Healthwatch Central Bedfordshire (HWCB) is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire. This includes both adults and children. We are an independent organisation, commissioned by the local authority, to listen to the views of local residents on health and social care services, to speak up on their behalf and to help improve and drive up the quality of health and social care.

For more information please go to: [www.healthwatch-centralbedfordshire.org.uk](http://www.healthwatch-centralbedfordshire.org.uk)

We are asking patients to complete this questionnaire, which forms part of HWCB’s statutory function to “Enter and View” publicly funded Health and Social Care premises. We would like to hear from patients about the services provided at this surgery in order to identify what good practice is and/ or to make recommendations to change services for the better in the future.

1. How long have you been registered with this practice? \_\_\_\_\_ Years/Months/Weeks (delete not

applicable)

1. What ways are there to book an appointment at the surgery?

**Comments:**

1. When you arrive for your appointment, do you have to wait long? **Yes No**

(*delete as appropriate)*

1. Are staff at the surgery helpful and polite? **Yes No**

(*delete as appropriate)*

1. How would you access out of hours care, if you needed it?

**Comments:**

1. Do you feel the following is true;

a) You can discuss your needs with your clinician?  **Yes No**

*(delete as appropriate)*

b) You feel involved in decisions about your care and treatment? **Yes**  **No**

*(delete as appropriate)*

c) Your clinician listens to you and considers your opinions? **Yes No**

*(delete as appropriate)*

1. Are you able to choose whether you see a male or female clinician? **Yes No**

(*delete as appropriate)*

1. Do you know how to make a complaint about the surgery or the staff? **Yes No**

(*delete as appropriate)*

1. On a scale of 1 to 10 how would you rate your overall quality, care, treatment and service at your surgery?

1 2 3 4 5 6 7 8 9 10\* *Please highlight the number that applies*

1. What changes do you feel the practice could make to improve the service for patients at this surgery?

**Comments:**

1. If you have any more comments to make or would like to expand on any of your answers, please do so in the box below:

**Comments:**

***Thank you for your time in completing this questionnaire.***

***When completed, please return this form to*** [info@healthwatch-centralbedfordshire.org.uk](mailto:info@healthwatch-centralbedfordshire.org.uk)

Alternatively, you can leave in a sealed envelope at your surgery and we will collect, or post to:

**Healthwatch Central Bedfordshire**

**Capability House, Wrest Park, Silsoe, MK45 4HR**

If you have any questions about this survey please contact Healthwatch Central Bedfordshire at: [info@healthwatch-centralbedfordshire.org.uk](mailto:info@healthwatch-centralbedfordshire.org.uk) or call 0300 303 8554