

Survey: Guildhall Walk Registered Patients

The contract for the NHS services provided at the Guildhall Walk Healthcare Centre runs out in March 2016. That means the local NHS must soon decide whether to continue to provide these services in the same way in the future, or whether to make changes that involves asking fundamental questions about what services are needed in the future, where those services should be located, and which staff should deliver them.

By completing this survey you will help the NHS to know more about the people who are potentially affected by any changes whether that means leaving the practice in the same place, moving it within the city, or asking patients to register elsewhere and so help to ensure that the right decisions are made.

Please note: For patients under the age of 18 we will accept a form completed by a parent or legal guardian.

About you

Please tell us a little about yourself – all responses will be entirely anonymous.

1 Gender – are you:

	Please tick one
Male	
Female	
Prefer not to say	

2 Age – are you:

	Please tick one
Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75 or over	

3 What is the first part of your postcode?

PO1			PO7		PO13	
PO2			PO8		PO14	
PO3			PO9		PO15	
PO4			PO10		PO16	
PO5			PO11		PO17	
PO6			PO12		Other (Hants)	
Other (outside Hampshire, please specify)						

Using the Guildhall Walk Healthcare Centre

Please let us know a little about your experience of using the Guildhall Walk Healthcare Centre, as a registered patient.

4 How long have you been registered with the Guildhall Walk Healthcare Centre?

	Please tick one
Less than a year	
1 – 2 years	
3 – 5 years	
6-10 years	

5 Why did you register as a patient at the Guildhall Walk Healthcare Centre, rather than another surgery? (Choose as many options as are appropriate)

It's closest / most convenient to my home	
It's closest / most convenient to my work or place of study	
It was recommended to me	
No particular reason	
The surgery offers a specific service I can't get anywhere else (Please specify)	

**6 Why did you register as a patient at the Guildhall Walk Healthcare Centre, rather than another surgery?
(Choose the ONE most important reason)**

	Please tick one
It's closest / most convenient to my home	
It's closest / most convenient to my work or place of study	
It was recommended to me	
No particular reason	
The surgery offers a specific service I can't get anywhere else (Please specify)	

**7 In the last year, which services have you used at the Guildhall Walk Healthcare Centre?
(Please select as many or as few as apply)**

Pre-booked GP appointment	
Pre-booked nurse appointment	
'Walk-in' GP appointment	
Telephone consultation	
To get a letter/document signed	
Vaccinations	
Smoking/alcohol/weight/drug advice	
Online GP assessment	
Other (please specify)	

8 Which of those services did you use most often, in the last year? (One answer only)

	Please tick one
Pre-booked GP appointment	
Pre-booked nurse appointment	
'Walk-in' GP appointment	
Telephone consultation	
To get a letter/document signed	
Vaccinations	
Smoking/alcohol/weight/drug advice	
Online GP assessment	
Other (please specify)	

9 Overall, how would you rate your experience of using the practice?

	Please tick one
Very good	
Quite good	
Average – neither good nor poor	
Quite poor	
Very poor	
Don't know/haven't used it	

Looking ahead

The contract for the services which are currently provided at Guildhall Walk Healthcare Centre runs out in March 2016. Please help us to decide how the local NHS should respond to that development.

10 If you could no longer use the Guildhall Walk Healthcare Centre, which phrase would best describe your reaction...?

	Please tick one
It wouldn't really bother me, I'd register somewhere else	
It would be slightly inconvenient but not a real problem to me	
It would be inconvenient and a real problem to me	
Don't know	

11 If you had to look elsewhere for a GP surgery, would you change to...

	Please tick one
Another practice less than half a mile away – no more	
Another practice up to 1 mile away	
Another practice up to 2 miles away	
Another practice up to 3 miles away	
I'd register close to my home/work instead	
Not concerned	
Don't know	
Other (please specify)	

12 Thinking about GP surgeries in the future, how important are the following factors to you?

	Very important	Quite important	Neither important or unimportant	Not that important	Not at all important	Don't know
Being able to book to see any GP, within a few days						
Having a surgery which is very close to my home						
Having a big surgery which offers a wide range of services in one place						
Always being able to see my 'own' GP						
Being able to talk to a GP/nurse on the phone						
Being able to book appointments at weekends, evenings, or early mornings						
Being able to walk in and wait for 'same day' appointments						

13 If you were no longer able to use the Guildhall Walk Healthcare Centre, what would be your concerns? (You may choose as many or as few options as you wish)

Loss of the personal relationship I have with my GP(s)	
Whether I would be able to register at another local practice	
Whether I would have to travel a long way to a new practice	
Whether I could access a particular service at another practice	
Whether the opening hours of another practice would suit me	
Whether I could still get walk-in/same day appointments	
Whether I'd have to wait longer to book a routine appointment	
Other (please specify)	

14 Is there anything else you would like the NHS to take into account when considering the future of the services at Guildhall Walk Healthcare Centre?

Please write your comments here:

Personal details

We like to ask a few questions to find out more about the people who are taking the trouble to give us their views. This is purely to help us to understand which people are being reached by us, and whether there are groups which are not being heard.

15 Do you have dependent children, or do you care for someone?

	Please tick one
Yes I have dependent children	
Yes, I am responsible for caring for a partner/friend/relative	
Yes I have dependent children and care for a partner/friend/relative	
No	

16 Do you consider yourself to have a disability?

	Please tick one
Yes	
No	
Prefer not to say	

17 If yes, please tell us what your disability is?

Learning disability or difficulty	
Longstanding illness	
Mental health condition	
Physical impairment	
Sensory impairment	
Prefer not to say	
Other (please specify)	

18 Would you describe your sexuality as:

Lesbian/Gay Woman	
Heterosexual/Straight	
Gay Man	
Bisexual	
Prefer not to say	

19 Would you describe your ethnic origin as:

White, British		African	
White, Irish		Any other black background	
Any other white background		Chinese	
Indian		Mixed: White and Black Caribbean	
Pakistani		Mixed: White and Black African	
Bangladeshi		Mixed: White and Asian	
Any other Asian background		Any other mixed background	
Caribbean		Prefer not to say	
Any other ethnic group – please specify			

20 Your religious belief is:

Atheism		Islam	
Buddhism		Judaism	
Christianity		Sikhism	
Hinduism		Prefer not to say	
Other religious belief – please specify			

Thank you

Thank you very much for taking the time to complete this survey.

Please return your response to us in the **reply paid envelope** enclosed with your letter.

The closing date for responses is **Friday 3rd July 2015**.