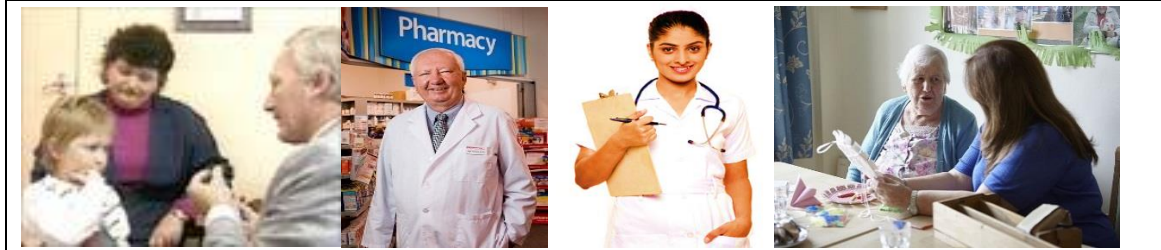


Have your say on Healthcare Services in Rutland



Healthwatch Rutland is the independent health and social care watchdog for Rutland. You can help us to influence the future of local health services for Rutland by completing this survey and telling us about your experiences, what you value and what could be improved,

Returning this survey

Please return the survey **by 31st January 2017** in the envelope provided to Healthwatch Rutland, c/o Voluntary Action Rutland, Lands End Way, Oakham, Rutland LE15 6RB.

Or, you can complete this survey online at: www.healthwatchrutland.org.uk

Responses to the survey will be anonymous.

However, if you are happy for us to contact you to talk about your responses or to offer you the opportunity to join a group discussion on these issues, please provide your contact details below. Alternatively, you can call us on 01572 720381. We are keen to hear from you and will be offering a £50 prize to the lucky winner so please help us.

Name:.....

Address:

Telephone number:.....

Email:.....

[For Office UseV12 November 2016]

GP Services

These are the services available at your GP surgery

1. Please rate services at your GP surgery

	Very poor	Poor	Satisfactory	Good	Very Good
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Based on your recent experience, please tell us how your GP services could be improved:

.....

.....

.....

3. Are you willing to see one of the following health practitioners rather than a GP if it is appropriate for your needs?

- ☐ Only GP ☐ Practice Nurse ☐ Healthcare Assistant
- ☐ GP registrar (GP in training) ☐ Pharmacist

4. Please tell us how likely you are to use one of these alternative ways of communicating with your GP or healthcare professional.

	Definitely not	Very unlikely	Unlikely	Likely	Very Likely
Telephone consultation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Video consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMS (Text Message)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typetalk (Text-to-voice and voice-to-text relay service for those who cannot talk or hear on the 'phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please give details:.....

.....

.....

.....

5. Thinking about routine appointments, how acceptable would it be to visit another GP surgery or community hospital (eg Rutland Memorial) for any of the following? :

	unacceptable	only as a last resort	No opinion	acceptable	ideal
To see a doctor from another practice who is a specialist in your condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To attend a specialist clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For tests or treatment which would normally be done in hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How far would you be prepared to travel to another GP practice or community hospital for services in Q 5 above?

- | | |
|---|---|
| <input type="checkbox"/> Less than one mile | <input type="checkbox"/> Six to ten miles |
| <input type="checkbox"/> One to three miles | <input type="checkbox"/> More than ten miles |
| <input type="checkbox"/> Four to five miles | <input type="checkbox"/> I am not willing to travel to another practice |

7. Do you have any concerns about getting to GP surgeries in your area? (For example, the number of surgeries available, where they are, availability of transport to get to surgeries or anything else?)

- ☐ No ☐ Yes, please give details below

.....

.....

.....

Urgent Care

These are services to support you if you need healthcare urgently (i.e. it cannot wait for a GP appointment the next day) but the situation is not life threatening (eg not bad enough to require Accident and Emergency with or without an ambulance)

8. Are you aware of the following services you can use when you have an urgent healthcare need? Please tick ALL that you know about.

- | | |
|--|---|
| <input type="checkbox"/> The NHS 111 telephone number. | <input type="checkbox"/> GP practice during opening hours |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Urgent Care Centre |
| <input type="checkbox"/> Out of hours GP service | |

9. Do you know where your nearest Urgent Care Centre is? (ie for urgent but not life threatening care)

☐ No ☐ Yes, please say where it is.....

10. Do you know the opening times and services of this Urgent Care Centre?

☐ No ☐ Yes

11. Have you used the services available at this Urgent Care Centre?

☐ No, please go to q.13 ☐ Yes, please tell us how your overall experience was:

Very poor Poor Satisfactory Good Very Good

☐ ☐ ☐ ☐ ☐

12. Based on your experience, please tell us how Urgent Care Services could be improved:

.....
.....
.....

13. Do you feel you have enough information to help you decide where to go if you require urgent health care?

☐ Yes ☐ No ☐ Not sure

Mental health services

In most cases, these are services you are referred to by your GP. There are some services to which you can self-refer (eg services for drug problems and alcohol problems, as well as some psychological therapies).

14. Have you used mental health services in the last 12 months?

☐ No, please go to q.17 ☐ Yes, please tell us how your overall experience was:

Very poor Poor Satisfactory Good Very Good

☐ ☐ ☐ ☐ ☐

15. Which services have you used?

.....
.....
.....
.....

16. Based on your experience, please tell us how mental health services could be improved?

.....
.....
.....
.....

Emergency ambulance services

These are the services in response to a 999 call for help.

17. Have you needed to call an emergency ambulance for yourself, a family member or someone else in the last 12 months?

☐ No, please go to q.19 ☐ Yes, please tell us how your overall experience was:

Very poor Poor Satisfactory Good Very Good

☐ ☐ ☐ ☐ ☐

18. Based on your experience, please tell us how emergency ambulance services could be improved?

.....
.....
.....
.....

Non-emergency transport services

This question is about transport for patients to and from routine healthcare appointments arranged via the NHS (eg ARRIVA)

19. Have you used non-emergency transport services yourself in the last 12 months?

☐ No, please go to q.21 ☐ Yes, please tell us how your overall experience was:

Very poor Poor Satisfactory Good Very Good

☐ ☐ ☐ ☐ ☐

20. Based on your experience, please tell us how non-emergency transport services could be improved?

.....
.....
.....
.....

Other services

21. Dentistry - Do you have an NHS Dentist in Rutland? If ☐ Yes go to question 22. If ☐ No, where you get dental services

22 Pharmacy –Rate your experience of your local pharmacy services (chemists)

Very poor **Poor** **Satisfactory** **Good** **Very Good**
☐ ☐ ☐ ☐ ☐

Please tell us how you think local pharmacy services could be improved

.....

23. Information - Where do you get information to help and support you keep well?

- ☐ Leaflets from your health professional
- ☐ A telephone advice line e.g. NHS 111
- ☐ Information on your own GP practice's website
- ☐ A specialist voluntary organisation (e.g. Diabetes UK, Stroke Association)
- ☐ Meeting other people with a similar condition
- ☐ Information on an NHS website, please say which.....
- ☐ Other eg Google, Healthwatch Rutland , please say which

.....

24. Other health services in the community - Is there anything else you would like to tell us about your experiences of healthcare including improvements you would like to see in the future?

.....

.....

Anonymous information about you

This information will help us understand problems faced by specific groups of Rutland people.

25.How long have you lived in Rutland?

26.Where do you live in Rutland?.....

27.Do you live in ☐ Owner occupied home ☐ Rented home ☐ Care home ☐ Sheltered housing ☐ A school ☐ Barracks ☐ Other (please describe).....

28.Are you registered with a GP in Rutland ☐ Yes ☐ No, please tell us where

.....

29.Name of GP Surgery:

30.What is your gender?.....

31. Would you describe yourself as disabled?.....

31.What ethnic group do you belong to?

Please indicate your age group: ☐ 16-25 ☐ 26-35 ☐ 36-45 ☐ 46- 55

☐ 56-65 ☐ 66-75 ☐ 76 & over