

THE GP PATIENT SURVEY

In Northern Ireland

Thank you for taking the time to answer these questions. Please answer the questions below by putting a ✓ in ONE BOX for each question. We will keep your answers completely confidential.

If you would prefer to complete the survey online, please go to www.gp-patient.hscni.net and follow the instructions.

 Reference/Username:

 Online password:

A. ABOUT YOUR GP SURGERY OR HEALTH CENTRE

Q1 How easy do you find it to get into the building at your GP surgery or health centre?

Very easy
 Fairly easy
 Not very easy
 Not at all easy

Q3 In the reception area, can other patients overhear what you say to the receptionist?

Yes, but I don't mind
 Yes, and I am not happy about it
 No, other patients can't overhear
 Don't know

Q2 How clean is your GP surgery or health centre?

Very clean
 Fairly clean
 Not very clean
 Not at all clean
 Don't know

Q4 How helpful do you find the receptionists at your GP surgery or health centre?

Very helpful
 Fairly helpful
 Not very helpful
 Not at all helpful

B. GETTING THROUGH ON THE PHONE

Now please think about times you have phoned your GP surgery or health centre in the past 6 months.

Q5 In the past 6 months, how easy have you found the following? Please put a ✓ in one box for each row.

	Haven't tried	Very easy	Fairly easy	Not very easy	Not at all easy	Don't know
Getting through on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking to a doctor on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking to a nurse on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting test results on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. SEEING A GP OR HEALTHCARE PROFESSIONAL

Q6 Are you aware of your right to 48-hour access to general medical services under the GMS contract?

- Yes
- No

Q7 In the past 6 months, have you tried to see a GP or healthcare professional fairly quickly?

By 'fairly quickly' we mean on the same day or in the next 2 days the GP surgery or health centre was open.

- Yes Please go to Q8
- No Please go to Q10
- Can't remember Please go to Q10

Q8 Think about the last time you tried to see a GP or healthcare professional fairly quickly. Were you able to see a GP or healthcare professional on the same day or in the next 2 days the GP surgery or health centre was open?

- Yes Please go to Q10
- No Please go to Q9
- Can't remember Please go to Q10

Q9 If you couldn't be seen within the next 2 days the GP surgery or health centre was open, why was that?

Please tick all the boxes that apply to you

- There weren't any appointments
- The times offered didn't suit me
- The appointment was with a doctor I didn't want to see
- I could have seen a nurse but I wanted to see a doctor
- Another reason
- Can't remember

Q10 In the past 6 months, have you tried to book ahead for an appointment with a GP or healthcare professional?

By 'booking ahead' we mean booking an appointment more than 2 full days in advance.

- Yes Please go to Q11
- No Please go to Q12
- Can't remember Please go to Q12

Q11 Last time you tried to, were you able to get an appointment with a GP or healthcare professional more than 2 full days in advance?

- Yes
- No
- Can't remember

Q12 When did you last see a GP or healthcare professional at your GP surgery or health centre?

- In the past 3 months Please go to Q14
- Between 3 and 6 months ago Please go to Q14
- More than 6 months ago Please go to Q13
- I have never been seen at my present GP surgery or health centre Please go to Q13

Q13 If you haven't seen a GP or healthcare professional in the past 6 months, why is that?

Please tick all the boxes that apply to you

- I haven't needed to go
- I couldn't be seen at a convenient time
- I couldn't get to the GP surgery or health centre easily
- I didn't like or trust the doctors
- Another reason

D. WAITING TIME IN THE GP SURGERY OR HEALTH CENTRE

Q14 How long after your appointment time do you normally wait to be seen?

- I don't normally have appointments at a particular time
- I am normally seen at my appointment time
- Less than 5 minutes
- 5 to 15 minutes
- 16 to 30 minutes
- More than 30 minutes
- Can't remember

Q15 How do you feel about how long you normally have to wait?

- I don't normally have to wait too long
- I have to wait a bit too long
- I have to wait far too long
- No opinion/doesn't apply

E. SEEING THE DOCTOR YOU PREFER

Q16 Is there a particular doctor you prefer to see at your GP surgery or health centre?

- Yes..... Please go to Q17
- No Please go to Section F
- There is usually only one doctor in my GP surgery or health centrePlease go to Section F

Q17 How often do you see the doctor you prefer to see?

- Always or almost always
- A lot of the time
- Some of the time
- Never or almost never
- Not tried at this GP surgery or health centre

F. OPENING HOURS

In the next few questions, think about the times your GP surgery or health centre is open for you to see a GP or healthcare professional.

Q18 How satisfied are you with the hours that your GP surgery or health centre is open?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- I'm not sure when my GP surgery or health centre is open

Q19 Would you like your GP surgery or health centre to open at additional times?

- Yes..... Please go to Q20
- No Please go to Section G

Q20 Which one of the following additional times would you **most like** the GP surgery or health centre to be open? Please pick **one** answer showing the time you would **most like** it to be open.

- Before 8am
- At lunchtime
- After 6.30pm
- On a Saturday
- On a Sunday

G. SEEING A DOCTOR IN THE GP SURGERY OR HEALTH CENTRE

Please answer these next questions about the **last time** you saw a doctor at your GP surgery or health centre.

Q21 Last time you saw a doctor at your GP surgery or health centre, how good was the doctor at each of the following? Please put a ✓ in one box for **each** row.

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking about your symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining tests and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions about your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking your problems seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22 Did you have confidence and trust in the doctor you saw?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know/can't say

H. SEEING A PRACTICE NURSE IN THE GP SURGERY OR HEALTH CENTRE

Q23 Have you seen a practice nurse at your GP surgery or health centre in the past 6 months?

- Yes..... Please go to Q24
- No Please go to Q26

Q24 How easy is it for you to get an appointment with a practice nurse at your GP surgery or health centre?

- Haven't tried
- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Don't know

Q25

Last time you saw a practice nurse at your GP surgery or health centre, how good was the practice nurse at each of the following? Please put a ✓ in one box for each row.

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking about your symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining tests and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions about your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking your problems seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. YOUR OVERALL SATISFACTION

Q26

In general, how satisfied are you with the care you get at your GP surgery or health centre?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

J. PLANNING YOUR CARE

The next few questions are about a discussion you may have had with any doctor or nurse.

Q27

Do you have any long-standing health problem, disability or infirmity? Please include anything that has troubled you over a period of time or that is likely to affect you over a period of time.

- Yes Please go to Q28
- No Please go to Section K
- Don't know/can't say Please go to Section K

Q28

In the past 6 months, have you had a discussion with a doctor or nurse about managing your long-standing health problem?

- Yes Please go to Section K
- No Please go to Q29
- Can't remember Please go to Q29

Q29

Were you offered the chance to discuss managing your long-standing health problem?

- Yes
- No
- Can't remember

K. OUT OF HOURS CARE

The next few questions are about contacting an out-of-hours GP service when your GP surgery or health centre is closed (for example, in the evening, at night or at the weekend).

These questions are not about Accident and Emergency (A&E) or Casualty services.

Q30 If you wanted to, would you know how to contact an out-of-hours GP service when the GP surgery or health centre is closed?

- Yes
- No

Q31 In the past 6 months, have you tried to call an out-of-hours GP service when the GP surgery or health centre was closed?

- Yes, for myself Please go to Q32
- Yes, for someone else Please go to Q32
- No Please go to Section L

Q32 How easy was it to contact the out-of-hours GP service by telephone?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Don't know/didn't make contact

Q33 Were you prescribed or recommended any medicines by the out-of-hours GP service you contacted?

- Yes Please go to Q34
- No Please go to Q35
- Don't know/doesn't apply Please go to Q35

Q34 How easy was it to get these medicines?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy

Q35 How do you feel about how quickly you received care from the out-of-hours GP service?

- It was about right
- It took too long
- Don't know/doesn't apply

Q36 Overall, how do you feel about the care you received from the out-of-hours GP service?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know/doesn't apply

L. SOME QUESTIONS ABOUT YOURSELF

The following questions will help us to see how experiences vary between different groups of the population.

Q37 Are you male or female?

- Male
 Female

Q38 How old are you?

- Under 18 55 to 64
 18 to 24 65 to 74
 25 to 34 75 to 84
 35 to 44 85 or over
 45 to 54

Q39 What is your current marital or civil partnership status?

- Single, that is, never married or in a civil partnership
 Married
 Separated, but still legally married
 Divorced
 Widowed
 In a civil partnership
 Separated, but still legally in a civil partnership
 Formerly in a civil partnership which is now legally dissolved
 Surviving partner from a civil partnership

Q40 To which of these ethnic groups do you consider you belong?

Please select the option that is most appropriate for you

- White
 Chinese
 Irish Traveller
 Indian
 Pakistani
 Bangladeshi
 Black Caribbean
 Black African
 Black Other
 Mixed ethnic group
 Any other ethnic group

→ Please write in

Q41 Which of these best describes what you are doing at present?

If more than one of these applies to you, please tick the main ONE only

- Full-time paid work (30 hours or more each week) Please go to Q42
 Part-time paid work (under 30 hours each week) Please go to Q42
 Full-time education at school, college or university
 Unemployed
 Permanently sick or disabled
 Fully retired from work
 Looking after the home
 Doing something else
- Please go to Q44

Q42 In general, how long does your journey take from home to work (door to door)?

- Up to 30 minutes
 31 minutes to 1 hour
 More than 1 hour
 I live on site

Q43 If you need to see a GP or healthcare professional at your GP surgery or health centre during your typical working hours, can you take time away from your work to do this?

- Yes
 No

Q44 In general, would you say your health is...?

- Excellent
 Very good
 Good
 Fair
 Poor

Q45

Do you have any of the following long-standing conditions? Please include problems which are due to old age.

Please tick all the boxes that apply to you

- Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches
- Sensory impairment, such as being blind/ having a serious visual impairment or being deaf / having a serious hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability/difficulty, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- Other
- No, I do not have a long-standing condition

Q46

Are you a deaf person who uses sign language?

- Yes
- No

Q47

Do you have personal responsibility for the care of...?

Please tick all the boxes that apply to you

- A child or children
- A person with a disability
- A dependent older person
- None of the above

Q48

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below.

- I am a member of the Protestant community
- I am a member of the Roman Catholic community
- I am a member of neither the Protestant nor Roman Catholic community

Thank you for your time.

Please return this questionnaire in the reply paid envelope provided or send it in an envelope marked only **FREEPOST NI GP PATIENT SURVEY** (no stamp is needed).

This questionnaire has been developed in conjunction with the Peninsula Medical School and the National Primary Care Research and Development Centre at the University of Manchester.

