

The Fountain Medical Centre

Patient Survey 2014-2015

Number of Responses: 47

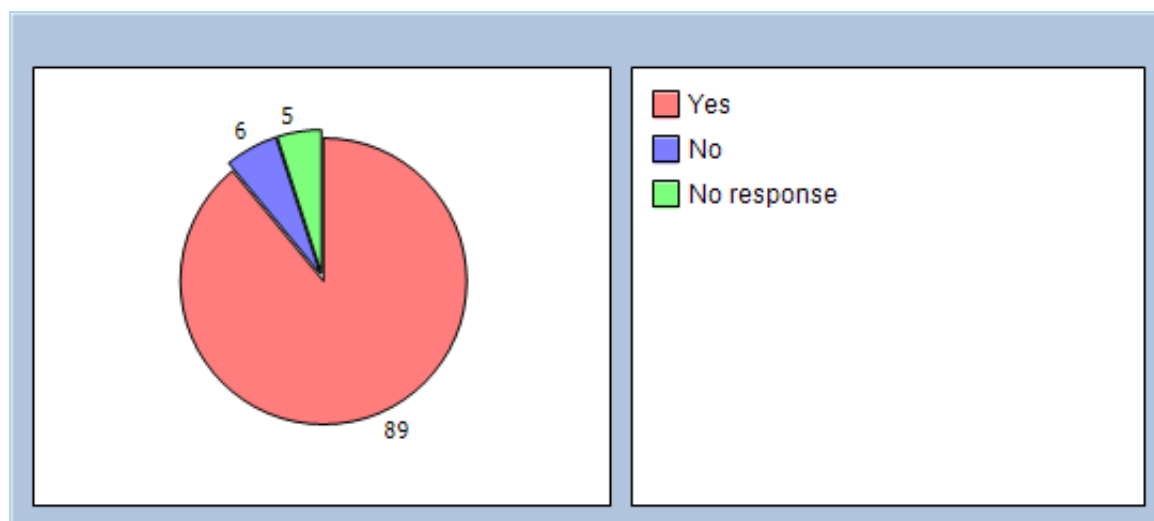


[Excel Report \(click here for full dataset\)](#)

FOUNTAIN MEDICAL CENTRE AND FOUNTAIN CONNECTIONS WOULD WELCOME YOUR HONEST FEEDBACK TO HELP US IN CONTINUING TO IMPROVE THE QUALITY OF CARE FOR OUR PATIENTS. THANK YOU FOR HELPING US WITH THIS.

Q1. On your visit today, did you find the staff welcoming?

Yes	89%
No	6%
No response	5%



If no, how could this welcome be improved?

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Q2. What was the purpose of your visit?

Make an appointment	8%
Attend an appointment	70%
Order Prescription	4%
Collect Prescription	6%
Other	19%

Q3. How do you usually make your appointments?

On line	38%
Telephone	40%
In person	40%

Q4. How long would you be prepared to wait for a **non-urgent** appointment with the doctor of your choice?

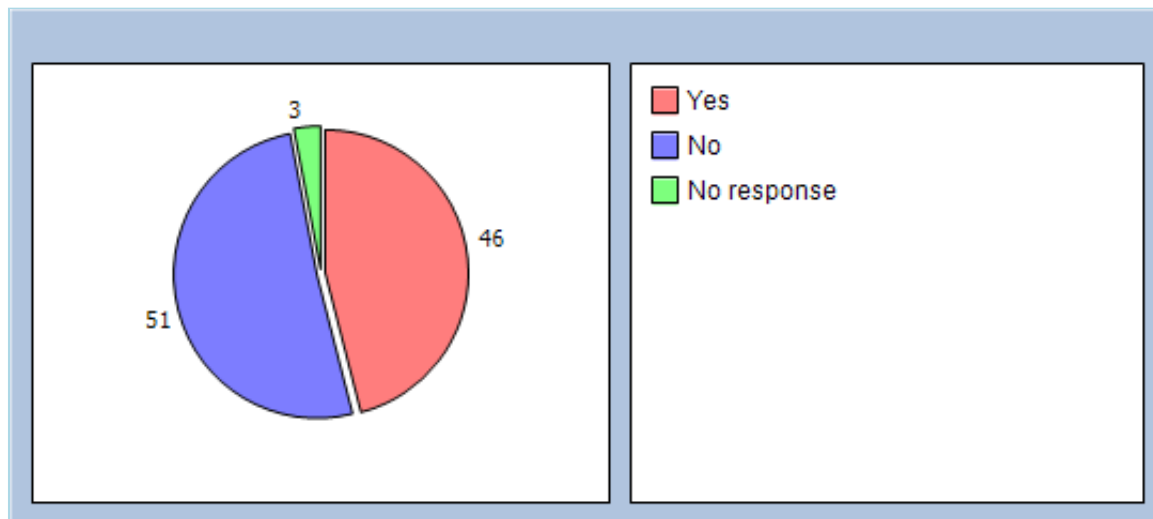
2 days	10%
5 days	51%
Longer	36%

Q5. Do you know we offer extended hours? These are available **before** 08.00hrs Monday mornings and some Saturday mornings.

Yes	46%
No	51%

No response

3%



Q6. Are you able to **see** or **speak on the telephone** to a doctor if you want to discuss a health care issue that you felt was urgent for that day?

Yes	85%
No	2%
Unsure	8%

Q7. Did you know that you could speak to a doctor on the telephone about an urgent problem **on the same day**?

Yes	72%
No	21%
Unsure	2%

Q8. On your last visit to the surgery were you satisfied with the help/outcome you received?

DOCTOR:

Very satisfied	68%
Satisfied	17%
Not satisfied	2%

NURSE:

Very satisfied	57%
Satisfied	14%
Not satisfied	2%

RECEPTION:

Very satisfied	51%
Satisfied	29%
Not satisfied	6%

Q9. Do you know that we provide a **Minor Injuries** service here? (*e.g. sprains, bites, acute back pain and minor wounds*)

Yes	27%
No	61%
Unsure	6%

Q10. Do you feel that the practice building is safe and in good order?

Yes	87%
No	2%
No Opinion	6%

Q11. Does the practice building provide adequate space, heating, lighting and ventilation?

Yes	82%
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No 4%
No Opinion 6%

Q12. Do you feel that the practice environment promotes the wellbeing of staff, patients and visitors and allows confidential discussions?

Yes 72%
No 14%
No Opinion 8%

Q13. Any other comments in respect of the practice premises and car parking?

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Q14. Would you recommend the surgery to friends and family?

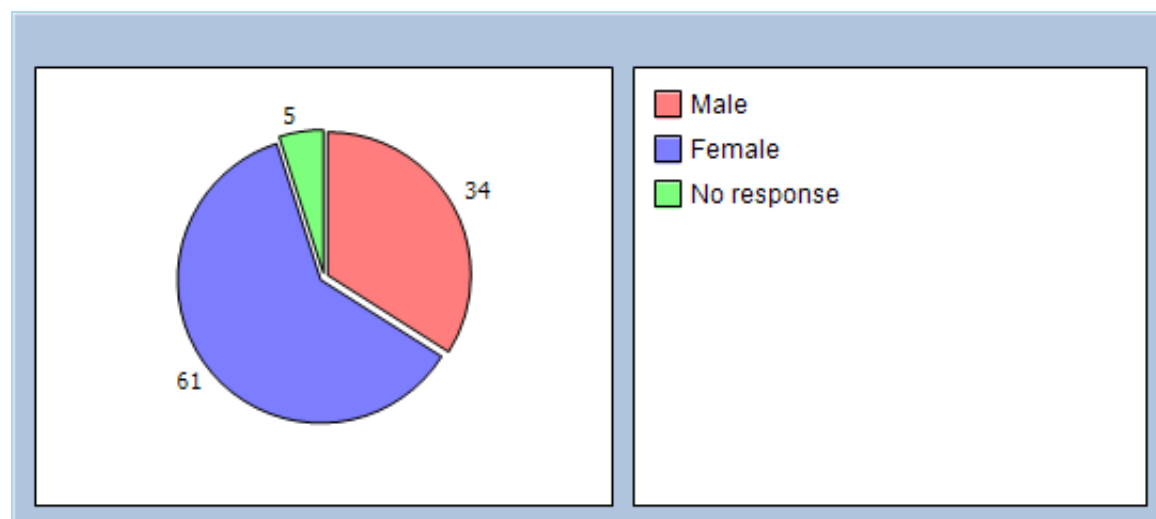
Yes 89%
No 2%
Not sure 4%

If not, why not?

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Q15. Are you male or female?

Male 34%
Female 61%
No response 5%

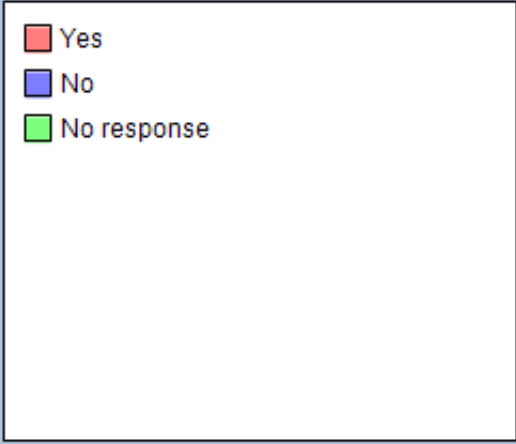
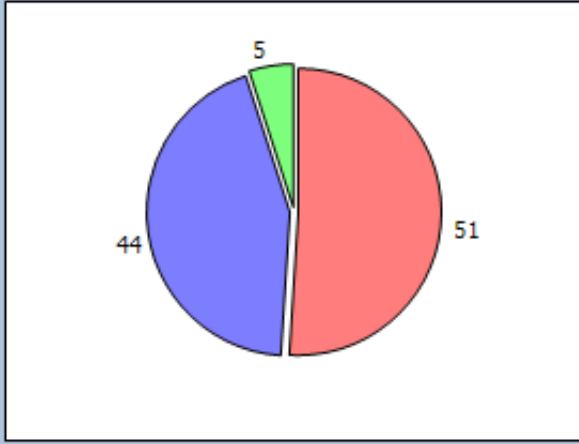


Q16. How old are you?

Under 16 0%
17 - 25 0%
26 - 35 4%
36 - 45 10%
46 - 55 8%
56 - 65 34%
66 - 75 21%
Over 76 17%

Q17. Did you know that the practice has a patient reference group? (called 'Fountain Connections')

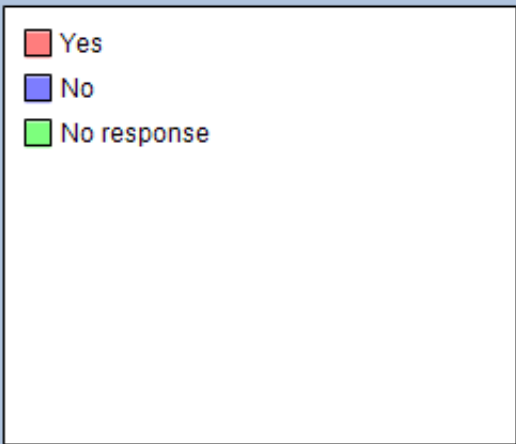
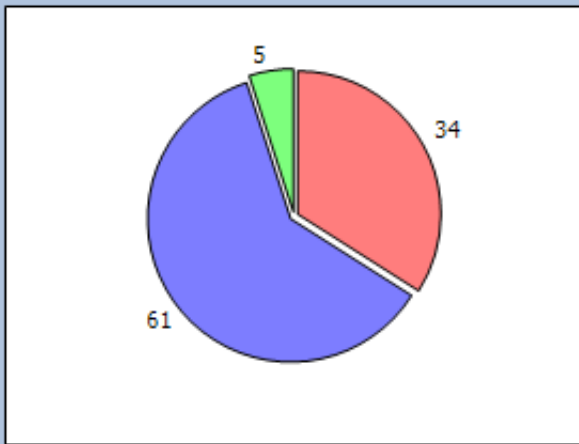
Yes 51%
No 44%
No response 5%



Did you know that the group:

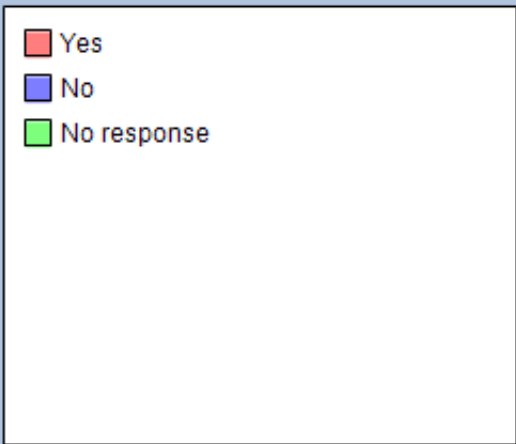
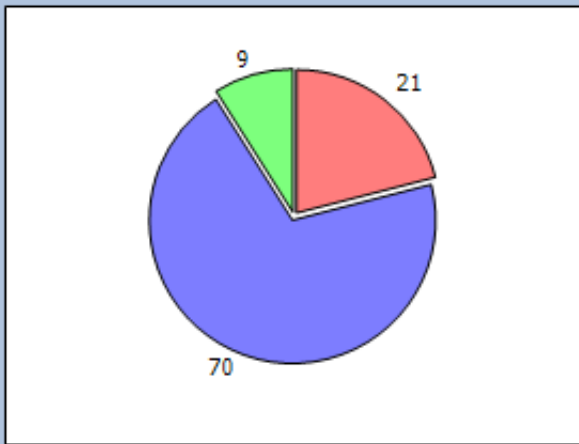
Meets monthly with the practice to discuss ways of improving your care?

Yes **34%**
No **61%**
No response **5%**



Is looking for new members to ensure that all patient groups are represented?

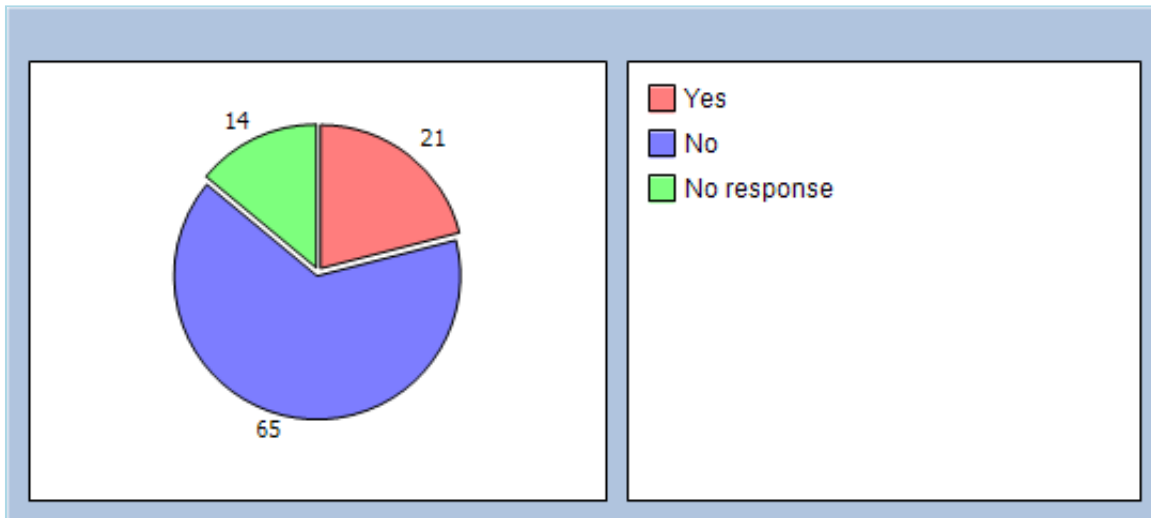
Yes **21%**
No **70%**
No response **9%**



Q18. Did you know that you can become a 'virtual' member of Fountain Connections. You

could receive regular e-mails/newsletters/updates and be able to have input electronically.

Yes	21%
No	65%
No response	14%



If you would like to find out more, either to become a new member or a 'virtual' member, please e-mail:

FOUNTAIN CONNECTIONS on fountain.connections@gmail.com

OR

Pick up a Fountain Connections leaflet when next in surgery.

Thank you for completing this survey. The results will be published on the Practice Website: www.fountainmedicalcentre.co.uk at the beginning of 2014 and also in the surgery.

Additional comments: