# Improved Access Feedback Survey – Cheltenham St Pauls

**We would like to hear about your experience of attending an Improved Access appointment today. Your feedback is really appreciated and will help us to continue to develop this service. Any feedback you give is anonymous, stored securely and will be treated in the strictest confidence.**

### **1. How did you book your appointment today?**

|  |  |
| --- | --- |
|  | In person |
|  | By telephone |
|  | Other (please specify):   |  | | --- | |  | |

### **2. Before you booked this appointment, did you know about the availability of evening and weekend appointments**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

### **3. If yes, how did you hear about these appointments?**

|  |  |
| --- | --- |
|  | GP reception |
|  | Website |
|  | Local Newspaper / radio |

|  |  |
| --- | --- |
|  | Poster |
|  | Word of mouth |
|  | Other (please specify):   |  | | --- | |  | |

### **4. Do you think it is helpful to have evening and weekend appointments available?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If no, please tell us about your concerns

|  |
| --- |
|  |

**5. How easy was it to book your appointment?**

|  |  |
| --- | --- |
|  | Very easy |
|  | Easy |

|  |  |
| --- | --- |
|  | Difficult |
|  | Very difficult |

### **6. Were you satisfied with the appointment offered?**

|  |  |
| --- | --- |
|  | Yes |
|  | No, I wanted to see someone sooner |
|  | No, it wasn't at a convenient time |

|  |  |
| --- | --- |
|  | No, it wasn't at a convenient location |
|  | Other (please specify):   |  | | --- | |  | |

### **7. How confident are you in the care and / or treatment you received today?**

|  |  |
| --- | --- |
|  | Very confident |
|  | To some extent |
|  | Not at all |

If you have answered to some extent or not at all, please tell us about your concerns

|  |
| --- |
|  |

### **8. How likely would you be to recommend an Improved Access appointment to a friend or family member?**

|  |  |
| --- | --- |
|  | Absolutely |
|  | Probably |

|  |  |
| --- | --- |
|  | Unlikely |
|  | Definitely not |

### **9. Please use the space below to give us any further feedback about your appointment today.**

|  |
| --- |
|  |

**The following questions help us ensure that we receive feedback from a good cross - section of our patients.**

### **10. Are you:**

|  |  |
| --- | --- |
|  | Male |
|  | Female |
|  | Prefer not to say |

### **11. Which age band do you fall into:**

|  |  |
| --- | --- |
|  | Under 18 |
|  | 18 - 25 |
|  | 26 - 35 |
|  | 36 - 45 |
|  | 46- 55 |

|  |  |
| --- | --- |
|  | 56 - 65 |
|  | 66 - 75 |
|  | Over 75 |
|  | Prefer not to say |

### **12. Do you consider yourself to have any disability? (please tick all that apply)**

|  |  |
| --- | --- |
|  | No |
|  | Visual impairment |
|  | Hearing impairment |
|  | Physical disability |

|  |  |
| --- | --- |
|  | Mental health problem |
|  | Learning difficulties |
|  | Long term condition |
|  | Prefer not to say |

### **13. Which best describes your ethnicity?**

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
|  | White British |
|  | White other |
|  | Asian or Asian British |
|  | Black or Black British |

|  |  |
| --- | --- |
|  | Mixed |
|  | Chinese |
|  | Prefer not to say |
|  | Other (please specify):   |  | | --- | |  | |

**Thank you for taking the time to complete these questions, your feedback is important to us.**

**Please either return your completed questionnaire to the surgery reception or post to the freepost address below (no stamp required)**

**FREEPOST NO: RTEY-EBEG-EZAT**

**Improved Access Feedback**

**PPE**

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