

**Patient Satisfaction Questionnaire 2023**

The Dyneley House Patient Participation Group (PPG) is a group of volunteer patients who provide feedback to the Doctors and Staff, helping us to introduce and improve services.

The PPG has help design this survey to gather the views from as wide a range of patients as possible and we would like to invite you to contribute. This is the first Patient Satisfaction Survey we have issued since 2021 and to ensure that the information we gather is relevant, please base your responses on your experiences during the last 12 months only.

The results of the survey will be published in the Practice and on our website and will be used as a basis for an action plan aimed at improving services, treatment and care for the patients of Dyneley House.

**Appointment Times**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Weekdays between 8-6pm** | **After 6.00pm on a weekday** | **On a Saturday** |
| We offer patients a range of appointment times – please tick all of the appointment times you are aware of, even if you have not necessarily used them  | **22** | **17** |  |

**Coming into the Practice**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all**  | **Once** | **Rarely -****2-5 times** | **Often -** **6-15 times** | **More than 15 times**  |
| How often, in the past 12 months have you visited Dyneley House Surgery? |  |  | **14%** | **59%** | **28%** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Very helpful** | **Helpful** | **Not helpful** |
| How helpful were the Reception Team at the front desk? | **67%** | **9%** | **1%** |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Were you aware that the Receptionists can speak to you in a separate room if you wish to discuss a confidential matter more privately?(Please remember to ask the Receptionist if you wish to use this facility) | **45%** | **55%** |

**Our Telephone System - please answer this question based on calls you have made to us only since November 2022 as we have recently started using a completely new phone system.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Haven’t notice** |
| Have you found contacting the surgery by phone slightly easier than before? | **55%** | **29%** | **16%** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Haven’t notice** |
| The new system offers the ability to select to be called back rather than wait in a queue when our lines are busy - have you found this facility useful? | **67%** | **20%** | **13%** |

**E-consults – contacting the surgery about medical issues or with administrative queries via our website**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes – I found this service helpful** | **Yes – but I do not find this service helpful** | **I did not know about this option**  | **I haven’t needed to use this service** |
| Have you used the e-consult, accessed via the website, to contact the surgery? | **47%** | **17%** | **3%** | **33%** |

**Contacting the Surgery to speak to a Clinician**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| If you called with a medical issue and we arranged to call you back – was that call received in the timescale you expected? | 90% | 10% |
| Did you have enough time to explain your problem to the Clinician when they called? | 93% | 7% |
| Did the Clinician arrange for you to be seen face-to face if it was clinically appropriate? | 90% | 10% |
| After your telephone consultation, were you happy with the outcome of the call? | 100% |  |

**Face to Face Consultations with a Clinician – please tell us about face to face appointments you have had with Doctors or Advanced Care Practitioners (ACP) – if you have not needed a face to face appointment in the last 12 months, please skip this question**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Did you feel you had enough time in the appointment to discuss your problem? | **90%** | **10%** |
| Did you understand the explanation and advice given to you? | **96%** | **4%** |
| Did you feel involved in the plan for your care? | **93%** | **7%** |

**Self-Care – this is an important aspect of everyone’s healthcare, and we aim to provide information and support to our patients**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Are you happy with the amount of self-care information that is provided in the surgery and on the website? |  |  |
| If there is a subject you would like to see more information about please tell us: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Osteoporosis****Dyneley Barn** | **Stroke****Dyneley Barn** | **Breathe easy****Broughton Rd** | **Peer Talk****Mental Health and Wellbeing** |
| There are many support groups both at Dyneley House and around Skipton to support people living with different medical issues – were you aware of the following? |  |  |  |  |
| If you would like to know more about these support groups or groups supporting different conditions – please contact the surgery and ask to speak to a member of our Social Prescribing Team |

**Accessing Dyneley House Surgery**

|  |  |  |
| --- | --- | --- |
|  | **Yes**  | **No** |
| In general, are you satisfied with access to Dyneley House Surgery? | **93%** | **7%** |
| Please comment if you wish to: |

**Other Information**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No**  |
| Would you like a copy of our Practice Newsletter? |  |  |

|  |  |  |
| --- | --- | --- |
|  | **I will collect a copy from the surgery** | **Please email me a link to the Newsletter on the website**  |
| If so, how would you like to view your copy  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No**  |
| Are you interested in finding out about Patient Education Events? |  |  |
| If so, please circle the subjects you are interested inAsthma/COPD Dementia Diabetes Osteoporosis Stroke Mental Health |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No**  |
| The Patient Participation Group meets regularly to discuss the services provided at Dyneley House and to provide feedback – would you be interested in joining the group? |  |  |
| The Virtual Patient Group will receive information and opportunities to complete short online surveys by email to support the work of the PPG - would you be interested in joining this group? |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No**  |
| Would you like a member of the PPG to contact you to discuss any of the issues raised in this survey? |  |  |

**If you are interested in being contacted by a PPG member, please provide your preferred contact details and confirm you are happy for this information to be passed to the group**

|  |  |
| --- | --- |
| Email | Telephone number |
| Signature for consent to contact  |

**About you**

|  |  |  |
| --- | --- | --- |
| **Gender** | **What is your ethnicity?** | **Age** |
| Male | African | British | Under 16 | 16-24 |
| Female | Caribbean | Chinese | 25-34 | 35-44 |
| Non-binary | Indian | Irish | 45-65 | 66-74 |
| Prefer not to say | Pakistani | Polish | 75 and over |
|  | Other | Prefer not to say | Prefer not to say |

**Thank you very much for completing the questionnaire**