Patient Survey - Telephone and online appointments

**COVID-19 has altered the way that appointments are managed at this surgery. Through use of technology, we have been able to offer patients telephone and online consultations, which we feel have improved areas of our service, including increased accessibility for patients, and reduced waiting times.**

**We would like to continue offering these services and would really value your thoughts.**

**Please help us by answering the following questions.**

**1.**      **Have you ever booked an appointment by non-traditional methods, such as telephone, video, Ask NHS or e-Consult or NHS App?**

1. Yes
2. No

**2.**     **If you said no to Q1 would you like to in the future?**

1. Yes
2. No

If answered “No”, please give your reasons:

**3.**        **Have you ever had a phone or video consultation? (if yes, was before or since the start of the pandemic)**

1. Yes
2. No

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone** | **Tick** | **Video** | **Tick** |
| Pre COVID-19 |  | Pre COVID-19 |  |
| Post COVID-19 |  | Post COVID-19 |  |

**4.**       **If the answer to Q3 was yes, how would you rate your phone or video consultation?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone** | **Tick** | **Video** | **Tick** |
| The best thing ever! |  | The best thing ever! |  |
| Good   |  | Good   |  |
| Okay |  | Okay |  |
| It was not great          |  | It was not great          |  |

**5.**        **Were you able to resolve all your concerns during these consultations?**

1. Yes
2. Mostly
3. No

If you had issues (including any issues with technology), please explain:

**6.**   **Would you be happy to be offered a video or phone consultation, where appropriate, for future appointments?**

1. Yes
2. No

If answered “No”, please could you explain why:

**7.**     **If you answered yes. to Q6, what % of your appointments would you consider using a telephone or video consultation for?**

|  |  |
| --- | --- |
| **Type of appointment** | **Percentage** |
| Video   |                             % |
| Telephone | % |
| Face to Face | % |
|  |  |

**8.**      **If booking a video or telephone appointment, would you prefer these to be:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| At a pre-arranged set time?    |   |    |
| During an agreed period, (e.g. at some time during the morning session)   |   |   |
| At any time as I do not have either preference     |   |   |

**9.**      **Thinking about your needs, would you prefer it if appointments were…**

|  |  |
| --- | --- |
|  | **Tick** |
| Pre-booked up to several weeks ahead |    |
| Book on the day only  |   |
| A mixture of both  |   |

**10.**    **On average, how many appointments of any type would you say that you book each year for the following clinicians?**

|  |  |
| --- | --- |
| **Type of appointment** | **Number** |
| Health Care Assistant  |    |
| Nurse / Nurse Associate  |   |
| GP / Advanced Nurse Practitioner / Clinical Pharmacist |   |

**11.**    **We would like to try and tailor our appointment types and times to the needs of our patients; how would you best describe your employment status?**

|  |  |
| --- | --- |
| **Employment Status** | **Tick** |
| Full-time employment  |    |
| Part-time employment  |   |
| Shift worker |   |
| Stay-at-home parent  |   |
| Retired or not working  |   |

**12.**   **Do you have a mobile phone?**

a)    Yes

b)    No

**13.**   **Do you have access to the internet at home?**

a)    Yes

b)    No

**14.**    **Would you say that you are confident in using technology, such as the internet for a video appointment (please tick)**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Unsure** |
|   |   |    |

**15.**     **Please let us know of your age (please tick)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Under 21** | **21 - 34** | **35 - 44** | **45 - 54** | **55 - 64** | **65 - 74** | **Over 75** |
|  |  |  |  |  |  |  |

**16.**  **Please add any further comments relating to the practice using technology as an additional method of carrying out consultations.**

**This survey will close on 31.7.2022. We will post feedback on our website.**

**If you would like to update your contact details, please complete form below and hand to Reception or email londonroadsurgery@nhs.net:**

**NAME……………………………………………………………………………**

**MOBILE NUMBER…………………………………………………………….**

**LANDLINE NUMBER…………………………………………………………**

**EMAIL…………………………………………………………………………..**

**Thank you for participating in our survey today.**