

St Albans Medical Centre Patient Questionnaire Results 2014-15

1. Generally how wasy is it to get the appointment time you want?					
Very Easily	54				
Quite Easily	46				
Not very easily	3				
2. Were you offered any of the following when you last booked an appointment?					
Same Day	48				
2 weeks in advance	25				
Emergency	9				
Telephone appointment	12				
Morning appointment	35				
Told to ring back	3				
Reception:					
3. Please rate your experience with the surgery reception team					
Good	90				
Satisfactory	9				
Neither	2				
Dissatisfactory	0				
Your Last Consultation:					
4. Thinking about your last consultation with a GP in the surgery please rate your expereince					
Good	79				
Satisfactory	14				
Neither	3				
Dissatisfactory	4				
NA	1				
Services available when the surgery is closed					
5. Are you aware of or have you used any of the following services out of hours?					
Gosbury Hill	1				
Teddington Walk In Centre	22				
Queen Marys Minor Injuries	10				
Dialing 111	30				
Surgery Out of Hours Service	26				
Pharmacy	39				
Using Online Services					
6. Would you be interested in or are you using online services for the following					
Ordering repeat presecrptions	67				
Making an appointment	56				
Viewing your Record	54				
NA	1				
7. If you were able to access your health records online qhich parts would you like to see?					
Medications	51				
Allergies	32				
Test Results	67				
Medical Conditions	48				
Immunisations	48				
NA	1				

Screening					
For over 75's					
8. Are you over 75?					
Yes	10				
No	57				
NA	2				
9. If yes would you be interested in an annual health check?					
Yes	6				
No	6				
10. Are you aged 60-69?					
Yes	18				
No	64				
11. If yes have you ever been sent a bowel screening kit?					
Yes	17				
No	4				
NA	4				
Women Only					
12. Are you aged 25-64?					
Yes	44				
No	19				
13. If yes have you been invited for a smear test?					
Yes	31				
No	5				
NA	6				
Not at this surgery	1				
Women Only					
14. Are you aged over 50?					
Yes	29				
No	30				
15. If yes have you been invited for a Breast Cancer Screening?					
Yes	24				
No	6				
NA	6				

Recomending the Surgery to others				
18. Would you recomend the surgery to family or friends?				
Yes	91			
No	3			
?	2			
Age and Ethnicity				
19. What is your age?				
Under 18	2			
18-24	2			
25-34	5			
35-54	45			
55-64	14			
65-74	21			
75+	11			
20. Are you male or female?				
Male	22			
Female	68			

