:

Letter	21%
Phone	41%
Text Message	20%
Email	12%

If text message or email please provide your name, address, DOB and mobile/email details:

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Thank you for your time and comments. They will help us to improve the service offered by the practice.

[Delete Responses](#)