

Morecambe Bay Clinical Commissioning Group

Askam Surgery Survey

As you may be aware, Dr Jain the sole GP at this practice has decided to retire. We are therefore considering what alternative arrangements need to be put in place to ensure continuity of care for patients going forward.

We understand you may be concerned about what this means for you. In order for Morecambe Bay Clinical Commissioning Group (CCG) and NHS England to determine the future of the local GP provision we are undertaking a Health Needs Analysis which will include the gathering of patient views both via this survey and the drop-in sessions taking place at the practice.

1. What is most important to you when accessing GP Services?

(Please number the options from 1- 4, with 1 being the most important to you)

	Rating
Location/distance from home	
Access to male and female GPs and clinicians	
Access to medication dispensing (located within the GP practice)	
Additional services on offer i.e. extended access to GPs, minor surgery, health checks etc.	

2. Are there any other services or considerations that we haven't mentioned above that are important to you when accessing GP services?

Yes	Go to question 3
No	Go to question 4

3. Please tell us here which other services or considerations are important to you:

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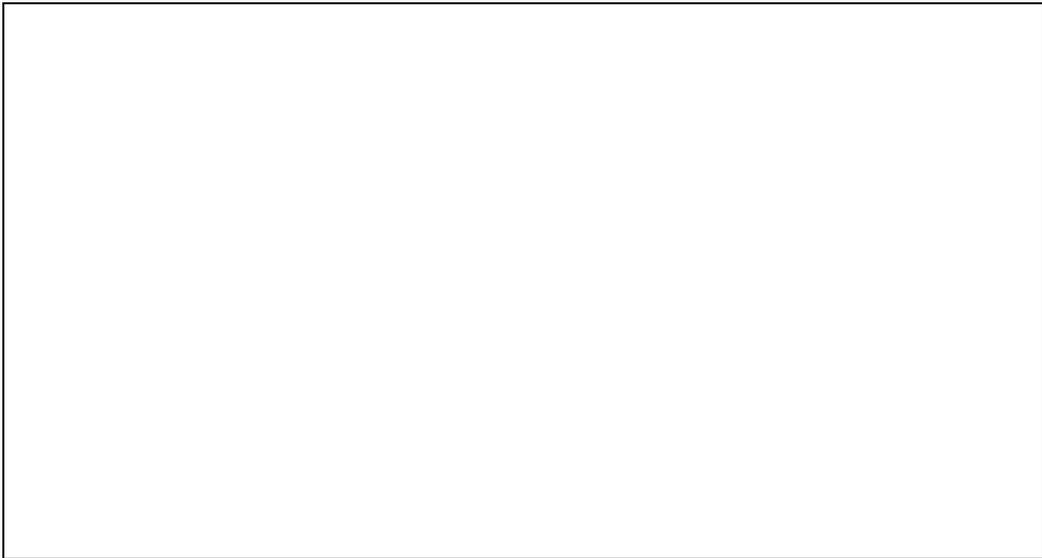
4. If you had to travel to attend GP services, how would you do this?

Use my car	
A lift from a friend/relative	
Taxi	
Public transport (bus, train)	
Other, please specify:	

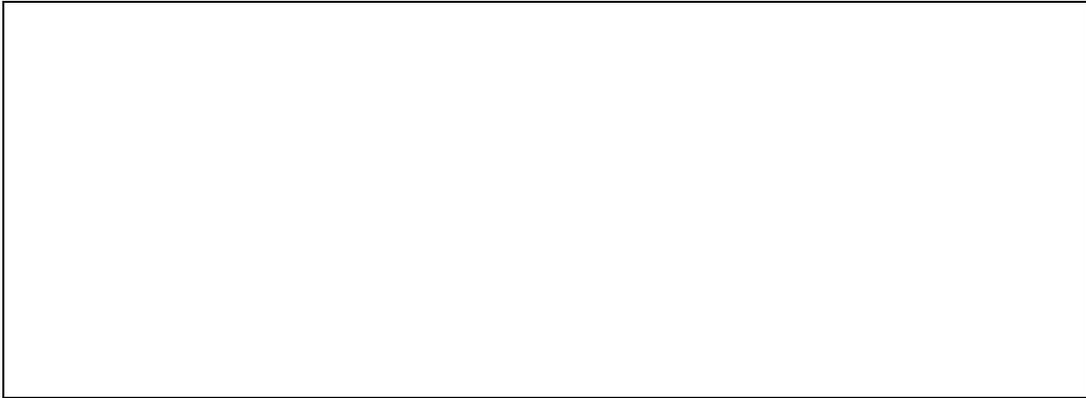
5. During short periods when the dispensary was closed how did you access your medications?

I waited until the surgery re-opened	
I went to a pharmacy outside the village	
I used a delivery service	
I didn't need any medication during those times	
Other, please specify:	

6. What would the impact be to you and your family if a GP surgery was not located within Askam?



7. If a replacement GP practice provider is secured for the practice in Askam we would initially seek to keep the service at the current location (this is subject to agreement between Dr Jain and the new provider). However, if this is not possible, do you have a suggestion for an alternative location? If so, please tell us where:



8. If a new provider is secured, what types of access are preferable to you?

(Please tick all that apply)

Drop-in sessions (no appointment needed)	
Pre-booked clinics (appointments needed)	
Telephone consultations	
Video consultations	
Extended evening access	
Early morning access	
Other, please specify:	

9. Please tell us here if you have any further comments that you would like to share in relation to the future of the GP practice in Askam:

About You

We would like to understand more about you so that we can be sure we have received responses from a range of different people within our diverse community. You can help us by completing this part of the questionnaire, but you can also choose 'prefer not to say' for the questions.

Please respond by ticking your preferred answer.

10. Please tell us your age by ticking your age bracket:

16 or under	<input type="checkbox"/>	55-64	<input type="checkbox"/>
17-24	<input type="checkbox"/>	65-74	<input type="checkbox"/>
25-34	<input type="checkbox"/>	75-84	<input type="checkbox"/>
35-44	<input type="checkbox"/>	85 or over	<input type="checkbox"/>
45-54	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

11. How would you describe your gender?

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

12. What is your sexual orientation?

Heterosexual (straight)	<input type="checkbox"/>	Homosexual (gay/lesbian)	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

13. What is your marital status?

Married	<input type="checkbox"/>	Civil partnership	<input type="checkbox"/>
Single	<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

14. How would you describe your religion or beliefs?

Christian		Judaism	
Buddhism		Hindu	
Muslim		Sikh	
No religion or belief		Other	
Prefer not to say			

15. Do you consider yourself to have a disability?

Yes	
No	

If yes, please tell us more about your disability:

(Please choose as many options as you feel appropriate)

Physical impairment	
Sensory impairment	
Mental health need	
Learning disability or difficulty	
Prefer not to say	

16. What is your ethnicity?

White		British		Chinese	
Mixed		Irish		Indian	
Asian or Asian British		Eastern European		Any other ethnic Group	
Black or Black British		Gypsy/Roma/Traveller		Prefer not to say	

End of Survey
