

## **Portland Medical Practice Patient Survey**

Portland Medical Practice  
Anchor Meadow Health Centre,  
Westfield Drive,  
Aldridge,  
Walsall,  
WS9 8AJ

**January 2012**



Mr Christopher Blunt  
Portland Medical Practice  
Anchor Meadow Health Centre,  
Westfield Drive,  
Aldridge,  
Walsall,  
WS9 8AJ

1 Northleigh House  
Thorverton Road  
Matford Business Park  
Exeter  
EX2 8HF

t 0845 519 7493  
f 01392 824767

e [enquiries@cfep.co.uk](mailto:enquiries@cfep.co.uk)  
w [www.cfepsurveys.co.uk](http://www.cfepsurveys.co.uk)

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Dear Mr Blunt,

The report to follow outlines the feedback from your patient questionnaire.

Your results have been illustrated in tables and graphs. A sample questionnaire has been included for reference.

We hope that these results provide you with useful insight into the running of your practice. Please contact the office on 0845 519 7493 if you require further information about your report.

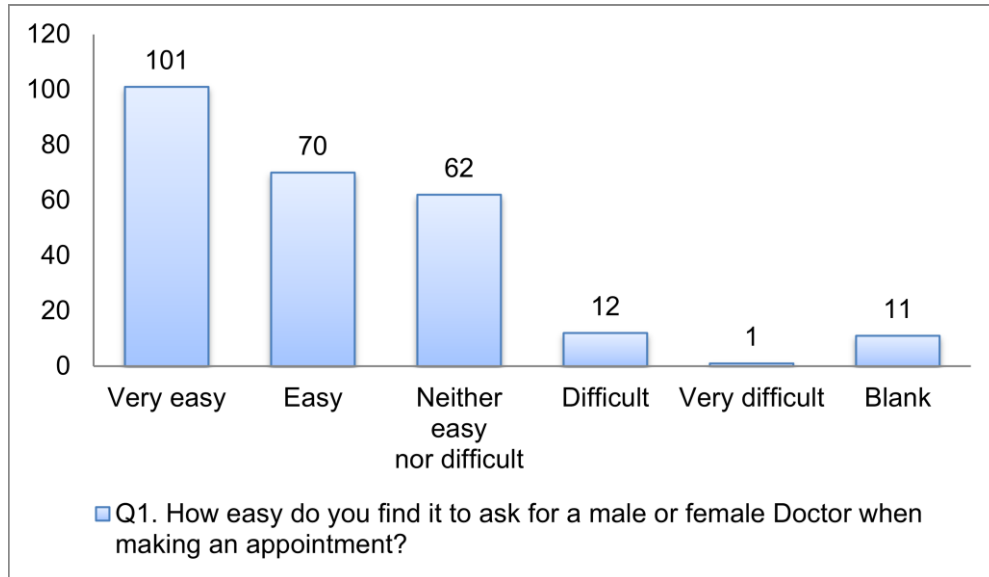
Yours sincerely



Helen Powell  
Survey Manager

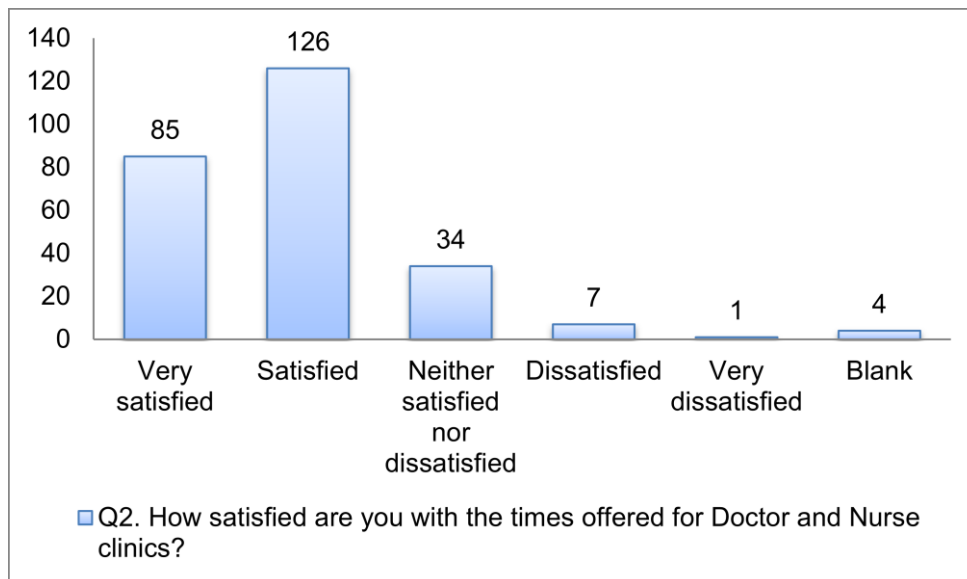
Q1. How easy do you find it to ask for a male or female Doctor when making an appointment?

Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult	Blank
101	70	62	12	1	11



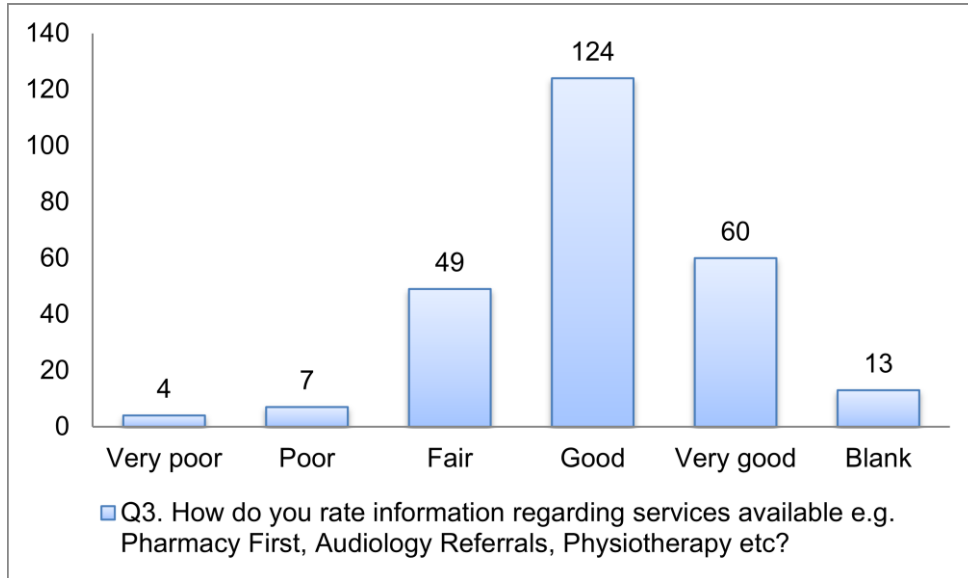
Q2. How satisfied are you with the times offered for Doctor and Nurse clinics?

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Blank
85	126	34	7	1	4



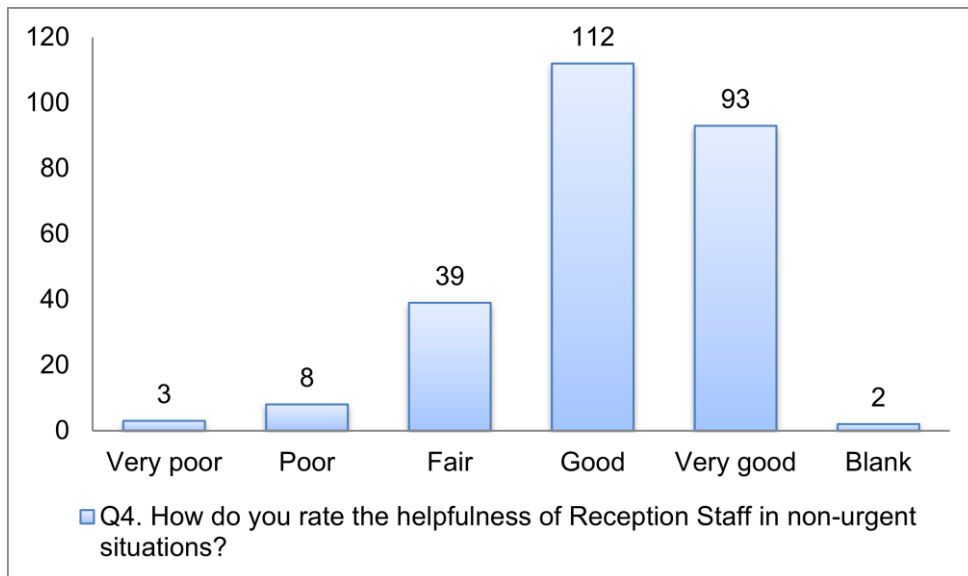
Q3. How do you rate information regarding services available e.g. Pharmacy First, Audiology Referrals, Physiotherapy etc?

Very poor	Poor	Fair	Good	Very good	Blank
4	7	49	124	60	13



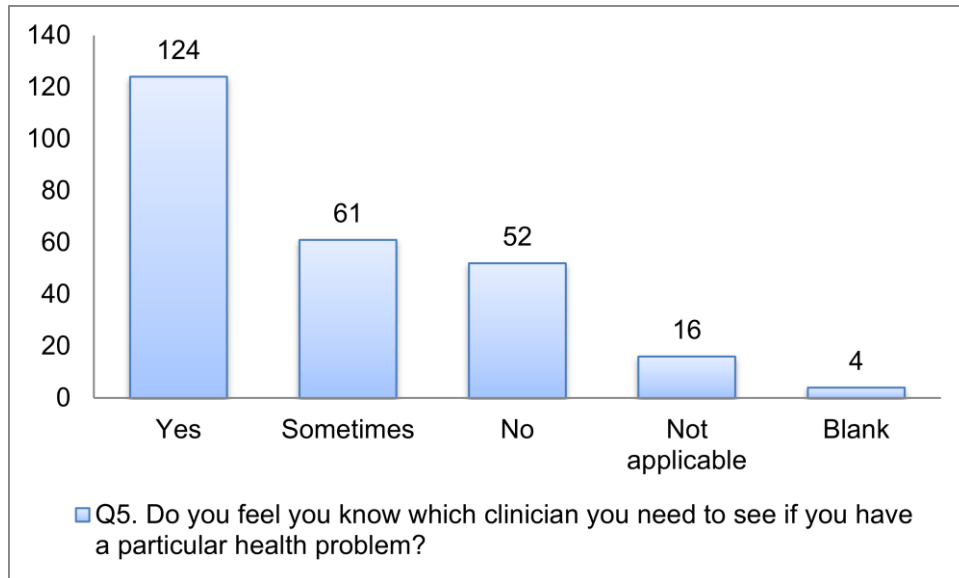
Q4. How do you rate the helpfulness of Reception Staff in non-urgent situations?

Very poor	Poor	Fair	Good	Very good	Blank
3	8	39	112	93	2



Q5. Do you feel you know which clinician you need to see if you have a particular health problem?

Yes	Sometimes	No	Not applicable	Blank
124	61	52	16	4



# Portland Medical Practice Patient Survey

Org id: P3083  
Survey id: 31679  
Qid: 534

## You can help this general practice improve its service

- This practice would welcome your honest feedback
- No-one at the practice will be able to identify your personal responses
- Once completed, please return this survey to reception in the envelope provided

Please mark the questionnaire like this  with a blue or black pen. If you change your mind just cross out your old response and make your new choice.

		Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult
Q1	How easy do you find it to ask for a male or female Doctor when making an appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Q2	How satisfied are you with the times offered for Doctor and Nurse clinics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Very poor	Poor	Fair	Good	Very good
Q3	How do you rate information regarding services available e.g. Pharmacy First, Audiology Referrals, Physiotherapy etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Very poor	Poor	Fair	Good	Very good
Q4	How do you rate the helpfulness of Reception Staff in non-urgent situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	Sometimes	No	Not applicable
Q5	Do you feel you know which clinician you need to see if you have a particular health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time and assistance