Leyburn Medical Practice

Dispensary - Patient feedback

Have your say on what we’re getting right and what we could do better.

It will help us improve our service for everyone. Thank you.

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| --- | --- | --- | --- |
| 1. **Please select how you normally request your repeat prescriptions:**   Box Inside Practice Online Dispensary    Box Outside the Practice Box at Day Lewis Other Please Comment | | | |
| 1. **Did you know that you could request your repeat prescription online to save you coming into the practice?**   Yes Go to question 4  No Go to question 3 | | | |
| 1. **Would requesting repeat prescription online be something you would consider?**   Yes No If not why: | | | |
| 1. **How do you feel about the current repeat prescriptions process – please rate the following for each section (please tick one?)** | | | |
| Requesting your repeat prescription  Very Happy  Satisfied  Unhappy  Frustrated | Collecting your repeat prescription  Very Happy  Satisfied  Unhappy  Frustrated | Information / Leaflets on prescription  Very Happy  Satisfied  Unhappy  Frustrated | The overall process of ordering & collecting repeat medication  Very Happy  Satisfied  Unhappy  Frustrated |
| 1. **How could we make the repeat prescription process better for you?** | | | |
| 1. **Are you happy with the service you receive from the dispensary staff? (Please tick one?)**   Very Happy Comments:  Satisfied  Unhappy  Frustrated | | | |
| 1. **Do you have any additional comments on your whole experience of ordering and collecting your repeat prescriptions?** | | | |

Please feel free to continue your comments on the reverse. If you would like us to contact you regarding your comments please provide your contact details.

Thank you from the Dispensary Team.