

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 16 July 2015**

Time: **10am**

Venue: **Edwards Room, County Hall, Norwich**

SUPPLEMENTARY A g e n d a

7. Access to Primary Care Services in Norwich

Additional information relating to this item from NHS England.

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XX July 2015

Patient Survey: Services at Norwich Practices' Health Centre

NHS England (Midland and East) needs to appoint a new contract for services at Norwich Practices' Health Centre. This survey asks some questions about how important certain aspects of the services are to you.

This survey covers both services available at Norwich Practices' Health Centre:

- The GP service for patients who are registered at the surgery there
- The Walk-in Centre for patients who are **not** registered at the surgery there

Who should complete the survey?

The questions should be answered by patients who use either of the services. If that person needs help to complete the survey, the answers should be given from their point of view – not the point of view of the person who is helping.

Completing the survey

You can complete the survey online, by going to:

<WEB ADDRESS>

Or complete paper form overleaf, and return to.

Please tick clearly inside the box that is closest to your views using a black or blue pen. Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please **do not** write your name or address anywhere on the survey.

Whilst there may be many things that you would like to add, change or improve, we need to know what is most important to you so that we can concentrate our efforts on these areas.

When do I have to complete it by?

The survey will be accessible online for 4 weeks, starting on <DD MMMM> 2015 and closing on <DD MMMM> 2015. If you complete a paper form please return it by <DD MMMM> 2015

What if I need the survey in a different language or other format?

If you require the Patient Survey in a different language or other format please email NHS England at: england.ea-primarycare@nhs.net

What will you do with the information I provide?

We will combine all the responses we receive to look at what is important to you about the Health Centre. The results will be used to shape the services provided so that they meet the needs of patients. Any published information will not contain any personal details



Taking part in this survey is voluntary. All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols. The information held in the survey will not be able to identify you. NHS England will not hold the information you provide for any longer than necessary.

Thank you for taking the time to complete this survey.

NHS England

Norwich Practices Health Centre – All services

1. Are you a registered patient at the surgery in Norwich Practices' Health Centre?

Yes	No
 Continue to Section A	 Skip Section A and go to Question 2

Section A: Norwich Practices Health Centre – GP services for registered patients

*These questions are about the services provided for **registered patients at the surgery** in Norwich Practices' Health Centre.*

A1) How important is it that you are able to book an appointment the first time that you speak to the receptionist, without having to call back?

Very important	Important	Neither important nor unimportant	Unimportant
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A2) How important is it that you are able to see a GP or nurse with a bookable appointment at a time/day of your choice?

Very important	Important	Neither important nor unimportant	Unimportant
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A3) Current opening times at the practice are 8am-8pm, 7 days a week. Would you like to be able to have an appointment before 8am or after 8pm? Please tick most appropriate response.

Yes, before 8am	Yes, after 8pm	Yes, both before 8am and after 8pm	No preference (8am to 8pm is fine)
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A4) How would you prefer to make your appointments?

Telephone	Internet	Text or smartphone app	Visiting the surgery	Other
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A5) In which ways would you like to be able to have a GP or nurse consultation?

Video conference (ie Skype or Facetime)	Email	Telephone	Face to Face
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A6) How important is it to you that you are able to see the same GP or nurse every time you have a GP or nurse appointment with the surgery?

Very important (I don't mind waiting)	Important (unless it is an emergency)	Neither important nor unimportant	Unimportant
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A7) Which of the following days would you ideally like to be able to access the practice:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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A8) How would you rate the following things:

**1 = Not good at all
5 = Very good**

Opening times	1	2	3	4	5
Making a routine appointment	1	2	3	4	5
Getting an emergency appointment	1	2	3	4	5
Booking in process (on arrival)	1	2	3	4	5
Waiting time to be seen	1	2	3	4	5
Reception	1	2	3	4	5
Clinical Staff (GPs and Nurses)	1	2	3	4	5
Overall Experience	1	2	3	4	5

A9) Which, if any, of the following things would improve the service within the GP surgery?

Additional GP appointments Monday to Friday	Being able to see a GP or nurse of your choice	Additional nurse appointments Monday to Friday	Being able to book a routine GP or nurse appointment in advance	Additional GP or nurse appointments on a Saturday	Additional GP or nurse appointments on a Sunday
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A10) Do you have any other comments about the service or suggestions for how it could be improved? (Please do not fill in any personal data)

Thank you for giving your views on the GP service.

If you also use the Walk-in Centre, please go to Section B.

Otherwise please go to the Equal Opportunities Monitoring form on the last page.

2. Do you use the Walk-in Centre at Norwich Practices' Health Centre?

Yes	No
 Continue to Section B	 Skip to Thank you & Equal Opportunities form

Section B: Norwich Practices Health Centre – Walk-in Centre services

*These questions are about the services provided at the **Walk-in Centre** in Norwich Practices' Health Centre.*

B1) Following temporary changes to the original opening times, the Walk-in Centre is currently open 9am-7pm, 7 days a week.

Would you like to be able to have an appointment before 9am or after 7pm? Please tick the most appropriate response.

Yes, before 9am	Yes, after 7pm	Yes, both before 9am and after 7pm	No preference (9am to 7pm is fine)
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B2) In which ways would you like to be able to have a GP or nurse consultation?

Video conference (ie Skype or Facetime)	Email	Telephone	Face to Face
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B3) How would you rate the following things:

**1 = not important at all
5 = extremely important**

Opening times	1	2	3	4	5
Booking in process (on arrival)	1	2	3	4	5
Waiting time to be seen	1	2	3	4	5
Reception	1	2	3	4	5
Clinical Staff (GPs and Nurses)	1	2	3	4	5
Overall Experience	1	2	3	4	5

B4) Do you have any other comments about the service or suggestions for how it could be improved? (Please do not fill in any personal data)

Thank you for completing this survey

**Your responses are important to us and they will be used
to help shape the future of services at Norwich Practices' Health Centre**

Please continue to the Equalities Monitoring Form.

Equalities Monitoring Form (strictly confidential)

So that we can ensure that our survey is representative of our patients, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Data Protection Statement

All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

Are you male or female?

☐ Male ☐ Female

How old are you?

☐ 0-14 ☐ 15-29 ☐ 30-44 ☐ 45-64 ☐ 65-74 ☐ 75-84 ☐ 85+

Which of the following best describes your sexual orientation? (Tick one box only)

☐ Heterosexual / straight (opposite sex)

☐ Bisexual (both sexes)

☐ Gay or Lesbian (same sex)

☐ Other

☐ Prefer not to answer

What is your ethnic group? (Tick ONE only)

a. WHITE

☐ English / Welsh / Scottish / Northern Irish / British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other White background (Please write in box)

b. MIXED / MULTIPLE ETHNIC GROUPS

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed / multiple ethnic background (Please write in box)

c. ASIAN OR ASIAN BRITISH

☐ Indian

☐ Pakistani

☐ Bangladeshi

- ☐ Chinese
- ☐ Any other Asian background (Please write in box)

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background (Please write in box)

e. OTHER ETHNIC GROUP

- ☐ Arab
- ☐ Any other ethnic group (Please write in box)

f. GENDER REASSIGNMENT

Do you, or have you ever considered yourself as a Transgender

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

g. MARRIAGE/CIVIL PARTNERSHIP

Please indicate from the following categories which best describes your relationship status:

Single	Married/civil partnership	Partnered/living with partner	Separated	Divorced	Widowed/surviving partner	Prefer not to say	Other
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