



Proposed merger of Brunel Medical Practice and Parkhill Medical Practice

The doctors will be applying to NHS England and South Devon and Torbay CCG to merge into one practice to ensure their future ability to deliver high quality and safe primary care to their patients. The surgeries already work informally to support each other and they feel that a merged practice would offer improved access and choice for patients; and that they would be better placed to deliver a long term service working together.

Your responses will help us understand what is the most important to you about the GP service and your views on the proposed merger. Please note that all responses are confidential.

The deadline for the survey responses is 15 October 2018. If you would like help to complete it, please ring 01803 312233. Or you can complete it online by going to <https://www.surveymonkey.co.uk/r/83Q7Y8F>

1. I am completing this survey as (please select only one)

- Myself (the patient)
- On behalf of the patient (family friend)
- On behalf of the patient (carer)
- On behalf of the patient (member of staff)
- Other (Please specify.....)

2. How important is it to you to get to see the same staff every time? (Please select one box on each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. And how often do you actually get to see the same staff every time? (Please select one box on each row)

	Always or almost always	A lot of the time	Some of the time	Never or almost never	Don't know / don't ask
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Using the surgery

Please can you tell us how many times you have used your GP practice for the following reasons in the past 6 months: (please select one box on each row)

	Not visited in the last 6 months	Once or twice	Three of four times	Five or six times	More than six times
To visit a GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To see a nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To collect a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To have bloods taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For a different reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Thinking about the service you receive from your GP practice, how would you rate it? (Please select one box only)

- | | |
|---|---|
| <input type="radio"/> Very good | <input type="radio"/> Poor |
| <input type="radio"/> Good | <input type="radio"/> Very poor |
| <input type="radio"/> Neither good nor poor | <input type="radio"/> Don't know / no opinion |

6. What's important to you.....

We understand that all of the following things are important to people about their general practice. What we would like to know is which of the following is MOST important to patients.

Please can you rank the following using a scale of 1 to 5 (where 1 is MOST important and 5 is LEAST important)

Please just tick ONE number for each option.

	Most important 1	2	3	4	Least important 5
Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opening times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to a nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. About the proposed merger

Do you have any other views or comments about the proposed merger? If so, please tell us about them in the space below

8. Please use the space below to tell us what you would like to see improved in the future.

9. About you

It would help us to understand your answers better if we knew a little bit about you. These questions are completely optional, but we hope you will complete them.

Are you

- Male
- Female
- Transgender
- Prefer not to say

10. How old are you?

- 11 - 16
- 16 - 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 or older
- Rather not say

11. What is the first half of your postcode?

(For example - TQ1 or BS10)

12. Do you consider yourself to be disabled? (Please select only one)

- Yes (please specify below)
- No
- Rather not say

If you answered yes, please specify below:

13. What is your sexual orientation?
(Please select only one)

- Heterosexual or straight?
- Gay
- Lesbian
- Bisexual
- Rather not say
- Other (please specify below)

Other (please specify)

14. Are you currently pregnant?

- Yes
- No
- Rather not say
- N/A

15. Is your wife/partner/spouse currently pregnant or are you expecting a child?

- Yes
- No
- Rather not say
- N/A

16. Do you currently have a child less than 24 months old?

- Yes
- No
- Rather not say
- N/A

17. Which race or ethnicity best describes you?

(Please select one box only)

- | | |
|--|---|
| <input type="radio"/> Asian/British Asian: Bangladeshi | <input type="radio"/> White: British |
| <input type="radio"/> Asian/British Asian: Chinese | <input type="radio"/> White: Irish |
| <input type="radio"/> Asian/British Asian: Indian | <input type="radio"/> White: European |
| <input type="radio"/> Asian/British Asian: Pakistani | <input type="radio"/> Mixed Race: Asian & White |
| <input type="radio"/> Black/British Black: African | <input type="radio"/> Gypsy or traveller |
| <input type="radio"/> Black/British Black Caribbean | <input type="radio"/> Rather not say |
| <input type="radio"/> Another race or ethnicity (please specify) | |

18. What do you consider your religion to be? (Please select only one)

- | | |
|---|--------------------------------------|
| <input type="radio"/> Buddhism | <input type="radio"/> Sikhism |
| <input type="radio"/> Christianity | <input type="radio"/> No religion |
| <input type="radio"/> Muslim | <input type="radio"/> Rather not say |
| <input type="radio"/> Judaism | |
| <input type="radio"/> Another religion (please specify) | |

19. Thank you for completing this survey. Please return to the practice by 15 October 2018.

Your response will remain confidential.