

Insert Code

Extended access to GP services

NHS Greater Huddersfield and NHS North Kirklees Clinical Commissioning Groups (CCGs) want to improve the healthcare available to people living in the Kirklees area.

We have been given extra funding to improve access to GP services by ensuring that more appointments are available during the early morning, evening and at weekends. This may not be in your local surgery, but would be offered at another location.

To help us develop our plans for increasing the number of appointments, we'd like to hear your views.

Please take a few minutes to complete this short questionnaire. Your feedback will be used by each CCG to help develop services within their own area to meet the needs of the local population.

Once you have completed the survey, please return it to us using the freepost address provided. The survey is also available online at:

<http://www.smartsurvey.co.uk/s/ExtendedGPAccessKirklees>

If you would like more information visit either

www.greaterhuddersfieldccg.nhs.uk

www.northkirkleesccg.nhs.uk

Thank you for taking the time to complete this survey, your views are important to us.

1. Please tell us the first part of your postcode e.g. HD2, WF17

2. I am answering this survey as

A patient

A carer

A member of staff

Other (please tell us)

3. When was the last time you had an appointment at your GP practice?

Within the last month

Within the last 6 months

Within the last year

Other (please tell us)

4. How would you normally travel to your GP practice?

Bus / train

Car

Taxi

Access bus

Cycle

Walk

Other (please tell us)

5a. What is most important to you when you visit a GP practice? Using the scale 1-10 (1 least important) to 10 (most important). Please circle the number.

Being able to book an appointment

1 2 3 4 5 6 7 8 9 10

Location

1 2 3 4 5 6 7 8 9 10

Staff being able to see my medical history

1 2 3 4 5 6 7 8 9 10

Parking

1 2 3 4 5 6 7 8 9 10

Nearby pharmacy / chemist

1 2 3 4 5 6 7 8 9 10

Waiting area

1 2 3 4 5 6 7 8 9 10

A clean and safe place

1 2 3 4 5 6 7 8 9 10

Good care and treatment

1 2 3 4 5 6 7 8 9 10

Bilingual staff / interpreters

1 2 3 4 5 6 7 8 9 10

Easy access to the building

1 2 3 4 5 6 7 8 9 10

Being able to choose to see a woman or man
(GP or nurse)

1 2 3 4 5 6 7 8 9 10

Having my communication needs met

1 2 3 4 5 6 7 8 9 10

5b. Is there anything else that is important to you?

Travel and transport

6a. If you were offered an appointment **in the early morning or evening** (before 8am or after 6.30pm) at another practice (i.e. not your usual practice), how far would you be prepared to travel? Please tick one box that most closely matches your views

I would not be able to travel	
I would not be prepared to travel	
Less than one mile	
Between two and five miles	
More than five miles	

6b. If you were offered an appointment **at the weekend** at another practice (i.e. not your usual practice), how far would you be prepared to travel? Please tick one box that most closely matches your views

I would not be able to travel	
I would not be prepared to travel	
Less than one mile	
Between two and five miles	
More than five miles	

Appointments

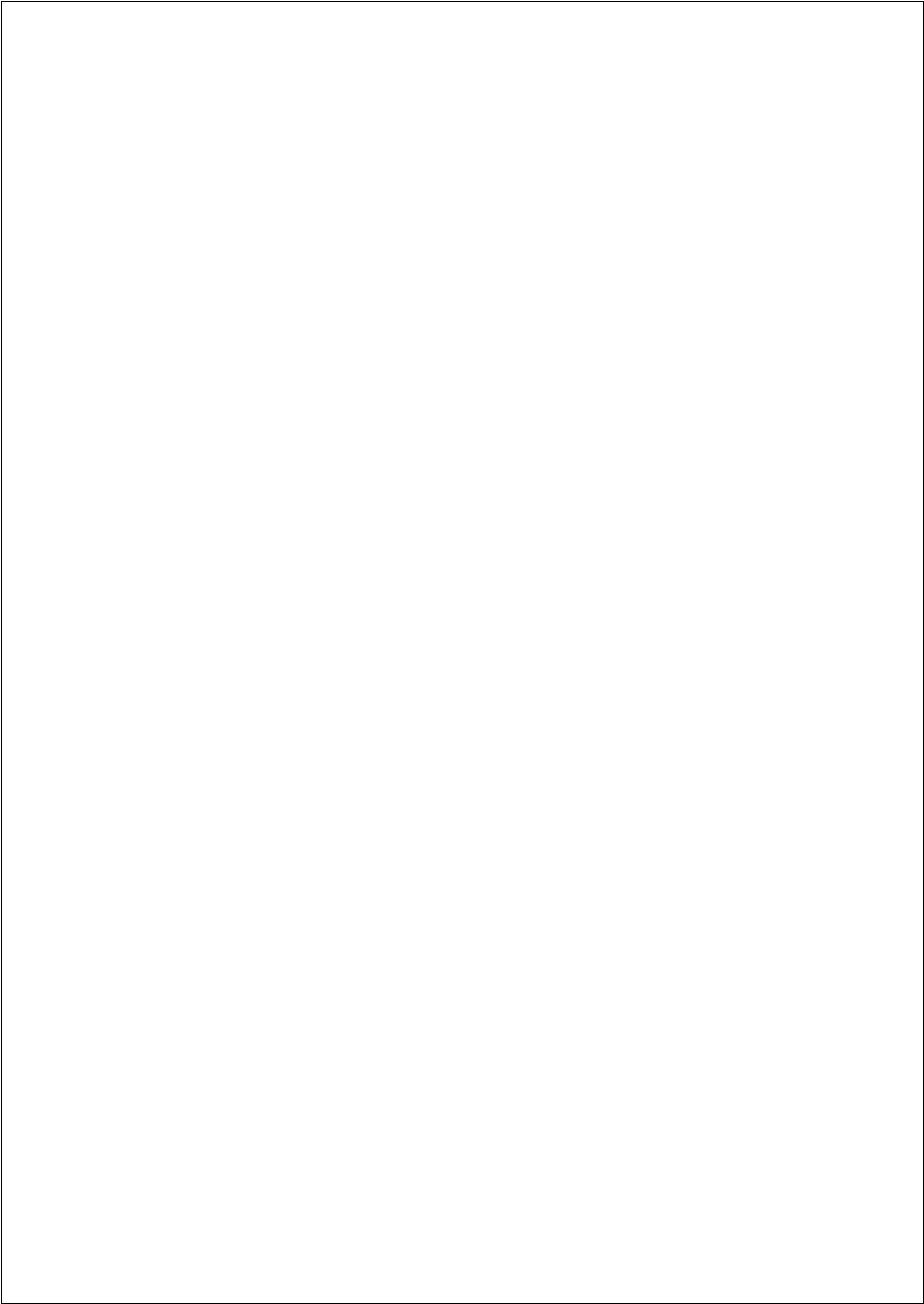
7. If we provided additional appointments on a morning, evening and at weekend what times would be most convenient for you? Please tick all that apply.

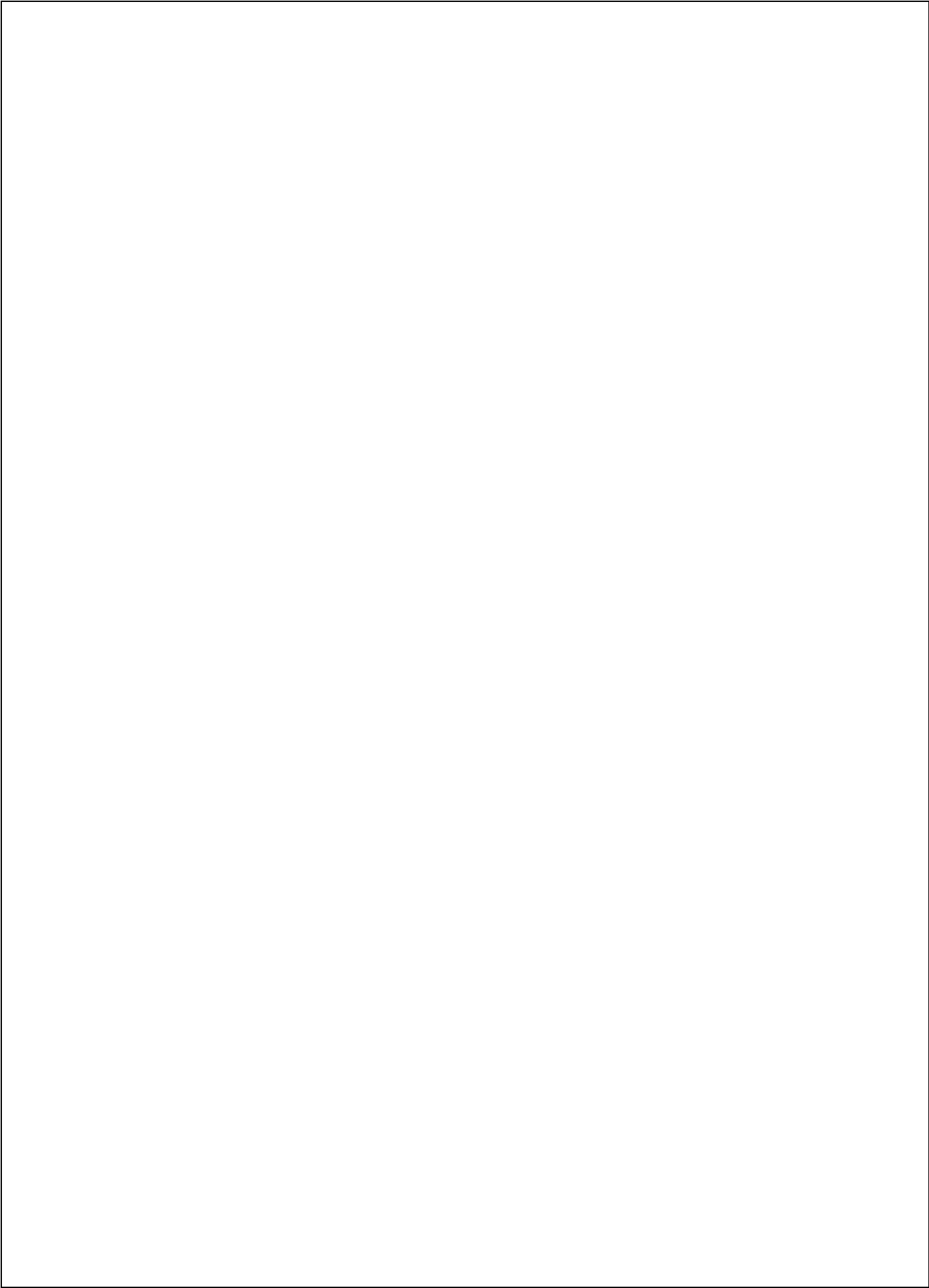
	Monday to Friday			Saturday		Sunday	
	6.30am	6.30pm	8.30pm	8.00am	1.00pm	8.00am	1.00pm
	–	–	–	–	–	–	–
	8.00am	8.30pm	10.00pm	1.00pm	8.00pm	1.00pm	8.00pm
For a routine appointment							
For an urgent appointment							

8. Please indicate to what extent you agree or disagree with the following statements:

	<div> <div> <div>←</div> <div>→</div> </div> <div>Strongly Strongly</div> </div> <div>agree disagree</div>
When attending an early morning, weekend or evening appointment I only want to see a GP	1 2 3 4 5
When attending an early morning, weekend or evening appointment I would be happy to see a nurse or other trained health professional	1 2 3 4 5

9. Is there anything else that you would like to tell us?





Equality Monitoring Form

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules.

This information will be kept confidential. Please try to answer all the questions

1. What is the first part of your postcode?

Example	HD6
Yours	

☐ Prefer not to say

2. What sex are you?

☐ Male ☐ Female

☐ Prefer not to say

3. How old are you?

Example	42
Yours	

☐ Prefer not to say

4. Which country were you born in?

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☐ Prefer not to say

5. Do you belong to any religion?

☐ Buddhism

☐ Christianity

☐ Hinduism

☐ Islam

☐ Judaism

☐ Sikhism

☐ No religion

☐ Other (Please specify in the box below)

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☐ Prefer not to say

6. What is your ethnic group?

Asian or Asian British:

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Other Asian background (please specify)

--

Black or Black British:

☐ Caribbean

☐ African

☐ Other Black background (please specify)

--

Mixed or multiple ethnic groups:

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other mixed background (please specify)

--

White:

☐ English/Welsh/Scottish/Northern Irish/British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Other White background (please specify)

--

Other ethnic groups:

☐ Arab

☐ Any other ethnic group (please specify)

--

☐ Prefer not to say

7. Do you consider yourself to be disabled?

- ☐ Yes ☐ No
☐ Prefer not to say

Type of impairment:

Please tick all that apply

- ☐ **Physical or mobility impairment**
(such as using a wheelchair to get around and / or difficulty using their arms)
- ☐ **Sensory impairment**
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- ☐ **Mental health condition**
(such as depression or schizophrenia)
- ☐ **Learning disability**
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- ☐ **Long term condition**
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- ☐ Prefer not to say

8. Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- ☐ Yes ☐ No
☐ Prefer not to say

9. Are you pregnant?

- ☐ Yes ☐ No
☐ Prefer not to say

10. Have you given birth in the last 6 months?

- ☐ Yes ☐ No
☐ Prefer not to say

11. Please select the option that best describes your sexual orientation.

- ☐ Bisexual (both sexes)
☐ Gay (same sex)
☐ Heterosexual/straight (opposite sex)
☐ Lesbian (same sex)
☐ Other
☐ Prefer not to say

12. Is your gender identity the same as the sex you were assigned at birth?

- ☐ Yes ☐ No
☐ Prefer not to say

Thank you for taking the time to complete this form.

Please hand this questionnaire to reception or return to the freepost address below: (No stamp is required)

Freepost RTEJ-AGSA-UAZL
NHS North Kirklees CCG
4th Floor, Empire House
Wakefield Old Road
Dewsbury WF12 8DJ

Please return this form by **Monday 6th November 2017**