

# Greengates Medical Group

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Dear Patient: You have recently visited one of our surgeries and we would be grateful if you could complete the following survey based on this latest experience. Your response will be kept strictly confidential. Thank you for your help.

Site attended: Greenwood Avenue  Walkergate Surgery  Minstergate Surgery  Cottingham Medical Centre  Molescroft Surgery

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## PLEASE RATE THE FOLLOWING:

### A. YOUR APPOINTMENT:

	Excellent	Very Good	Good	Fair	Poor	N/A
1. Ease of making appointment by phone	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Appointment available within a reasonable amount of time	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Getting care for illness/injury as soon as you wanted it	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. The efficiency of the check-in process	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Waiting time in the reception area	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
6. Time spent in your appointment	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
7. Ease of getting a referral when you needed one	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

### B. OUR STAFF:

1. The courtesy of the person who took your call	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. The friendliness and courtesy of the receptionist	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. The caring concern of our Treatment Room staff	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Interaction with the Doctor	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

PLEASE TURN OVER

**C. OUR COMMUNICATION WITH YOU:**

- |  |                            |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Phone call answered promptly                  | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Getting help and advice if needed             | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Explanation of your procedure (if applicable) | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. Time spent in your consultation               | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 5. Time taken to answer your questions           | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**D. YOUR VISIT WITH THE MEDICAL TEAM:**

- |   |                            |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Willingness to listen carefully to you           | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Explaining things in a way you understood        | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Instructions regarding medication/follow-up care | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. The thoroughness of your examination             | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 5. Advice given to you on ways to stay healthy      | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**E: YOUR OVERALL SATISFACTION WITH:**

- |   |                            |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Our Practice                                     | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. The quality of the medical care provided to you  | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Overall rating of care from your Doctor or Nurse | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**WOULD YOU RECOMMEND US TO FAMILY AND FRIENDS? YES  NO**

**IF NO, PLEASE TELL US HOW WE COULD IMPROVE:**

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**SOME INFORMATION ABOUT YOU:**

**MALE  FEMALE  AGE: FIRST PART OF POST CODE:**

**Thanks for taking the time to complete this survey!**

**Please hand in at the reception, Thank You**

## **PATIENT PARTICIPATION GROUPS**

Did you know that there are TWO Patient Participation Groups (PPG) who work with the Doctors and Admin staff?

The PPGs aim to improve the workings of the surgeries and look at health issues locally, within the Trust and nationally.

The Beverley PPG meets three times a year. The meetings take place at 6.15pm on the first Monday of the month in February, June and October in waiting rooms across the group and usually last for a maximum of 1 ½ hours.

If you would be interested in learning more, please contact the Beverley Group Chairperson, Barbara Fawcett, via the reception desk at your surgery or ring the Walkergate Surgery on 01482 881298 and they will pass your contact details on to Barbara.

The Cottingham Medical Centre has their own PPG and more details can be sought by contacting Mrs Pat Sands, Senior Receptionist at the Surgery.

[www.greengatesmedicalgroup.co.uk](http://www.greengatesmedicalgroup.co.uk)