

## Questionnaire – WestREN Confidential Practice Questionnaire

### **Section A. Practice Structure & Characteristics**

1. **Practice Type:** (please circle one):      Private Only      GMS & Private

2. **Please estimate size of practice (Please refer to the attached guidance sheet for directions on how to compile the following figures on the relevant software system)**

Total List Size: \_\_\_\_\_  
GMS list size: \_\_\_\_\_  
Males (Number or % or both): \_\_\_\_\_  
Females (Number or % or both): \_\_\_\_\_

Age breakdown (Number or % or both):

0-9	_____	40-49	_____
10-19	_____	50-59	_____
20-29	_____	60-69	_____
30-39	_____	70+	_____

3. **Practice Location:** (please circle one)

Rural      Urban      Mixed rural-urban

4. **Type of main practice premises:** (please circle one)

Purpose-built      Adapted      Attached to residence

5. **Appointment systems:** (please circle one)

Appointment only      Walk-in only      Mixed Appointment/Walk-in

### **Section B. Computerisation**

6. **Are computers used in your practice** (please circle one)?      Yes      No

7. **If so to what extent are computers used** (please circle as appropriate)?

**-Full** : For all consultation notes, prescriptions and patient correspondence

**OR**

**-Partial** (please circle all appropriate options)

Repeat prescriptions  
Consultation notes  
Outgoing referral letters/correspondence  
Scanning incoming correspondence

**CONTINUED OVERLEAF.....**



**8. Practice Software Package:** (please circle one)

Socrates / GP Dynamic / GP Mac / Helix Practice Manager / Health One /  
Other (Please specify)\_\_\_\_\_

**9. Do you code chronic diagnoses for each patient** (eg diabetes/asthma)?

Yes

No

**10. Do you code each consultation diagnoses for each patient** (eg UTI)?

Yes

No

**11.If so which coding system do you use?** (please circle one or both)

ICPC

ICD 10

**Section C: Practice Staff**

**12. Number of GPs active within practice** (excluding GP trainees) \_\_\_\_\_

**13. Does the practice have a nurse?** (Please circle)    Yes        No

**14. If yes how many nurses?**\_\_\_\_\_

**Section D: Out of Hours Duty**

**15. When you are 'Off Duty' (nights,weekends, public hols etc) which of the following deputising arrangements do you employ?** (Please circle one)

Co-op / Internal Practice Rota System / Rota System involving doctors  
outside your practice / Deputising service / Locum/ Other\_\_\_\_\_

**Section E: Educational activity of practice**

**16. In the past three years has this practice been a training practice for the local GP training scheme?**(Please circle one)        Yes    No

**17.In the past three years has the practice been involved in any general practice oriented research?**(Please circle one)        Yes    No