

Insert Code

## Improved Access to GP services

NHS Calderdale Clinical Commissioning Group (CCG) wants to improve healthcare available to people living across the Borough

We would like to know how you think the CCG can improve access to local GP services.

NHS England will be giving additional funding to enable CCGs to plan and buy services to make sure that everyone has access to GP services.

This will be routine pre-bookable appointments at evenings and weekends. This may not be in your local surgery, but would be offered at other locations across Calderdale.

Please tell us your views by filling in this survey and returning it to the freepost address provided.

The survey is also available online at:

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

If you would like more information visit [www.calderdaleccg.nhs.uk](http://www.calderdaleccg.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. HX1, HX3)**

**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 saw a GP or Nurse at your surgery?**

Within the last month

Within the last 6 months

In the last year

Other (please tell us)

<b>4. What is most important to you when you visit the GP or nurse? Using the scale 1-10. 1 (least important) to 10 (most important) Please circle the number</b>										
<b>Being able to book an appointment</b>	1	2	3	4	5	6	7	8	9	10
<b>Location</b>	1	2	3	4	5	6	7	8	9	10
<b>Staff being able to see my medical history</b>	1	2	3	4	5	6	7	8	9	10
<b>Parking</b>	1	2	3	4	5	6	7	8	9	10
<b>Nearby pharmacy/chemist</b>	1	2	3	4	5	6	7	8	9	10
<b>Waiting area</b>	1	2	3	4	5	6	7	8	9	10
<b>A clean and safe place</b>	1	2	3	4	5	6	7	8	9	10
<b>Good care and treatment</b>	1	2	3	4	5	6	7	8	9	10
<b>Bilingual staff/interpreters</b>	1	2	3	4	5	6	7	8	9	10
<b>Easy access to the building</b>	1	2	3	4	5	6	7	8	9	10
<b>Being able to choose to see a woman or man (GP or nurse)</b>	1	2	3	4	5	6	7	8	9	10
<b>Having my communication needs met</b>	1	2	3	4	5	6	7	8	9	10

**4b. Is there anything else that is important to you?**

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**Travel and transport**

**5. How long would you be prepared to travel to a routine pre-booked appointment?**

Under 15 minutes		15-30 minutes		30-60 minutes		60-90 minutes	
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**5b. How would you normally travel to a GP or Nurse appointment?**

Bus/train		Car		Taxi	
Access bus		Cycle		Walk	
Other (please tell us)					

**6. a) If we provided additional appointment times when would you like to be able to see a GP or nurse and what for? (this may not be at your usual surgery) please tick all that apply**

	Monday to Friday	
	6.30am - 8am	6.30pm - 8pm
For a <b>routine</b> appointment		
For a same day appointment		
I would <b>not</b> go at this time		

**6. b) If we provided additional appointment times when would you like to be able to see a GP or nurse and what for? (this may not be at your usual surgery) please tick all that apply**

	Saturday					Sunday				
	Morning		Afternoon			Morning		Afternoon		
	8 - 10 am	10 - 12 noon	12 - 2 pm	2 - 4pm	4- 6pm	8 - 10 am	10 - 12 noon	12 - 2 pm	2 - 4pm	4- 6p m
For a <b>routine</b> appointment										
For a <b>same day</b> appointment										
I would <b>not</b> go at this time										

**7. What type of GP appointment would you prefer?**

Face to face		Skype		Online discussion	
Telephone		Smartphone apps			
Other (please tell us)					

**8. When your Health centre or practice isn't open where do you go for advice and treatment?**

I use 111		I go to the nearest walk-in service		I go to A&E	
I wait until the practice is open		I go to the nearest pharmacy that's open			
I do something else (please tell us)					

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

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# 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?

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)

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 - RLTG-JAYY-ZSRX  
(Improved Access)  
NHS Calderdale CCG  
5<sup>th</sup> Floor, F Mill, Dean Clough  
Halifax, HX3 5AX

**Please return this form by: Monday November 6<sup>th</sup> 2017**