

Patient Survey

Your thoughts on the proposed merger of The Practice Beacon and Exmoor Surgery

The Practice Beacon and Exmoor Surgery will be applying to North West London Clinical Commissioning Group to merge into one practice to ensure their future ability to deliver high quality and safe primary health care to their patients.

The two practices feel 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 as a single larger practice rather than two smaller ones.

Your responses will help us understand what is most important to you about the GP practice service you receive and your views on the proposed merger. Please note all responses are confidential. The deadline for survey responses is 11 August 2020. If you would like help to complete this survey, please contact the surgery. You can also complete this survey online by going to www.exmoorsurgery.nhs.uk.

You can also join our virtual patient information sessions where we will give you the opportunity to speak with both The Practice Beacon's team and Exmoor Surgery team members about the proposed merger and to ask any questions or raise any concerns that you may have.

To register for this event, please visit www.exmoorsurgery.nhs.uk or call the surgery on **020 8962 5166**.

You and your practice

1. I am completing this survey... (Please select one button below)

- For myself (the patient)
- On behalf of the patient (family friend)
- On behalf of the patient (member of staff)
- Other (Please specify)

About the proposed merger

2. Do you understand the reasons why The Practice Beacon & Exmoor Surgery are proposing to merge together? (Please tick only one box).

Yes

No

3. What are your views on the proposal to merge the practices? Please tell us about them in the space below:

4. If the practices were to merge, would this create any challenges for you in accessing your health care?

Yes

No

And if 'Yes', how might we be able to help solve them?

5. Would you like to ask the practice any questions relating to the proposed merger?

Appointments

If the proposal were to go ahead, we would like to know what aspects of your appointments are most important to you.

6. How important is it to see the same staff every time?

(Please select one button on each row)

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know / does not apply
Nurses	<input type="radio"/>	<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"/>	<input type="radio"/>

7. And how often do you get to see the same staff every time?

(Please select one button 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"/>

Using your practice

8. 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 button on each row)

	More than six times	Five or six times	Three or four times	Once or twice	Not visited in last 6 months
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"/>
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"/>

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

- Very Good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know / no opinion

What's important to you?

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

**10. Please can you rank the following from Most important to Least important
(Please select once button on each row)**

	Most important	Fairly important	Average	Less important	Least important
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"/>
Seeing the same doctor or nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About you

It's important we hear from a wide range of our patients to ensure our services continue to meet local needs.

The below questions are all confidential and completely optional, but will help us identify who we're currently hearing from and identify any gaps where we need to carry out further engagement.

11. Are you? (Please select only one button)

- Male
- Female
- Non- binary
- Prefer not to say

12. How old are you? (Please select only one button)

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

13. What is the first half of your postcode? (For example – W10 or SW11)

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

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

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

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

16. Which race or ethnicity best describes you? (Please select one button only)

- Asian/British Asian: Bangladeshi
- Asian/British Asian: Chinese
- Asian/British Asian: Indian
- Asian/British Asian: Pakistani
- Black/British Black: African
- Black/British Black: Caribbean
- White: British
- White: Irish
- White: European
- Mixed Race: Black & White
- Mixed race: Asian & White
- Gypsy or traveller
- Rather not say
- Another race or ethnicity (please specify below)

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

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Rather not say
- Another religion (please specify below)

Thank you for completing this survey. Please return it using the provided prepaid envelope by 11 August 2020.

Your response will remain confidential.

We will let you know the outcome of our patient feedback shortly.