



Workflow Optimisation Staff Questionnaire

GP practice name:

Please read the following questions and circle your answers

How long have you worked at your current GP practice?

<1yr

1-5yr

6-10yr

Do you currently do workflow optimisation at work?

Yes

No

How confident are you at workflow optimisation?

Very confident

Confident

Have you had workflow optimisation training before?

Yes

No

How willing are you use workflow optimisation?

Very willing

Willing

What other tools would you like to see provided to help you do workflow optimisation?

Thank you for completing this questionnaire.