



Bulwell & Top Valley PCN Extended Access Survey

Thank you for taking the time to complete this survey. Your answers will help us to improve your access to GP services in your area.

This survey is open to anyone registered with the following practices:

Rise Park Surgery

Parkside Medical Centre

Leen View Surgery

Riverlyn Medical Centre

St Albans Medical Centre / Nirmala Medical Centre

Southglade Medical Practice

We value the views of everyone who lives in our community.

You can answer as many or as few questions as you feel able to.

The results of this survey are for internal use. We will post the details of the survey results on our Facebook website: <http://btvpcn.co.uk/>

If you would like to participate in our focus group please enter your contact details in question 29 at the end of the survey.

Please complete the survey by Wednesday the 20th of July 2022.

The survey will take approximately 8 minutes to complete.

If you have any queries about completing this survey, please contact your GP Practice

If you need a paper copy of this survey, please contact your GP practice.

* Required

Section A: Practice Access

Practice access is about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place at the right time. We would like to know your views on contacting your practice to get an appointment.

Definitions:

CLINICIANS - GP, Nurse, Health Care Assistant, First Contact Physiotherapist, Paramedic, Clinical Pharmacists, Phlebotomist

ROUTINE CARE - Routine care is care for your ongoing health issues and conditions – not the same as on the day care.

1. Which practice are you signed up with? *

- Rise Park Surgery
- Parkside Medical Centre
- Leen View Surgery
- Riverlyn Medical Centre
- St Albans Medical Centre / Nirmala Medical Centre
- Southglade Medical Practice

2. Rate your practice access before COVID-19 pandemic

1 - Never able to access any healthcare

10 - Very easy to access relevant healthcare *

- 1 2 3 4 5 6 7 8 9 10
-

3. Rate your practice access based on your most recent experience since COVID-19 pandemic

1 - Never able to access any healthcare

10 - Very easy to access relevant healthcare *

1 2 3 4 5 6 7 8 9 10

4. What is most important to you when it comes to routine care? Select your top 3 from the options below, or add your own in the text box. *

CLINICIANS - GP, Nurse, Health Care Assistant, First Contact Physiotherapist, Paramedic, Clinical Pharmacists, Phlebotomist

ROUTINE CARE - Routine care is care for your ongoing health issues and conditions – not the same as on the day care.

- Contact with a clinician that knows you
- Same day access
- Contact with the right clinician based on medical need
- Equal access for all patients
- Variety of access options within 2-7 days time
- Other

5. Which of these would you choose, *if you could choose only one*? *

- Access to a GP at your practice even if that means waiting several days
- Faster access to a GP even if the appointment is not at your practice
- Access to a range of on the day care clinicians, for example physician associate or paramedic

6. Which is more important to you, *assuming that more of one means less of the other?* *

- Longer appointment times
- More availability of appointments

7. Normal practice opening hours are Monday to Friday between 8am and 6.30pm. Your practice already provides extra appointments outside of these hours (called network standard hours).

If your practice could provide appointments outside of normal practice opening hours (Monday to Friday between 8am and 6:30pm), please select times most useful to you. Please only select one option per column.

*

| | Weekdays 7am-8am | Weekdays 4pm-8pm | Weekdays 6.30pm- 8pm | Saturdays 9am-1pm | Saturdays 1pm-5pm | Satur 9am-! |
|------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| First Choice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Second Choice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Normal practice opening hours are Monday to Friday between 8am and 6.30pm. Your practice already provides extra appointments outside of these hours (called network standard hours).

If your practice could provide appointments that are NOT GP appointments outside of normal practice opening hours (Monday to Friday between 8am and 6:30pm), please select what type of appointments you would most like to be provided in these extra slots. Please only select one option per column.

*

| | Blood Pressure check / ECG | Minor illness (infections, viruses, injuries) | Nurse session | Pharmacist medication reviews | Phlebotomy (having your bloods taken) | Phy |
|---------------|----------------------------|---|-----------------------|-------------------------------|---------------------------------------|-----------------------|
| First Choice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Second Choice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. If you answered other to the previous question, please state below what non GP appointments you most like

10. Roughly how many times have you consulted (online, telephone and face to face) with a clinician from your practice over the last 12 months for yourself? *

- 0
- 1-3
- 4-9
- 10+

11. Roughly how many times have you consulted (online, telephone and face to face) with a clinician from your practice over the last 12 months on behalf of or with any dependants (e.g. a child or adult you care for)?

- 0
- 1-3
- 4-9
- 10+

12. Do you feel that you have been able to get an appointment whenever you have needed one? *

- Yes
- No

13. When your practice has used all the available appointments (online, telephone and face to face) on the day, what type of access would you prefer? Please only select one option per column. *

| | Video appointment with a clinician not from your practice | Online (chat based) advice from your practice team | Phone appointment with a clinician not from your practice | Sign post to urgent treatment centre | None of these |
|---------------|---|--|---|--------------------------------------|-----------------------|
| First choice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Second choice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section B: Background information

14. Please enter the first 3 characters of your postcode, for example NG6 *

15. Which of the following best describes you? *

- Female
- Male
- Non-binary
- Prefer not to say
- Other

16. Is your gender identity the same as the sex you were registered at birth? *

- Yes
- No
- Prefer not to say

17. What is your ethnic group? *

- White - English, Welsh, Scottish, Northern Irish or British
- White - Irish
- White - Gypsy or Irish Traveler
- White - Roma
- White - Any other White Background
- Mixed or Multiple ethnic groups - White and Black Caribbean
- Mixed or Multiple ethnic groups - White and Black African
- Mixed or Multiple ethnic groups - White and Asian
- Mixed or Multiple ethnic groups - Any other Mixed or Multiple ethnic background
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Chinese
- Asian or Asian British - Any other Asian background
- Black, Black British, Caribbean or African - Caribbean
- Black, Black British, Caribbean or African - African
- Black, Black British, Caribbean or African - Any other Black, Black British, Caribbean or African -
- Other ethnic group - Arab
- Other ethnic group - Any other ethnic group

18. How old are you? *

- Under 16
- 16 to 17
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 and over

19. Which of these best describes what you are doing at present?

If more than one of these applies to you, please select the box next to the main one only. *

- In full-time paid work (30 hours or more a week)
- In part-time paid work (under 30 hours each week)
- In full-time education at school, college or university
- Unemployed
- Permanently sick or disabled
- Fully retired from work
- Looking after the family or home
- Carer
- Doing something else

20. Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? *

Yes

No

21. How would you describe this health problem or disability? Please select all that apply to you.

Developmental Disorder

Injury

Learning Disability

Long Term Physical Illness

Mental Health Condition

Physical Impairment

Sensory Impairment

Other

22. Do you look after, or give any help or support to, family members, friends, neighbours or others because of either:

- long-term physical or mental ill health / disability, or
- problems related to old age?

Don't count anything you do as part of your paid employment. *

- No
- Yes, 1 to 9 hours a week
- Yes, 10 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 or more hours a week

23. Are you a parent or a legal guardian for any children aged under 16 living in your home? *

- Yes
- No

24. Are you a deaf person who uses sign language? *

- Yes
- No

25. Are you blind or partially sighted? *

Yes

No

26. If you answered yes to question 11 or question 12, what is your preferred method of communication?

27. Which of the following best describes your smoking habits? *

Never Smoked

Former Smoker

Occasional Smoker

Regular Smoker

28. Which, if any, of the following best describes your religion? *

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I would prefer not to say

Section C: Focus Groups

29. If you are interested in participating in our focus group to talk about the issues covered in this survey and to be involved in the Bulwell & Top Valley Patient Panel, please provide your contact details.

In accordance with the General Data Protection Regulation (GDPR). I agree that Bulwell & Top Valley Primary Care Network can process my data for use in service design. This information will be retained in accordance with data protection requirements. More information about how we use your information can be found at: www.healthandcarenotts.co.uk/privacy-policy/

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