

# Patient Feedback Survey Report

Hill Barton Surgery  
1 Lower Hill Barton Road  
Exeter  
EX1 3EN

**March 2015**



Mrs Helen Townsend  
Hill Barton Surgery  
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Exeter  
EX1 3EN

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March 2015

Dear Mrs Townsend,

The report to follow outlines the feedback from your patient questionnaire.

Your results have been illustrated in tables and graphs. A sample questionnaire has been included for reference.

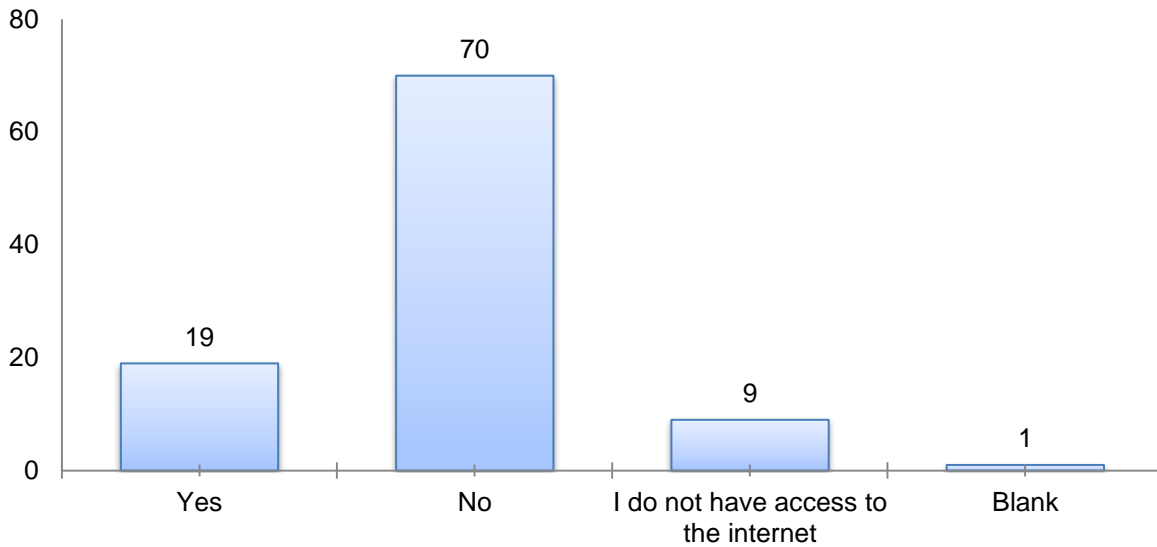
We hope that these results provide you with useful insight. Please contact the office on 0845 519 7493 if you require further information about your report.

Yours sincerely

CFEP Reports Team

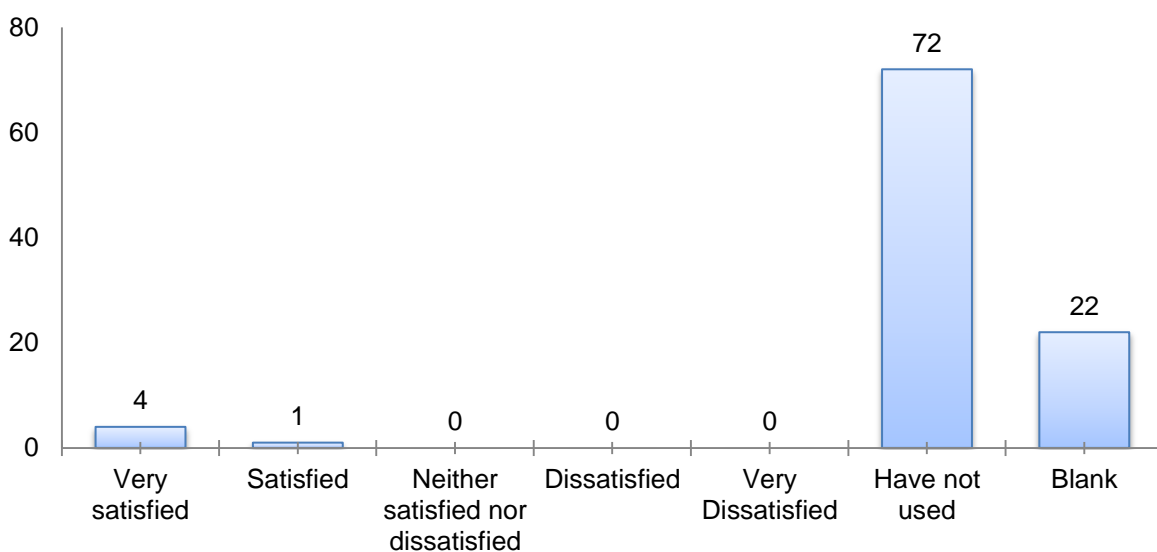
**1. Did you know that there is the facility to book appointments online through the practice website?**

Yes	No	I do not have access to the internet	Blank
19	70	9	1



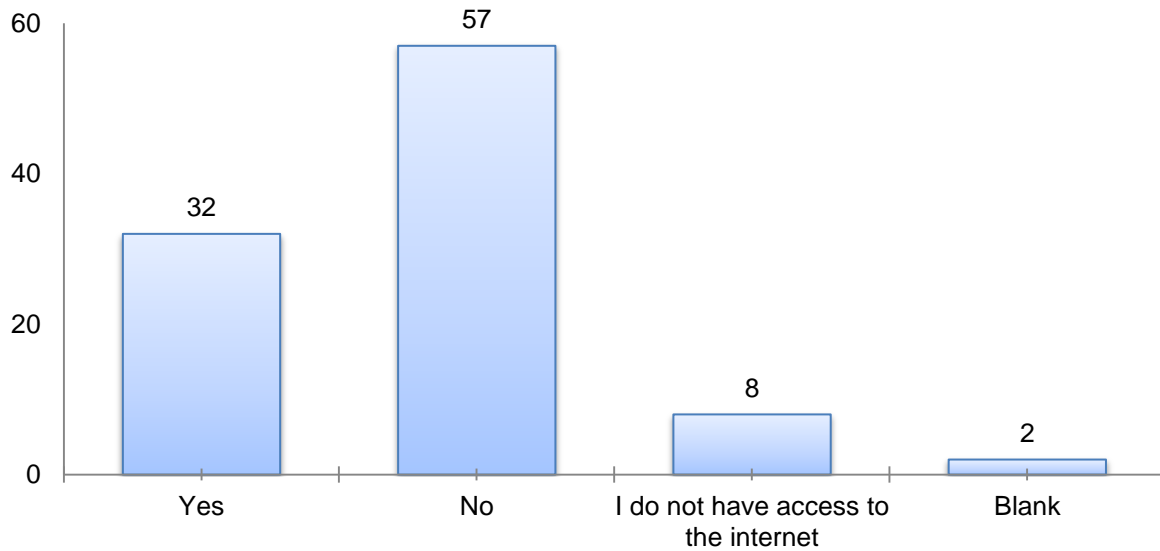
**2. If you have used the online appointment booking service, please rate how satisfied you were with it:**

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied	Have not used	Blank
4	1	0	0	0	72	22



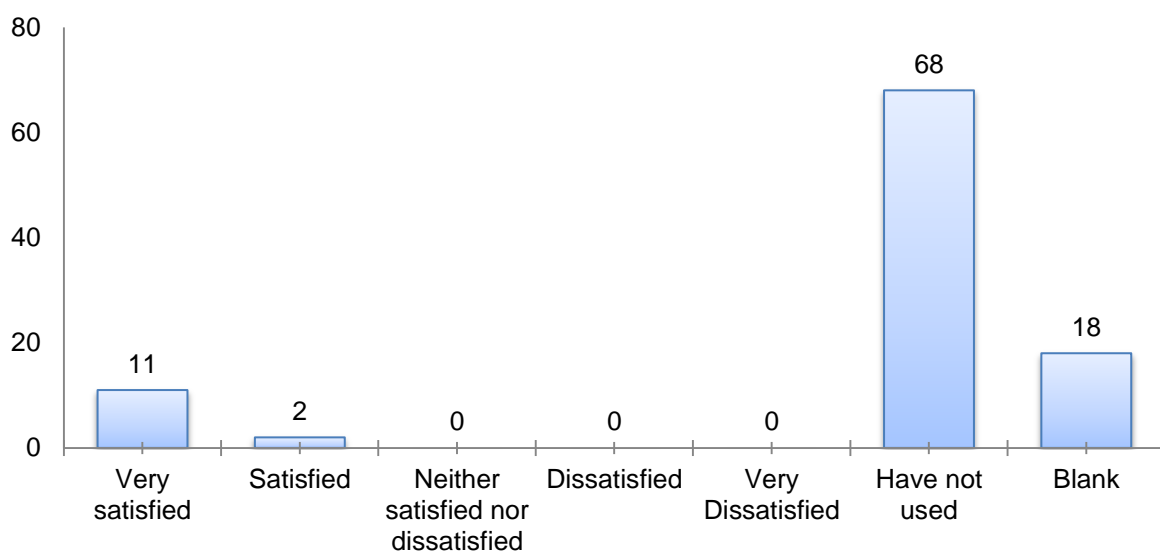
### 3. Did you know that there is a facility to obtain repeat prescriptions online?

Yes	No	I do not have access to the internet	Blank
32	57	8	2



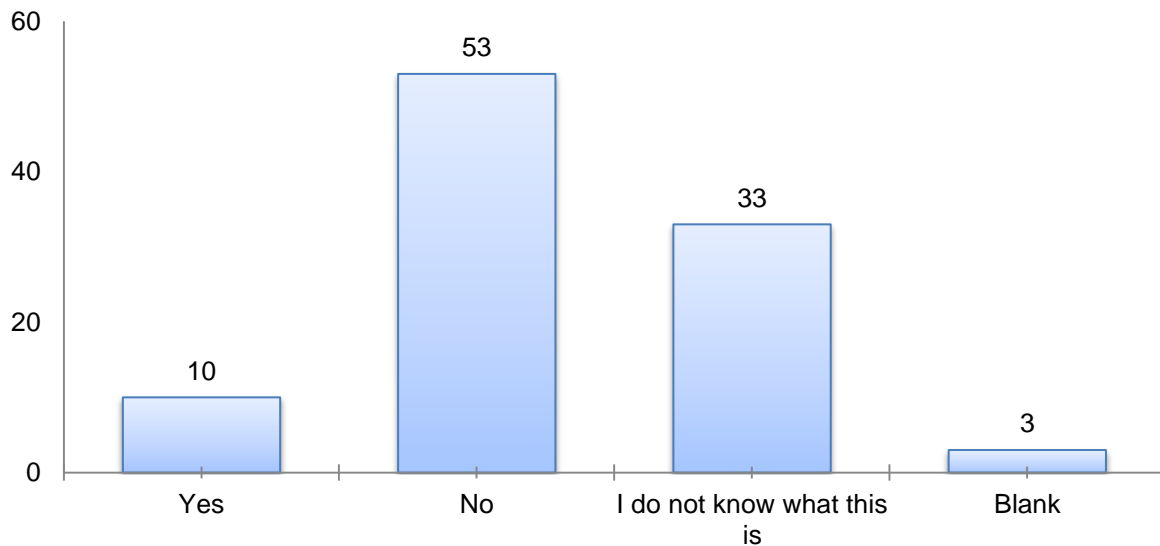
### 4. If you have used the online prescription service, please rate how satisfied you were with it:

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied	Have not used	Blank
11	2	0	0	0	68	18



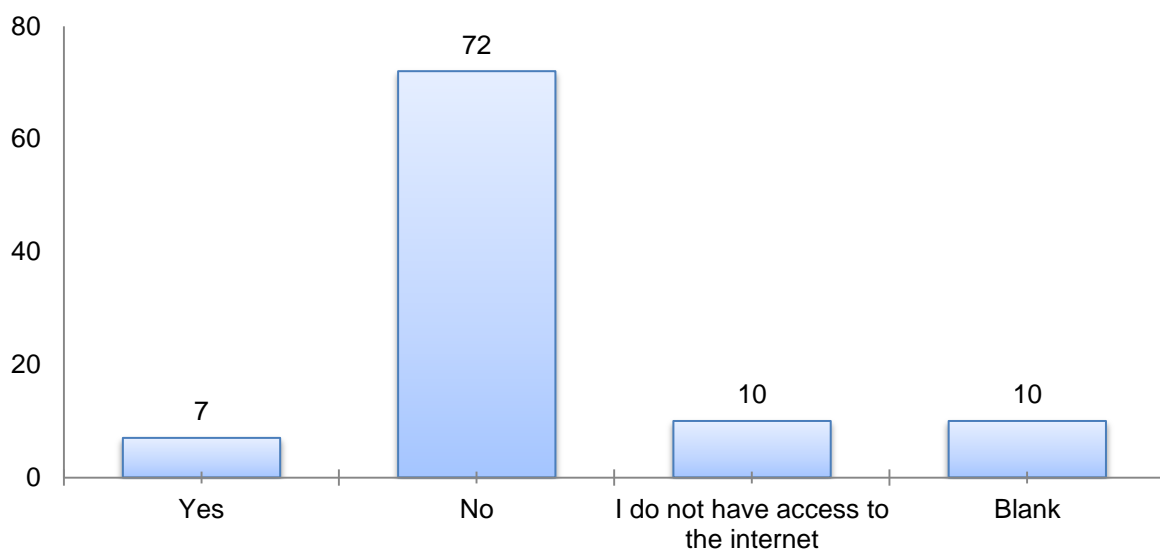
## 5. Did you know the practice has a Patient Participation Group?

Yes	No	I do not know what this is	Blank
10	53	33	3



## 6. Are you aware that information from the Patient Participation Group is published online on the practice website?

Yes	No	I do not have access to the internet	Blank
7	72	10	10



# Hill Barton Surgery Patient Questionnaire



## You can help this general practice improve its service

- This practice would welcome your honest feedback
- All the information provided by patients is put together in a report for the practice. Your answers will not be identifiable.
- Once completed, please return this survey to reception in the envelope provided

Please mark the box like this  with a blue or black ball-point pen. If you change your mind just cross out your old response and make your new choice.

1 Did you know that there is the facility to book appointments online through the practice website?

Yes

No

I do not have access to the internet

2 If you have used the online appointment booking service, please rate how satisfied you were with it:

Very satisfied

Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

Very Dissatisfied

Have not used

3 Did you know that there is a facility to obtain repeat prescriptions online?

Yes

No

I do not have access to the internet

4 If you have used the online prescription service, please rate how satisfied you were with it:

Very satisfied

Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

Very Dissatisfied

Have not used

5 Did you know the practice has a Patient Participation Group?

Yes

No

I do not know what this is

6 Are you aware that information from the Patient Participation Group is published online on the practice website?

Yes

No

I do not have access to the internet

**Thank you for your time and assistance**

