**Lincolnshire Primary Care Networks**

 **Enhanced Access - Patient Survey**

**What is this survey about?**

**Share your views on how enhanced access can be delivered by General Practices in Lincolnshire**

The NHS in Lincolnshire is currently working on the best way to develop and improve access to local General Practice services. Some of this work includes the best way patients can be offered General practice service appointments outside of normal working hours (8am – 6:30pm). This may be referred to as “Enhanced Access”.

**How will my feedback be used?**

We would very much value your feedback to help us shape the approach to how patients can access local General Practice services in your area. From 1 October 2022, each of the Lincolnshire Primary Care Networks (PCNs- groups of GP practices working together in close geography to deliver NHS services) has been asked to provide appointments outside of normal working hours to patients registered at their member Lincolnshire General Practices. Alongside practice data, your feedback will be used to help shape your local practice and PCN plans on delivering these extra appointments.

**What is a Primary Care Network?**

Primary Care Networks (PCNs) are groups of GP practices working together in close geography to deliver NHS services. They work with other local organisations, such as community, mental health, social care, pharmacy, hospital and voluntary services. Working together in this way means that services can stay open for longer and sharing staff across the PCN can give patients better access to specialist healthcare professionals, closer to home. If you are registered at a GP practice in Lincolnshire, your practice will be working as part of a Primary Care Network. To find out more about PCNs please view this website: <https://lincolnshireccg.nhs.uk/about-us/our-gp-practices/primary-care-networks/>

**What do these ‘Enhanced Access’ changes mean for me?**

For patients this will mean that you will be able to make pre-bookable and same-day General Practice service appointments with a range of clinical professionals, this may be delivered at a different location to your own practice, or at a hub in the PCN practice’s geographical footprint, they may also be online, or by telephone if appropriate. The contract states that these appointments should be delivered Monday to Friday (between 6:30pm-8:00pm) and on Saturdays between 9:00am and 5:00pm, however, a proportion of these extra appointments could also be provided outside of these times, where it can be evidenced by the PCN that different appointment times would better meet the needs of the PCN’s patient population.

We are keen to hear your feedback on the following to understand your access needs and preferences for enhanced access:

* The patient demand and type of appointments to be provided outside of normal working hours;
* Your preferences to use the services at different times;
* What appointment types and channels would be accessible to you;
* Understanding how far you are willing and able to travel to access appointments

and

* Understanding any barriers you may face to accessing enhanced services ie public transport, access to broadband/ IT.

Basically, we want to hear how we can best deliver enhanced access to our patient population.

You can also complete this survey online by following this link: <https://nhslincolnshire.qualtrics.com/jfe/form/SV_1XDGJq7tqCHFg9g>

 Or scan this QR code with your phone camera:



**The closing date of the survey is 5pm, Friday 1 July 2022.**

This document is available in other languages and formats on request. To request alternative formats, or if you require the services of an interpreter, please **contact us:** Claire Hornsby, Primary Care Engagement Manager, Lincolnshire CCG :- Mobile: 07890 047 409/ E-mail: c.hornsby1@nhs.net

**Russian:** Этот документ доступен на других языках и в других форматах по запросу. Для того чтобы запросить альтернативные форматы, или если вам требуются услуги переводчика, свяжитесь с нами.

**Latvian**: Šis dokuments pēc pieprasījuma ir pieejams citās valodās un formātos. Lai pieprasītu to citā formātā vai ja jums ir nepieciešami tulka pakalpojumi, lūdzu, sazinieties ar mums.

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**Romanian:** Acest document este disponibil la cerere și în alte limbi și formate. Pentru a cere alte formate, sau în cazul în care aveți nevoie de serviciile unui interpret, vă rugăm să luați legătura cu noi.

**Czech:** Pokud bysta požadovali informance v jiném jazyce nebo formátu, kontakuje nás.

**Italian:** Se desiderate ricevere informazioni in un’altra linua o in un’altra lingua o in unaltro format, siete pregati di chiedere.

**Lithuanian:** Jei norėtumėte gauti informaciją kitakalba ar formatu, kreipkitės į mus.

**Polish:** Jeżeli chcieliby Państwo uzyskać informacje w innym jęzku lub innym formacie, prosimy dać nam znać.

**Portuguese:** Se deseja obter informação noutro idioma ou formato, diga-nos

**Patient Questionnaire**

Please answer the following questions

1. **Which of the following best applies to you [TICK ONE OPTION ONLY]**

|  |  |
| --- | --- |
|  | **Please tick** |
| I am answering these questions about myself |  |
| I am answering these questions on behalf of another patient |  |
| I am answering these questions on behalf of another patient as their carer |  |

1. **What GP Practice are you or the person you are completing for registered at (your answer is essential to understanding the population needs of your area)?**

|  |
| --- |
|  |

**Times of Appointments**

1. **Please indicate how happy you would be to attend the following appointments at a different location to your usual practice, if it meant you could be seen faster:**

|  | Very happy to attend | Happy to attend | Not ideal but I would attend | If it was the only option, I would attend | Very unhappy and I would not attend |
| --- | --- | --- | --- | --- | --- |
| Physio Appointment |  |  |  |  |  |
| Urgent Same day appointment |  |  |  |  |  |
| Planned Pre-Booked Appointment |  |  |  |  |  |
| Specialist appointment ie Diabetic Clinic, Mental Health Support  |  |  |  |  |  |
| GP appointment |  |  |  |  |  |
| Nurse Appointment |  |  |  |  |  |
| Chronic Disease Management appointment |  |  |  |  |  |
| Minor Illnesses |  |  |  |  |  |
| Screening |  |  |  |  |  |
| General health |  |  |  |  |  |
| Support Groups |  |  |  |  |  |
| Other comments |

1. **How likely are you to use additional appointments at the following times:**

|  | Very likely | Sometimes | Not very likely | Not at all | Don’t know/unsure |
| --- | --- | --- | --- | --- | --- |
| Weekday (7am-8am) |  |  |  |  |  |
| Weekday Evening (6:30pm – 8pm) |  |  |  |  |  |
| Saturday morning (9am-12pm) |  |  |  |  |  |
| Saturday afternoon (1pm-5pm) |  |  |  |  |  |
| Weekday morning (8am -12pm) |  |  |  |  |  |
| Weekday afternoon (12-6pm) |  |  |  |  |  |

1. **Of all potential** **Enhanced Access appointment slots, which are your preferred time/s?**

**[PLEASE TICK A MAXIMUM OF 3 OPTIONS]**

|  |  |
| --- | --- |
|  | Please tick  |
| Weekday (7am-8am) |  |
| Weekday Evening (6:30pm – 8pm) |  |
| Saturday morning (9am-12pm) |  |
| Saturday afternoon (1pm-5pm) |  |
| Week day morning (8am -12pm) |  |
| Weekday afternoon (12pm-6pm) |  |
| Other please state: |

1. **If you were offered an appointment at another location at a convenient time, how long would you be prepared to travel/be able to travel for?**

|  |  |  |
| --- | --- | --- |
|  | **Urgent, same day appointment** Immediate care (i.e. symptoms appeared in the last 24-48 hours)Please tick | **A routine, non-urgent appointment** (i.e. chronic/long-term condition or general appointment) Please tick |
| 0 – 10 minutes |  |  |
| 10 – 20 minutes |  |  |
| 20 – 30 minutes |  |  |
| 30 – 40 minutes |  |  |
| 40+ minutes |  |  |
| I would not be willing /able to travel to another practice |  |  |

**Consultation Type**

**7. Please select your preferred consultation type [PLEASE TICK UP TO THREE OPTIONS]**

|  | Please tick |
| --- | --- |
| Telephone |  |
| Video calls |  |
| Face-to-face appointment |  |
| Whichever is quicker |  |
| Mixture of the above |  |
| Depends on the issue to be dealt with  |  |
| Other please state |  |

**8. Please share more details on your views about the following methods of appointment consultations:**

Please state how far you agree with the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree |
| I am happy to attend appointments face to face where this is appropriate |  |  |  |  |  |
| I am happy to have an appointment over the telephone where this is appropriate |  |  |  |  |  |
| I am happy (and able) to attend appointments via video-call, where this is appropriate |  |  |  |  |  |

**Transport/ Travel**

1. **Which mode of transport do you use most often to get to your GP practice? [SELECT ONE ONLY]**

|  |  |
| --- | --- |
| Mode of Transport | Please tick |
| Car – drive yourself |  |
| Car – someone else driving |  |
| Public transport |  |
| Walking |  |
| Taxi |  |
| Other (e.g. bicycle) |  |
| Don’t know/unsure |  |

1. **In minutes, how long does it normally take you to get to your GP practice using your most-used method of transport?**

|  |  |
| --- | --- |
| 0 – 10 minutes |  |
| 10 – 20 minutes |  |
| 20 – 30 minutes |  |
| 30 – 40 minutes |  |
| 40+ minutes |  |
| Other |  |

1. **If you don’t have access to a car, is there adequate public transport available in your area which would allow you to easily attend evening or Saturday appointments? [SELECT ONE ANSWER PER OPTION]**

|  |  |  |  |
| --- | --- | --- | --- |
| Mode of public transport  | Yes | No | Not Sure |
| I don’t use public transport, have a car (please go to next Question) |  |  |  |
| Buses – weekday early morning |  |  |  |
| Buses – weekday evening past 18.00 |  |  |  |
| Buses – weekday mornings, 9am -12pm |  |  |  |
| Buses – weekday afternoons, 12pm -6pm |  |  |  |
| Local train services – weekday early morning |  |  |  |
| Local train services – weekday evenings past 18:00 |  |  |  |
| Buses – Saturdays  |  |  |  |
| Local trains – Saturdays |  |  |  |

***Please provide any other comments***

|  |
| --- |
|  |

**Get involved**We want to ensure patients and members of the public are able to help shape health and care services in Lincolnshire. We need to consistently engage with our diverse population and communities in order to provide health servicesthat are designed and delivered and to fit local needs.

If you would like to be kept updated/involved with what is happening in your area then please insert your contact details

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any group(s) you represent** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you like to be involved?** Please tick all that apply

☐ Receiving newsletters ☐ Joining a Practice Patient Participation Group

☐ Email ☐ Surveys

Other, please specify

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equalities Monitoring**

*Why we are asking you to provide this information*

The information that we are asking you to provide in this form links to our compliance with the Equality Act 2010, Public Sector Duties (2011), where we give due regard to the need to:

* Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
* Advance equality of opportunity between people who share a protected characteristic and those who do not.
* Foster good relations between people who share a protected characteristic and those who do not.

The aims and commitments set out in our equality policy enable us to carry out these duties appropriately. Our commitment to collect and monitor equality data about our service users provides us with key information that helps us to identify gaps and/or discrepancies in our practices. You are not obliged to answer these questions, and we understand that you may find some of this information personal and sensitive in nature. Please note, however, by gathering this data, it helps us to understand the diversity of the people we serve and enables us to ensure that we are doing the utmost to support all our service users in a fair and equitable way.

**Data Protection**

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymized statistics and data provided by you collectively to identify trends and inform discussions about how to improve our practices. No information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act, 1998.

|  |
| --- |
| **Age:** What age group do you belong to? |
| * 16 - 29
 | * 50 - 59
 | * 70 - 74
 |
| * 30 - 39
 | * 60 - 64
 | * 75 - 79
 |
| * 40 - 49
 | * 65 - 69
 | * 80 +
 |
| * Prefer not to say
 |

|  |
| --- |
| **Disability:** Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (including any problems related to old age)? |
| * Yes, limited a little
 | * No
 |
| * Yes, limited a lot
 | * Prefer not to say
 |

|  |
| --- |
| If you answered 'yes' to the previous question, please indicate you disability - people may experience more than one type of impairment, in which case you may indicate more than one |
| * Physical impairment
 | * Mental health condition
 | * Long-standing illness
 |
| * Sensory impairment
 | * Learning Disability/Difficulty
 | * Other
 |

In relation to the previous question do you have any specific needs or requirements?

* No
* Yes (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Ethnicity:** What is your ethic group? *(Please click on the appropriate box to indicate your ethnic group)* |
| * Asian or Asian British: Indian
 | * Black or Black British: Caribbean
 |
| * Asian or Asian British: Pakistani
 | * Black or Black British: Caribbean: African
 |
| * Asian or Asian British: Chinese
 | * Any other Black background (please state) ………………………………………………………
 |
| * Asian or Asian British: Bangladeshi
 |  |
| * Any other Asian background (please state)……………………………
 |  |
| * Mixed: White and black Caribbean
 | * White: Welsh / English / Scottish / Northern Irish / British
 |
| * Mixed: White and Black African
 | * White: Irish
 |
| * Mixed: White and Asian
 | * White: Gypsy or Irish Traveller
 |
| * Any of mixed background

(please state)………………………………………. | * Any other White background (please state) ..................................................................
 |
| * Other ethnic group: Arab
 | * Any other (please state)
 |
| * Prefer not to say
 |  |

**Gender:** What is your gender?

|  |  |
| --- | --- |
| * Male
 | * Female
 |
| * Intersex
 | * Non-binary
 |
| * Prefer not to say
 | * Prefer to self-identify (please state) ……………………………………………
 |

**Gender reassignment:** Have you gone through any part of a process, or do you intend (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender

identity? *(This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)*

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * Prefer not to say
 |

**Marriage and civil partnership**: what is your legal marital or civil partnership status?

|  |  |
| --- | --- |
| * Married
 | * Legally Separated
 |
| * Single
 | * Divorced
 |
| * Civil Partnership
 | * Widowed
 |
| * Prefer not to say
 |  |

**Pregnancy and maternity**: Are you pregnant or have given birth in the last 26 weeks?

|  |  |
| --- | --- |
| * Yes
 | * No
 |
| * Prefer not to say
 |  |

**Religion and/or belief**: What is your religion/belief?

|  |  |
| --- | --- |
| * No religion
 | * Hindu
 |
| * Atheist
 | * Jain
 |
| * Buddhist
 | * Jewish
 |
| * Christian
 | * Muslim
 |
| * Any other religion (please state)

………………………………………………… | * Sikh
 |
| * Prefer not to say
 |  |

**Sexual orientation** Which of the following options best describes you sexual orientation?

|  |  |
| --- | --- |
| * Heterosexual
 | * Bisexual
 |
| * Gay
 | * Prefer not to say
 |
| * Lesbian
 | * Prefer to self-identify …………………………………………………..
 |

**Please confirm your employment status**

* Employed full time
* Employed part time
* Self-employed
* Not employed, and looking for work
* Not employed, and not looking for work
* Home maker
* Retired
* Student
* Prefer not to say
* Other (please specify)……………………………………………………………………………………

**Caring responsibilities**: 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?

* Primary carer of child/children (under 18)
* Primary carer of disabled child/children
* Primary carer of disabled adult (18 and over)
* Primary carer of older person
* Secondary carer (another person carries out the main caring role)
* No caring responsibilities

**Amount of time spent in relation to caring duties**

* 1-19 hours a week
* 20-49 hours a week
* 50 or more hours a week
* Prefer not to say
* No caring responsibilities

**Thank you for completing**