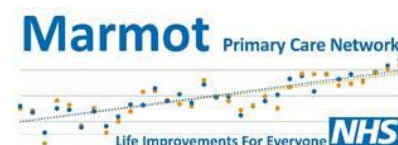


Questionnaire



Extended Access Service

Marmot Primary Care Network (PCN) currently delivers an “extended access” service which provides evening and weekend appointments for patients who are registered with practices that belong to Marmot PCN and also patients who are registered with practices that belong to Symphonie PCN.

Marmot PCN

Dr Hendow
James Alexander Family Practice
Northpoint Medical Practice
Princes Medical Practice

Symphonie PCN

The Avenues
Clifton house Surgery
Hastings Medical Centre
Newland Health Centre
The Oaks Medical Centre
Sydenham House Group Practice
Wilberforce Surgery
Wolseley Medical Centre

The service currently delivers appointments after 6.30pm Monday to Friday and between 8am to 2pm on Saturdays and Sundays.

Appointments are available at Bransholme Health Centre (7 days a week) and Elliott Chappell Health Centre (Wednesday and Saturdays) and are currently booked via your own GP practice.

To ensure that we are meeting the needs of our patients and providing access to appointments that are convenient and accessible, we would like to gather your views in relation to our current service and how we might deliver the service in the future.

Completing the Questionnaire

Taking part in this questionnaire is voluntary and anonymous. For each question please tick the box that is closest to your views or closest to your experience. Don't worry if you make a mistake; just cross the mistake out and put a tick in the right box. Please do not write your name or address anywhere on this questionnaire sheet.

If you have any questions about this questionnaire, or would like it in another language or format, please contact Karen Andrew on 01482 344236.

*Primary Care Networks are groups of GP practices working together to deliver services to patients.

Your GP Practice

Q01 – Which GP practice are you registered with? Please tick one box

- The Avenues Medical Centre ☐ Clifton House Surgery ☐ Hastings Medical Centre ☐
Dr Hendows Practice ☐ James Alexander Family Practice ☐ Newland Health Centre ☐
Northpoint ☐ The Oaks Medical Centre ☐ Princes Medical Centre ☐
Sydenham House Group Practice ☐ Wilberforce Surgery ☐ Wolseley Medical Centre ☐

Q02 – How often, on average, do you visit your GP practice for any reason? Please tick one box

- ☐ More than once a week ☐ Once a week ☐ Less often than once a year
☐ More than once a month ☐ Once a month ☐ Never / rarely
☐ A few times a year ☐ Once a year

Extended Access Service

Q03 – Have you heard of extended access/Access+/extended hours? Please tick one box

- ☐ Yes ☐ No ☐ Not sure

Q04 – Have you been offered an appointment within extended access/Access+/extended hours in the past? Please tick one box

- ☐ Yes ☐ No ☐ Not sure

Q05 – Have you ever attended an appointment within extended access/Access+/extended hours in the past? Please tick one box

- ☐ Yes ☐ No ☐ Not sure

Q06 – If you were offered an appointment to see either a GP/Practice Nurse/Health Care Assistant or any other member of the primary care team after 6.30pm on weekdays or on a Saturday or Sunday, would you accept the appointment? Please tick one box

- ☐ Yes ☐ No ☐ Not sure

If you ticked “No” or “Not sure” please provide your reasons why:

Q07 – Please tick the hours of the day that are convenient for you to attend appointments at either your GP practice or within the extended access service.

	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have no preference and I am happy to attend any time, please tick here ☐

Q08 – Which of the following ways to book an appointment do you currently use, which would you consider and which would you prefer? Please tick at least one box in each row

	Currently Use	Would consider	Prefer	Would not use
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated booking line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q09 – How do you normally travel to your GP Practice? Please tick all that apply

<input type="checkbox"/> Walk	<input type="checkbox"/> Mobility Scooter
<input type="checkbox"/> Cycle	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Drive alone	<input type="checkbox"/> Drive with others
<input type="checkbox"/> Passenger in a car	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bus	<input type="checkbox"/> Train
<input type="checkbox"/> Park and Ride	<input type="checkbox"/> Other

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Q013 – Please use the space below to make any further comments about the extended access service.

About you

We know that people from different age groups, gender groups, ethnic groups, religion and impairment groups access healthcare in different ways, they have different health needs and sometimes have differing experience of care.

By telling us a little about you, we can make sure that everyone has the opportunity to receive care in a way that is most appropriate to them.

If you don't want to answer any of the questions, please leave blank or tick prefer not to say. Your responses to this section will be completely anonymous.

Q01 What is your postcode?

Q02 What is your year of birth?

Q03 Which of the following best describes your ethnic background?

☐ White (English/Welsh/Scottish/Northern Irish / British)

☐ White other (please specify in the space below)

☐ Asian / Asian British

☐ Black / Black British

☐ Mixed / Multiple Ethnic Group

☐ Prefer not to say

☐ Other

Q04 What is your religion, belief or faith?

☐ No religion

☐ Buddhism

☐ Christianity

☐ Hinduism

☐ Islam

☐ Judaism

☐ Sikhism

☐ Prefer not to say

☐ Other

Q05 To which gender identity do you most identify?

☐ Female

☐ Male

☐ Transgender Female

☐ Transgender Male

☐ Gender variant/non-conforming

☐ Not listed

☐ Prefer not to say

Q06 Is there anything else about yourself that you think may have an impact on your healthcare needs?