

Newton Way Medical Centre Patient Survey

Newton Way Medical Practice
Newton Way
Baildon
Shipley
WEST YORKSHIRE
BD17 5NH

February 2013

Mrs Jacquie Leake
Newton Way Medical Practice
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ShIPLEY
WEST YORKSHIRE
BD17 5NH

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Dear Mrs Leake,

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.

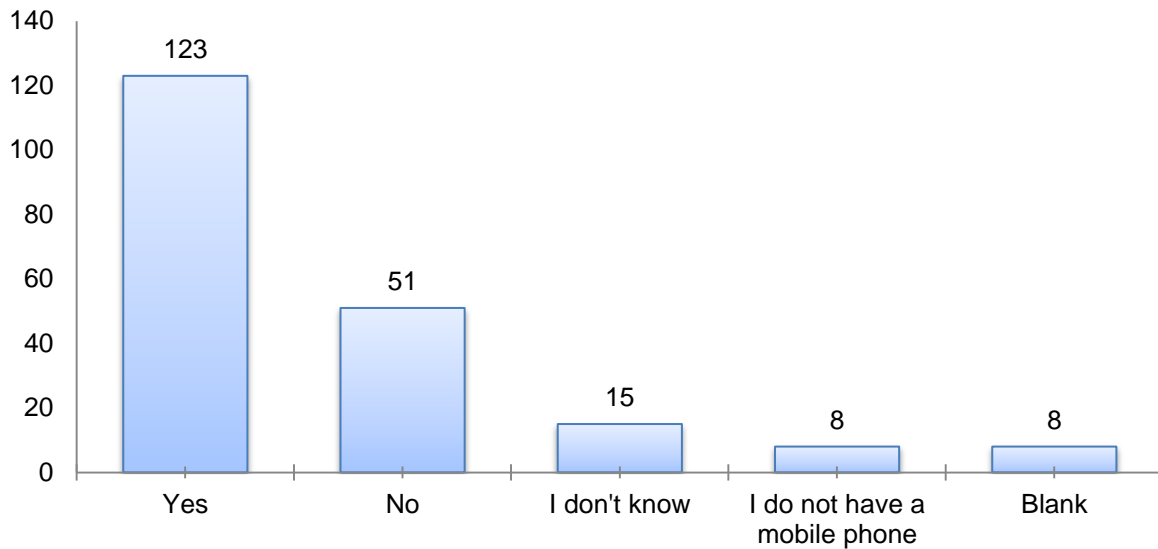
Yours sincerely



Helen Powell
Survey Manager

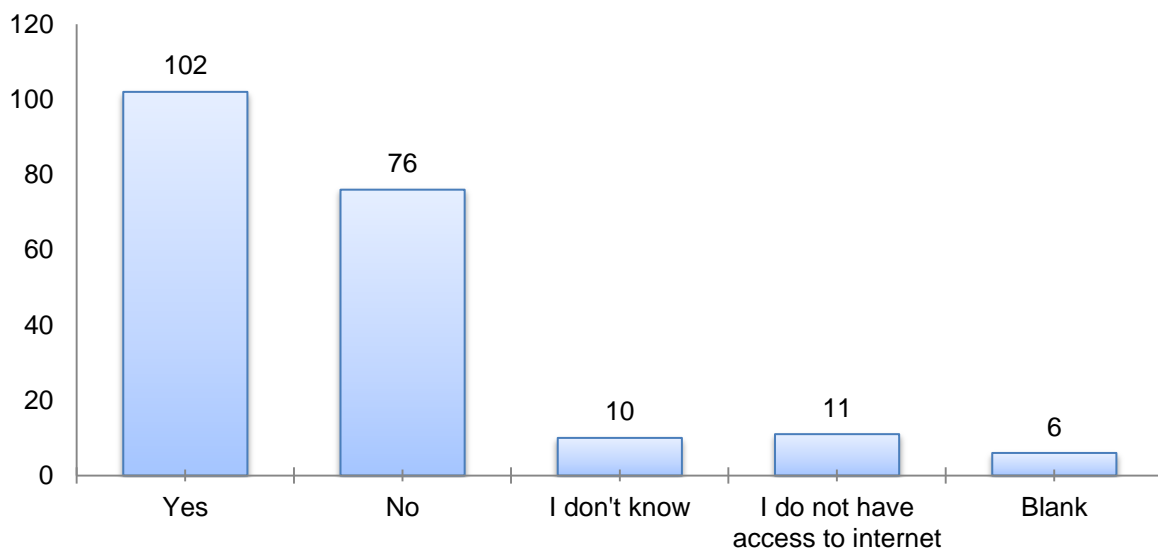
Q1a. Do you think that it would be useful for the practice to contact you via text?

Yes	No	I don't know	I do not have a mobile phone	Blank
123	51	15	8	8



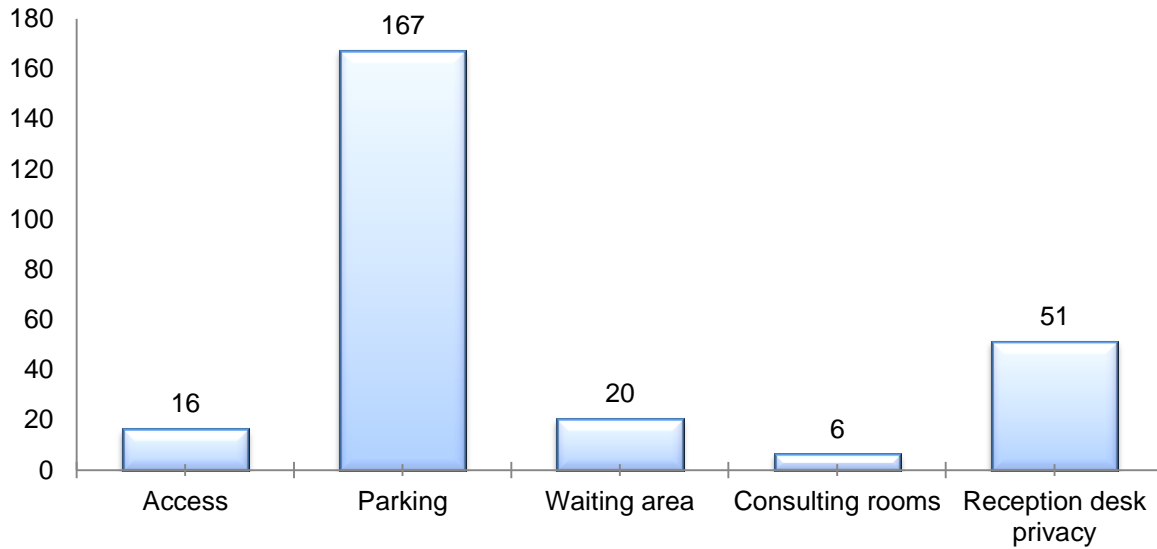
Q1b. Do you think that it would be useful for the practice to contact you via email?

Yes	No	I don't know	I do not have access to internet	Blank
102	76	10	11	6



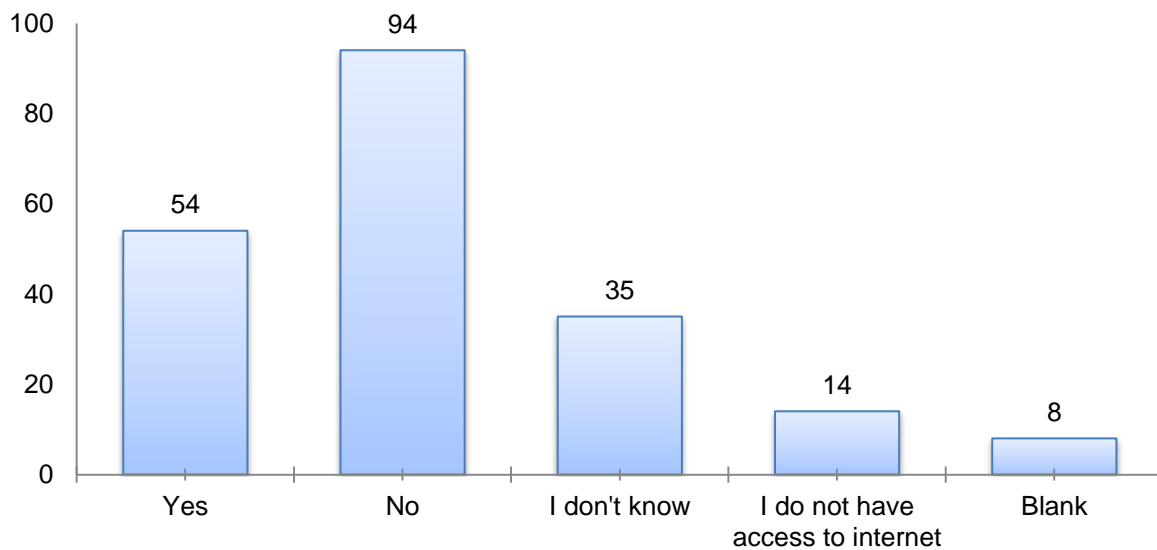
Q2. With regards to the current premises, where do you think an improvement could be made?

Access	Parking	Waiting area	Consulting rooms	Reception desk privacy
16	167	20	6	51



Q3. If we launched a virtual group, would you be interested?

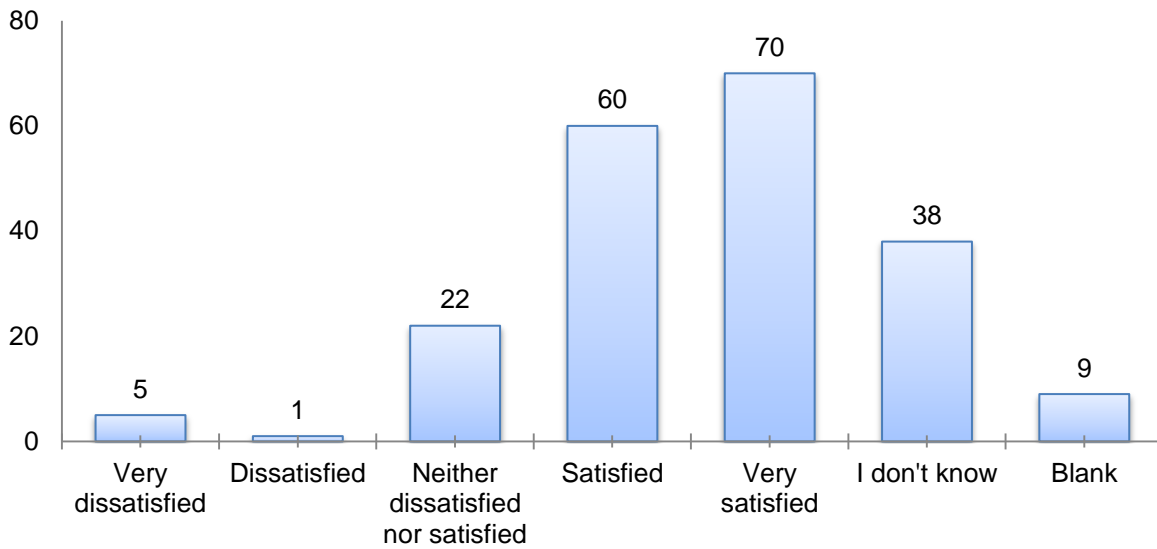
Yes	No	I don't know	I do not have access to internet	Blank
54	94	35	14	8



Please rate your satisfaction with the following:

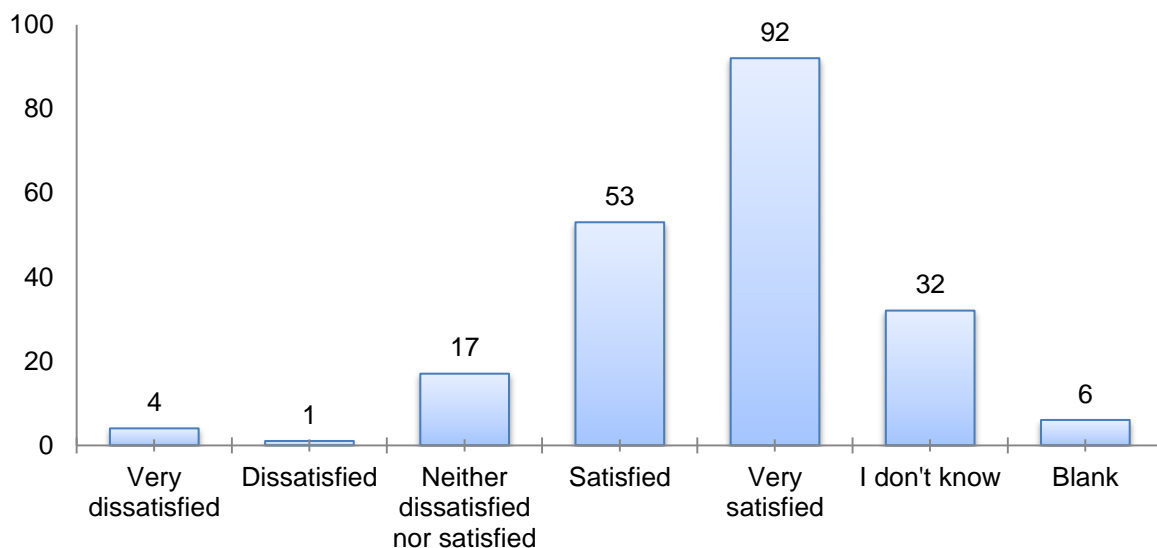
Q4a. Your consent is sought before disclosure of your confidential information

Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied	I don't know	Blank
5	1	22	60	70	38	9



Q4b. The way in which your practice handles your confidential information

Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied	I don't know	Blank
4	1	17	53	92	32	6



Newton Way Medical Practice Patient Survey



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.

		Yes	No	I don't know	I do not have a mobile phone
Q1a	Do you think that it would be useful for the practice to contact you via text?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No	I don't know	I do not have access to internet
Q1b	Do you think that it would be useful for the practice to contact you via email?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Access	Parking	Waiting area	Consulting rooms	Reception desk privacy
Q2	With regards to the current premises please select from this list all those where you think an improvement could be made:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Our Patient Group is considering how we can access the views of more people.		Yes	No	I don't know	I do not have access to internet
Q3	If we launched a virtual group where you could get involved by expressing your views on topics via email, would you be interested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your satisfaction with the following:		Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied	I don't know
Q4a	Your consent is sought before disclosure of your confidential information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4b	The way in which your practice handles your confidential information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time and assistance