

Lindley Group Practice
Dr M Kaye Dr D O'Brien Dr P Johnson
Dr L Flanagan Dr T Oughton
Dr N Clayton Dr L Woodhead

Report of findings on the engagement for 'Lindley Group Practice'

August 2018

Contents	Page
1. Purpose of the report	3
2. Background	3
3. Legislation	4
4. Principles for engagement	5
5. What we already know	5
6. Methodology	7
7. Findings from the engagement process	8
8. Other responses	20
9. Equality	20
10. Key findings	28
11. How the findings will be used	30
Appendices	
Appendix 1: Engagement plan	31
Appendix 2: Survey and equality monitoring form	44

Version control				
Version	Change	title	status	Date
V 0.1	Dawn Pearson	Senior Engagement lead	Draft	17/8/18
V 0.2	Sarah Mackenzie-Cooper/Angwen Vickers	Equality Manager	Draft	24.08.18
FINAL		Lynne Conway, Practice Manager Penny Woodhead, GHCCG, Chief Quality and Nursing Officer		7.09.18

1. Purpose of the Report

The purpose of this report is to present the findings from the engagement with patients and stakeholders on proposals to relocate Lindley Group Practice to new premises.

The report explains the background to the engagement, the legislation the CCG must follow and the principles which must be considered for both engagement and equality. The report also provides information on the engagement, the approach to engagement and the findings for the engagement process including equality. The report sets out the key findings and next steps.

2. Background

Lindley Group Practice is based in Lindley on a site situated next to Huddersfield Royal Infirmary. The practice has 10,700 registered patients and 23 staff which include 8 GPs.

The GPs based at the practice are Dr Matt Kaye, Dr David O'Brien, Dr Petra Johnson, Dr Lucy Douglas, Dr Laura Flanagan, Dr Tessa Oughton, Dr Nikki Clayton and Dr Laura Woodhead.

Lindley Group Practice has been situated in its current location since the 1960's. The current location was initially an ideal location but over the years there has been an increasing need for more space to offer more services and accommodate more staff. The car park is small and the building presents disadvantages for both patients and staff.

The disadvantages include not enough rooms for all practice staff; some of the existing consulting rooms are very small and not fit for purpose. Four of the consulting rooms are situated upstairs and there is no lift access. The doorways are very small making wheelchair access difficult and for some wheelchairs impossible. In addition there is no area to store prams, often leading to obstruction of the doorways.

The administration and reception area is very small and does not support the work of the reception and clerical team. The reception area also offers very little privacy to patients presenting at the counter. The staff who work in the practice are not able to offer the services they would like, due to the constraints of the current building.

It is not possible to solve these problems by extending or developing the current premises. To make sure that the practice can provide high quality care for patients in the future there is a need to look to move to better premises.

The practice, what to ensure that patient views are part of any decision to move to new premises and the plan describes, how the practice will do this.

3. Legislation

The CCG has a number of responsibilities outlined in the following legislation in regard to how it must engage and involve patients, public and stakeholders in changes to health services:

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity', and c) foster good relations. All public authorities have this duty so the partners will need to be assured that "due regard" has been paid.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The Constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services

4. Principles for Engagement

NHS Greater Huddersfield CCG has a 'Patient and Public Engagement and Experience Strategy'. The strategies have been developed alongside key stakeholders. Each strategy sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategies state that the CCGs will;

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

The strategy sets out what the public can reasonably expect the CCG to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met

5. What we already know

The practice has been discussing the idea to look at new premises for some time. There have been a number of comments raised that have led to a decision to progress a wider conversation. The details of the conversations which have taken place are set out below:

Patient Participation Group meeting (PPG): Tuesday 17 December 2013

Patients who attended the PPG talked with the practice about a number of concerns. These were:

- Lack of car parking – 48.7% said they had experienced a problem parking at the practice
- Surgery Building - The PPG and staff felt the practice had outgrown the premises over the years and despite numerous talks with Primary Care Trust (now NHS England) and more recently the Hospital Trust, all have resulted in nothing due to lack of funding

- The premises were described as inadequate and non-compliant by staff. The group agreed that the building has become too small for purpose, car park issues etc.

From this meeting there were a number of ideas discussed, these were:

- Raise awareness of the situation through the surgery notice boards – suggest building a “history” of Lindley Group Practice from the 1990s to date and the constraints the practice are experiencing.
- Put a patient forum link on the practice website for patients to blog their thoughts
- Access the Kirklees Federation website and encourage their support and involvement.
- Practice newsletters – raise awareness through a regular newsletter – suggest these to be sent by e-mail and available at the reception desk.

The constraints of the building have been discussed at more recent patient group meetings. The feedback from these meetings is recorded below:

- Action needs to be taken by the CCG to relieve the pressure the practice is under and ensure the building can provide a suitable environment which will support the professional approach of both staff and clinicians
- Consulting rooms do not support people who use a wheelchair – this can mean a clinician has to move rooms to see the patient on the ground floor – then keep jumping between rooms to use the computer when needed. This makes the patient feel uncomfortable
- Anyone with reduced mobility, who needs to see a doctor in a ground floor consulting room may potentially put even more pressure on doctors to deliver a service
- Clinical rooms the nurses use are too small and do not support wheelchair access
- Corridors leading to rooms are congested and often offer a single track as people slide past each other, access for prams and wheelchairs further add to the limited space
- The practice could not take on any more patients in its current state
- Car parking is inadequate and there are only 2 disabled parking bays
- Car parking nearby is often congested due to the closed proximity to the hospital
- More housing developments in the area would support the need for a bigger practice and more staff working from a suitable building
- Bigger and more suitable premises would increase services and reduce potential visits by patients to HRI
- Planning applications for housing in the local area need to consider NHS facilities. The Local Authority need to ensure they factor local facilities into planning considerations
- Parking at Acre Mill needs to be free and there should be suitable pedestrian crossings to support access to the practice
- Getting an appointment at the surgery can be difficult and the waiting area is small and crowded
- The surgery can no longer support additional clinical services due to a lack of space
- Staff are working in challenging conditions and this has an impact on staff morale

‘Further to our recent conversation I confirm my thoughts and comment as follows.

I completely agree with this proposal, as perhaps it will now draw some serious attention to the fact that our practice is being significantly abused.

The GHCCG must now sit up and take note of the current status and take action before LGP loses heart completely, and follows a slippery and dangerous slope to becoming incompetent due to the extreme pressure being placed upon it.'

(Extract: Patient letter to the practice)

'My family has been with Lindley Group Practice for twenty years and I have nothing but unconditional praise for the practice and all its staff. In those twenty years I have I have gone from being an active, independent career woman, who rarely visited the practice, to a wheelchair-using MS patient. It would be wonderful if more patients could share the great care and attention I receive, however the practice is struggling to deliver this, even to existing patients and all attempts to acquire new premises have come to nothing, due to lack of resources'.

'The tightness of corridor thoroughfares is replicated at the practice entrance. Doors are not easy to open/ close in a wheelchair and if there is anyone waiting at reception, it's hard to even get into the waiting room. Doors are simply not wheelchair friendly, nor buggy or prism friendly.

At the risk of repeating myself, this practice cannot cope with the volume of patients it has, any more would simply increase the frustrations of both staff and patients.

Car parking for staff and patients has long been an issue at the practice. There are only two disabled spaces and often these are taken by people who are not disabled, but 'just popping in for a minute'.

(Extracts: Patient view on the practice with recommendations included above relating to access for people who use a wheelchair)

'I am writing this email to highlight my grave concerns about the number of patients the Lindley Group Practice has and thus making it extremely difficult to get appointments. I can only see this issues being accentuated with the amount of new family houses being built in the area; along with the threat of the closure of the Salendine Nook surgery'

(Extract: Patient letter to the practice)

6. Methodology

The aim of the engagement activity was to capture the views of patients and key stakeholders on the potential relocation of Lindley Group Practice. A plan for engagement was developed which included plans for how the practice would promote and communicate the engagement to patients and stakeholders (see appendix 1).

The target stakeholders for this engagement were:

- Patients of Lindley Group Practice
- Staff and health care professionals working in or from Lindley Group Practice
- Other stakeholders

The aim of the engagement was to facilitate genuine and meaningful involvement to ensure the practice could reach, inform, communicate and engage patients of the practice and key stakeholders. In delivering this aim the objectives were:

- To complete the engagement in an 8 week period.
- To communicate clearly and simply the engagement using various formats and approaches.
- To provide an explanation of the reason for the engagement.
- To gather feedback using a variety of mechanisms such as face to face contact, electronic and paper surveys.
- To ensure the practice engage with those patients who represent protected groups, as defined by the Equality Act 2010, in a meaningful way, adapting materials and approaches for engagement as appropriate.
- To understand who is most likely to be impacted by the plans, utilising the equality analysis and ensure that these groups are particularly targeted.
- To analyse the feedback from the engagement process.
- To provide a report of findings on the engagement and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to patients and key stakeholders on the findings of the engagement process.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process to develop any options that may result in service change.

7. Findings from the engagement process

The practice received **2,019** responses to the engagement. The findings from the survey are set out below under each question heading.

From all the responses received the majority of people (84.84%) lived in the HD3 area of Huddersfield. This corresponds with the practice catchment area and covers the geography of HD1 (Huddersfield Town Centre, Hillhouse, Lockwood, Marsh, Paddock), HD2 (Birkby, Brackenhall, Bradley, Deighton, Fartown, Fixby, Sheepridge) HD3 (Lindley, Milnsbridge, Oakes, Outlane, Paddock, Salendine Nook, Scammonden) HD4 (Berry Brow, Crosland Moor, Farnley Tyas, Netherton, Newsome, Lowerhouses, Stocksmoor).

1. Please tell us the first part of your postcode e.g. HD3					
HD1	HD2	HD3	HD4	OTHER	BLANK
149	147	1713	4	0	9
7.38%	7.28%	84.84%	0.19%	0	0.43%

2. I am answering this survey as:

				Response Percent	Response Total
1	A patient			99.46%	2008
2	A carer			1.78%	36
3	A member of staff			0.25%	5
4	Other (please tell us):			0.20%	4
				answered	2019
				skipped	35

From those responding the majority of responses were from patients (99.46%). People who stated other cited themselves as:

- Parent (x2)
- Secretary of Mount Forum a residents and Community Organisation (x1)
- A carer (x1)

3. We want to make sure that we consider the things that are the most important to you when we are thinking about any new plans. What is most important to you when you visit a GP practice? Using the scale 1-10 (1 least important) to 10 (most important).

	1	2	3	4	5	6	7	8	9	10	Response Total
Being able to book an appointment	1.9% (39)	0.8% (17)	0.8% (16)	0.8% (16)	2.0% (40)	1.1% (22)	2.1% (42)	5.9% (118)	7.1% (143)	77.5% (1559)	2012
Location of surgery in Lindley	4.2% (85)	1.3% (26)	2.2% (44)	2.6% (52)	12.0% (240)	5.6% (112)	7.3% (147)	16.7% (334)	10.0% (201)	38.1% (764)	2005
Access to public transport from the surgery	26.0% (518)	5.0% (99)	5.1% (101)	3.8% (76)	14.0% (278)	4.5% (89)	4.9% (98)	9.1% (182)	4.8% (95)	22.9% (455)	1991
Getting to the location easily	2.8% (56)	1.6% (31)	1.7% (33)	2.2% (43)	8.7% (172)	4.6% (92)	8.0% (159)	18.6% (369)	9.2% (182)	42.8% (850)	1987
Parking	8.1% (162)	2.0% (39)	2.5% (50)	2.4% (47)	7.2% (143)	3.9% (77)	5.7% (114)	14.9% (296)	8.7% (173)	44.6% (887)	1988
Easy access to the building	7.2% (142)	3.7% (72)	4.5% (88)	3.5% (68)	13.3% (261)	6.6% (130)	10.0% (196)	15.1% (297)	6.5% (128)	29.8% (587)	1969
A clean and safe place	1.3% (25)	0.5% (10)	0.6% (11)	0.5% (9)	3.5% (69)	3.0% (59)	4.9% (97)	15.1% (299)	10.8% (213)	60.0% (1186)	1978
Waiting area	1.8% (35)	0.8% (15)	1.9% (37)	1.9% (37)	10.1% (200)	8.8% (174)	12.9% (256)	26.0% (516)	9.6% (190)	26.4% (523)	1983
Good care and treatment	1.4% (28)	0.5% (9)	0.3% (5)	0.1% (2)	0.6% (12)	0.7% (14)	1.2% (23)	3.8% (74)	4.8% (95)	86.7% (1709)	1971
Nearby pharmacy/chemist	10.0% (200)	3.9% (78)	3.9% (77)	4.1% (82)	17.5% (348)	8.7% (174)	10.2% (203)	16.1% (320)	6.1% (122)	19.5% (388)	1992

From those responding it is clear that not everyone completed each question. The table highlights in green the highest response and in amber the second highest with red the lowest scoring response.

The considerations for patients have been further ranked in 3 categories of response and the totals added. These are scores 1-3 as red (least important) scores 4-7 amber (important) and scores 8-10 green as (most important) the findings below conclude the total percentage from each of these considerations to identify the areas ranked in order of importance. These are set out below:

- Good care and treatment (95.3%)
- Being able to book an appointment (90.5%)
- A clean safe place (85.9%)
- Getting to the location easily (70.6%)
- Parking (68.2%)
- Location of surgery in Lindley (64.8%)
- Waiting area (62%)
- Nearby pharmacist or chemist (51.7%)
- Easy access to the building (51.4%)
- Access to public transport from the surgery (36.8%)

Q4. We then asked people if there was anything else they would like to tell us.

We received 957 responses to this question and the key themes from those responses are set out below. In addition quotes have been added to demonstrate the types of responses received. People told us the things that important to them:

Built environment:

- A building that is fit for purpose and can accommodate more staff and services
- Good working conditions for staff
- A single storey building with level access as access for people with mobility problems is very poor
- A building that can offer everything in one place
- Nurses rooms require improvement
- A spacious waiting area with nice décor, that is a consistent temperature with water facilities
- More privacy at reception including the booking screen, people do not like being overheard or telling the reception their problem. Lower reception desk to support wheelchair access or a reception booth
- Current building requires updating i.e. toilets require improvement and baby changing facilities
- Better access for parents with pushchairs (including being able to take your pram into the surgery and not disturbing your baby) and people using wheelchairs. Sensor or electric doors and wider doorways/corridors
- A small play area for children or children friendly area and pushchair storage
- More natural light in the building
- Wider pedestrian walkways into the building and a sheltered drop off bay

- Spacious seating areas and a range of seating so people can sit away from others (particularly those who are immune compromised)
- Sheltered area by the entrance if you need to wait outside, store a pram, bike or mobility scooter
- More use of digital access and up to date technology in a new building

Location:

- The current building is well located, most people like the building being in Lindley
- A central area with good access and in walking distance from current location
- Access to bus stops
- Location provides good access to the hospital and buses are frequent because of this

Parking:

- Parking in the area is a challenge - more parking spaces needed
- May need more parking if the location is out of the area
- More parking for people with a disability
- Designated parent spaces which are wider and offer a safe place to load and unload a child and pram
- Free parking on site for all patients and plenty of spaces available
- Priority parking for patients who are elderly or disabled near the entrance with staff parking further away

The service people receive:

- Improve appointment system and getting an appointment, including getting through on the telephone require improvement. Online booking facility and being able to book in advance and seeing a doctor in a reasonable timescales, including more access to same day appointments.
- Other appointment times offered including evenings and weekends. A later or earlier appointment for people who work at least one day each week and afternoon appointments for those with a long term condition where morning do not work as well.
- A number of people want to see a return of the 'walk in', 'drop in' or 'open access' service and to offer such things as face time appointments or a separate phone line for quick queries
- Being able to see the same doctor for continuity and want more doctors to be employed by the practice
- Staff who are caring and well trained in customer services on reception – there were a lot of comments relating to poor staff attitude
- Maintain the catchment even if the location changes
- Prescription ordering does not work for some people who do not have a computer or can't attend the surgery
- A building that could offer minor surgery, midwife and health visitor services, blood tests and sexual health services (coil of fitting), physio and OT appointments,

chiropractic and dental services and x-rays. Provide access to an advanced paediatric practitioner for children and young people and more support for mental health. More preventative clinics or session including health checks and weight management. Chemist nearby or on site.

Other:

- Concerns relating to the impact of planning decisions and new housing putting pressure on the service – plans need to be future proof
- Maintain the friendly personable feel of the surgery in a new building
- Bigger premises will mean you can employ more staff on reception
- A sign which tells you how long you can be expected to wait during surgery

Suggestions:

- Empty plot of land between Brian Street and Thomas Street
- Extend the premises and extend the parking at the side – identify surrounding land available
- Wait for the decision on HRI to identify land
- Create a satellite surgery rather than get a bigger building
- Former Oakes School on Oakes Road
- Offer to look at shared premises with 'Yorkshire Children's' Centre' who currently have a local based childcare service but also require more space and want to consider larger premises (contact 01484 652143)
- Acre House or Acre Mills site
- Offer of free of charge property developer/surveyor services (see name in free text comment - 787)
- Briar Court
- Spare land behind Lindley shops
- Wellington Court on Wellington Street
- School street West, Oakes
- Negotiate a plot within one of the new housing estates
- Old school on Plover Road
- Land adjacent to Lindley bus Terminus
- Spotted Cow pub
- Building land behind Lindley Church
- Crossland Road area

Response quotes:

A lot of the above answers are location dependent. Assuming the practice remains close to its current location, parking isn't a problem as normally I could walk there. If it moves a distance I'd have to drive (hence parking would be a requirement) or take public transport. However it'd still be quality of care/ability to see a doctor that's the primary need.

I have been a patient at the surgery for a few years and I have found it is by far the best in the area. It is good to see the practice is thinking of the future and hope that the new location will still allow me to attend.

Access very poor for mobility problems. More rooms needed for doctors and nurses. The nurses rooms are appalling. More privacy at reception and more carparking. Buildings should be on one level or have lift. Need to plan for future. Practice likely to get bigger.

I do not have a vehicle and I have a small child therefore somewhere easy and quick to get to would be very advisable, as it stands the surgery is at the bottom of my street and this is very very helpful and easy to get to when you need an urgent appointment for your child who is unwell.

The phone service takes ages to answer when ringing at 7.30am to make same day appointment. Sometimes takes 20-30 mins of repeated phone calls and when you do get through all the appointments have gone.

Fit for purposes premises that have easy access and enable the staff to provide high quality care has to be the priority. Location given the desirability of Lindley may be a challenge and might have to a lesser priority for me than fit for purpose premises

Hard to find a disabled parking space. My husband cannot climb stairs which makes seeing his names gp impossible (but very happy with all the doctors)

I feel the surgery looks quite old and outdated. I also think there is no privacy when at the counter because the waiting area is quite small and the Parking is very bad.

The surgery needs to be brought up to date IT wise. Offer sexual health services i.e. coil fitting in surgery

Would be easier if all treatment/ consulting rooms on ground floor or have lift access as currently awkward taking toddler to appointments upstairs (need to carry him up)

The present surgery is indeed in a good location, with public transport to the door but the increased pressure on HRI and the fact that parking nearby is very restricted by parking permits presents a problem and a peak periods it is problematic getting to the surgery. This will only get worse.

Would be better if there was always a GP to answer queries - at moment no access to a GP on the 3rd Tuesday of every month.

Access to appts the most important and challenging issue currently. Also issue with confidentiality esp for patients attending the surgery to make face to face appt.

Children's flu vaccinations aren't easily bookable. More health professionals/nurseries should be able to offer this.

Reception staff being nicer. Generally reception staff are not very understanding. (maybe they are but they come across as abrupt/rude on many occasions) Also I don't want to be telling the person on reception the reason for the visit (I am aware of the reasons why they ask) - but still, I don't want to tell reception staff anything.

Trying to get an appointment is difficult other than the drop in clinic which are timed and limited and put middle aged males such as myself off calling full stop

I like the drop in sessions that are currently running. The reception area is not private at all. The location currently is good but with undecided plans for Huddersfield Royal Infirmary this may be a good time to consider relocation

Face time appointments? For those u just need to keep contact with and don't need to examine.

Wouldn't be happy if it means that the surgery merges with another in the area as too big a surgery becomes impersonal and poor continuity.

No parking fees. More parking spaces . More access to emergency appointments.

Convenient access to investigation services eg. X/rays, Blood tests etc.

As the Secretary of Mount Forum we worked hard to be able to have a bus from Mount which passed into Lindley once per hour which would transport local residents to be near the hospital.

Feel it is important for nursing appointment rooms to be bigger

Keep it close to Lindley centre.

The appointment is the most important thing. You can't plan an illness ahead.

5. We then asked people to tell us what works well at the moment?

We received 1,195 responses to this question and the key themes from those responses are set out below. In addition quotes have been added to demonstrate the types of responses received. People told us:

- Early morning appointments and drop ins and same day appointments for young children
- New appointment system including online booking and text reminder service and app
- Current location of the practice in Lindley and its proximity to the hospital, bus stops, shops and village
- Walk in appointments
- Care patients receive from the doctors and nurses, including appointments being on time and not feeling rushed and availability of home visits if needed
- Being able to see a female GP or the preferred GP
- Friendly staff who are always willing to help, responsive and helpful admin staff
- Prescription ordering service including online
- Book in on screen facility in the surgery
- Clean and well-kept environment
- Free parking on site and across the road
- Being able to walk to the surgery
- Local chemist near by
- Prearranged diabetic appointments and flu jab clinic
- Friendly and personable GP practice, feels like a family environment with good staff
- Having a nurse to treat wounds and provide travel health advice

Response quotes:

Appointments in morning before 9am for workers are great. I have recently been able to book and attend an early appointment and still be in work for 8:30! Fantastic service.

Online booking facility

Good Doctors and staff

I use the prescription service where I contact my supplier for an order and they get prescription from you....works great

Availability of staff to make appointments, pick up prescriptions, obtain advice etc.

Open access was very convenient. I was sad when it stopped.

I am fortunate that I live on a direct bus route to the surgery which is a bonus so location of surgery is good in that respect.

Currently I think the practice is satisfactory

I have never had a problem with booking appointments and accessing a GP when needed

I find the practice generally good. The surgery is clean and tidy and the staff in the main are professional and personable.

Nursing teams taking pressures off GP time

Medical staff all brilliant..helpful... knowledgeable and kind..... no jobsworths. Reception staff pleasant. Location of surgery very convenient but recognise car parking not working.

Having so many doctors and the text system to remind people time and date of appointment

Your all brilliant. Of course my diabetic clinic rubs like cleaning clockwork totally thorough great care. Nurses clinics excellent and reception staff. I like the computer repeat prescription facility my chemist is very good working with you

Open appointments on Monday, Wednesday, Fridays from 7.30am-9.30am.

Public respond to NHS constraints and appreciate all the hard work that goes into providing such an important and extremely vital service. Thank goodness for you all.

Staffs understanding of emergencys and understanding of quick appointment needs and circumstances.

I like that I always get an appointment the same day if I need one and my elderly frail mum is always cared for well and at home wherever possible

Being able to get an appointment same day if you book early

Care Quality, Cleanliness and overall practice efficiency

I would still prefer to be able to ring up for a repeat prescription but once on order the fact that the chemist delivers to my door is very useful.

*you have a great team and its a pity you have to move but you have outgrown the present place
Very efficient but would like to be sure I can get an appointment without waiting on the doorstep at 7.15*

How far are people prepared to travel and how do they travel

We asked people to tell us in the next set of questions how far they would be prepared to travel to a new service and how they normally travel. The findings are set out in the tables below. The vast majority of people want a service to remain within a 5 mile travel distance with the just under half of those responding 49.08% stating a new location should be within one mile.

6. How far would you be prepared to travel to receive a GP service? (please tick all that apply)			Response Percent	Response Total
1	I would not be able to travel		2.04%	41
2	Less than one mile		49.08%	986
3	Between two and five miles		44.35%	891
4	More than five miles		2.74%	55
5	This would not apply to me		1.79%	36
			answered	2009
			skipped	45

Most patients travel to an appointment by car 59.11% and so parking will be an important factor for these people. For those who walk 34.26% it is clear that a local village location allows ease of access for walking with only a few people 4.73% using public transport.

7. How would you normally travel to the practice?					
				Response Percent	Response Total
1	Bus/train			4.73%	95
2	Car			59.11%	1187
3	Taxi			1.44%	29
4	Access bus			0.20%	4
5	Cycle			0.25%	5
6	Walk			34.26%	688
				answered	2008
				skipped	46

In addition to the question response we received 254 responses to other forms of travel and general comments on travel. The key findings for other are set out below:

- People would like a short drive from home
- In good weather people would still like to walk
- Some people change from using the car and walking depending on their situation at the time and the question did not allow for this response
- People want to access surgery through technology such as skype and not leave their home
- People would cycle if bike racks were provided
- People told us that 5 miles would be too far and the option of 2-5 miles was too wide as a catchment as some would go for 2 miles
- Mobility scooter
- Practice is currently on a bus route so the bus is used
- Access bus
- Dropped off by a relative, family member

Response quotes:

I would like to be able to do the majority of access to the practice by internet/skype/facetime. Expecting patients to travel EVERY TIME is a major barrier to access and is very backward looking!!!! I am over 60 and do not want to enter old age still being expected to travel fir every health contact! Please get into the modern world!!!!

We like the traveling distance at present as we can travel by car,bus or walk.

Little worried that more than 5 miles is included.

I have disabled car, so a surgery of the size you will now need, has to have at least 4 badge places, as at present it can be difficult waiting sometimes with only two

I like that I could walk if up to 1.5 to 2 miles away. I would travel further but take my car for time saving.

If the patient has a distance to travel to the surgery then likewise a gp will have a distance to go when doing a visit. Or is this becoming a thing of the past?

Also walk or cycle. Distance less critical than ease of access is volume of traffic/congestion. Lindley is 'level' walk from my house. Use car as I'm typically going to surgery on way to/from work.

At the moment the surgery is on a bus route. Which is very good.

I am bedbound most of the time but would not be able to attend the surgery unless there was wheelchair access and a lift if there is more than one floor.

Cycling could be an option if there was secure storage.

recently purchased a small mobility scooter for short distances

8. Finally we asked if there was anything else that people would like to tell us.

We received 843 responses to this question and the key themes from those responses are set out below. In addition quotes have been added to demonstrate the types of responses received. People told us:

- Central location often means people use parking for things other than using the practice, car park needs to be bigger, free, space sizes improved and monitored
- Keep the service local in Lindley, individuals stated Lindley/Salendine Nook, Oakes or within HD3 postcode area
- Ensure any new practice can support a rising housing population
- Online appointments to write prescriptions only
- Larger modern reception area that offers privacy and more reception staff
- Reception 'quiet room' for private conversations
- The service needs to be accessible by public transport
- Designated breast feeding space and room for children
- Consider travel and transport including areas with busy traffic and bottle neck areas when looking at premises and close to or on bus routes 370/371/372
- Being able to see a doctor of choice in a timely manner and well woman clinics managed by a nurse practitioner or senior nurse and have blood tests at the practice
- Better seating in the waiting area
- Bigger rooms in the surgery
- Shared facilities with other practices to create a health centre (one person cited Lindley Village Practice as a partner), some stated they liked the personable small practice and not the larger centres and did not want to see the practice merged
- Split site facility was suggested by a few people - an individual's suggestion was a split site with Salendine Nook and Lindley
- Onsite pharmacy
- Level access and no stairs or a lift and good access for people with a disability

- Improved access to appointments including evenings and weekends – some people talked about reducing the need to queue outside at 7:30 to get an appointment
- Well ventilated pleasant waiting areas with music and/or tv
- Would home visits be affected if the service relocated?
- Use technology to reduce patient attendance at the practice
- Clear information in reception areas
- Examples of nice buildings suggested by individuals: Cleckheaton, Ripponden practice and Todmorden Health Centre
- In a safe place where traffic is not congested and it is safe to cross roads

Response quotes:

Please don't move it too far away from current location. I understand the need to relocate as it is very dated. But hopefully not too far.

Ease of booking and more availability of pre booked appointments to reduce amount of daily ones needed

I am worried that the new premises would make me out of the catchment area for the surgery

More seating and children's toys

Training for GP's on how to introduce themselves, especially with new patients but also those they have not personally met before. The fact that few people consistently see the same GP is not an excuse for GP's not showing an appropriate rapport with patients they may only see once or very occasionally.

One of the key issues for me is to be able to make an appointment without having to come queue outside the surgery door from 7.30. Parking and pleasant surroundings are important too but secondary to being able to be seen.

Just make sure there is plenty of space in reception I have recently registered with yourselves and found it so unpleasant and claustrophobic waiting in line for reception it was chaotic and cramped

Shared facilities with other Practices (e.g. a Health Centre) might provide access to more facilities

Inconsistency in non-urgent appointment waiting time - it is very hard to judge when to ring for things like medicines checks which are non-urgent but time sensitive

Must be in the Lindley/Salendine Nook area

Designated breast feeding space or sensory room for children

The ideal new premises would be a single storey building with good access for all patients both able-bodied and disabled

Keep up the good work but please don't lose that personal touch by making the practice too big.

The most important thing is that it works for the people who work in it. That is going to make a good experience for the patients.

Bear in mind that Lindley starts at the Bay Horse roundabout I would not want to have to travel further.

Drop in surgery needs to go back to first or last part of day to help working patients. Car parking essential needs a bigger area.

Ideally located next to the hospital do not move location as it won't make any difference to service. Investment needs to be in the service not nicer waiting rooms.

Access to upper floors for disabled/elderly patients could be better. More parking would be useful. Main thing though is getting an appointment quickly.

There was a rumour you would be moving into the Acre Mill outpatient development and having a walk in clinic alongside the surgery but I'm guessing this didn't come off. It would have been perfect. Space is tricky in Lindley so I'm not sure where you are going to go to. I can appreciate you probably need single storey or somewhere with a lift.

Parking should be free but for a limited time to avoid any unauthorised use.

Don't make it feel institutional. Essential not to lose the house-like atmosphere of the current premises and the opportunity for friendly interaction between staff and patients.

New premises must be central to Lindley, Oakes area

The reasons given for relocation seem to benefit staff more than patients. I would prefer to put up with the short comings you describe to keep the location as would several other elderly and vulnerable patients I have spoken to.

My family has been with the practice for many years and we have always found it very convenient for it to be close to the HRI. But as i am unsure of the future services offered in Huddersfield -i.e. blood tests, maybe small procedures can be carried within practice.

Would not want the new surgery to be located at either Acre Mills or Acre House and subjected to parking charges determined by the Trust.

I'd rather have smaller, local premises than larger premises that are further away. Being able to walk, rather than worrying about driving/parking, especially when ill, is hugely important.

Please don't install TV in waiting area but continue with radio and magazines. More restful and gives a choice.

I am happy to be consulted regarding being dementia friendly GP practice. Things like clear signage, lighting, floor coverings etc make such a difference to a person with dementia.

A bonus would be on site pharmacy

Please ensure you have adequate ability to answer phones in the morning, or at least add a queuing system that tells patients where they are in the queue to give an idea of waiting time.

Waiting area for children things to keep them occupied

There is a plethora of information on surgery walls. This all seems to be displayed randomly. Could this not be put on screen with a rolling programme?

Phone appointments ... I think these free up more surgery appointments ... we don't always need to set eyes on a doctor

If the new surgery is on two floors it would be helpful to have a safe place to leave a pram when seeing a doctor in one of the rooms upstairs.

From my experience I can only criticise the difficulty in getting through by phone. Once that's achieved, all other services are excellent.

as a pensioner and no longer driving being on a bus route with bus stop close by would be an advantage. thank you for the chance to be involved

8. Other responses

The practice a few written responses to the engagement from two local residents. The content of the written response have been considered along with the questionnaire responses. The key themes from the written response are set out below:

- To approach NHS and offer to lease part of Acre Mills site and ask for a separate car park. Offer existing premises back to the NHS.
- Ensure that any plans consider the growth of housing in Lindley
- The services of a designated stroke nurse or doctor would be an advantage to the surgery to offer support and advice to people who have experienced a stroke

9. Equality

The practice has 10,700 registered patients and 2,019 responses were received which is 18.87% of the patients registered at the practice,

To understand if we have heard from a representative sample of the people who use the service, the respondents equality data has been compared to local demographic data for Kirklees and more specifically the CCG area (South Kirklees).

Data from the Lindley ward area has also been used to highlight if there are any significant gaps in the views of the community who may be affected by any potential changes.

Gaps that are notable are highlighted in the tables in the section below.

Postcodes:

The majority of respondents (84.7%) stated they lived in the HD3 area of Huddersfield. This corresponds with the practice catchment area and covers the geography of Lindley ward.

Postcodes	Respondents	
	No.	%
HD1	149	7.4
HD2	147	7.3
HD3	1713	84.7
HD4	4	0.2
Blanks	9	0.4

Sex

In relation to local demographics there was an overrepresentation of female respondents (66.3 %) and an under representation of male (32.6%).

Sex	Population	Respondents	
	Greater Huddersfield %	No.	%
Female	50.7	1322	66.3

Male	49.3	650	32.6
Prefer not to say		23	1.15

Age

There was under representation in the numbers of young people (6.9%) and children (0%) who were involved in the engagement process. Whilst there was over representation from the 45-64 (41.9%) and 65+ (30.1%) age ranges. This means that there is not a representative sample of younger people and children's views. However there is evidence in the qualitative responses to questions that parents of children have been involved.

Age	Population	Respondents	
	Greater Huddersfield %	No.	%
0-15	19	0	0
16-29	18.6	136	6.9
30-44	19.6	418	21.2
45-64	25.9	828	41.9
65+	16.9	594	30.1

Religion

The data indicates that the sample was representative of the local population for most religions however it was under representative in relation to numbers of patients who identify as Muslim (2.3%)

Religion	Population	Respondents	
	Greater Huddersfield %	No.	%
Buddhism	0.3	6	0.3
Christianity	54.9	1069	54.6
Hinduism	0.4	7	0.4
Islam	8.8	45	2.3
Judaism	0.1	0	0.0
Sikhism	1.2	13	0.7
No religion	27.1	646	33.0
Prefer not to say		107	5.5
Other	0.4	66	3.4

Ethnicity

National General Practice Profiles data indicates that the ethnicity estimate for the practice population includes 3.0% mixed or multiple ethnic groups, 11.5% Asian or Asian British, and 2.1% Black or Black British. In comparison to both this and the census data for Greater Huddersfield there is a clear under representation of Asian or Asian British people who identified as being of Pakistani (1.9%), African (0.3%), White and Black Caribbean heritage.

Ethnic group/ background	Population	Respondents	
	Greater Huddersfield %	No.	%
Asian or Asian British			
Pakistani	7.4	38	1.9
Bangladeshi	0.2	3	0.2

Chinese	0.5	7	0.4
Indian	1.6	29	1.4
Any other Asian background	0.8	28	1.4
Black or Black British			
African	0.8	5	0.3
Caribbean	1.2	19	0.9
Any other Black/African/Caribbean background	0.3	12	0.6
Mixed or multiple ethnic groups			
White and Asian	0.6	6	0.3
White and Black African	0.2	1	0.1
White and Black Caribbean	1.8	16	0.8
Any other Mixed/Multiple ethnic background	0.4	10	0.4
White			
English, Welsh, Scottish, Northern Irish, British	79.6	1766	87.2
Irish	0.9	12	0.6
Gypsy or Irish Traveller	0	0	0
Any other White background	2.1	42	2.1
Other ethnic group			
Arab	0.4	3	0.2
Other ethnic background, please describe	0.5	8	0.4
Prefer not to say		20	1.0

Country of birth

The majority of respondents, 95.4% were from the countries in the UK. The next 10 most frequent countries of birth are listed below.

Country of birth	Respondents	
	No.	%
Ireland	10	0.5
Pakistan	10	0.5
India	9	0.5
Iran	5	0.3
USA	5	0.3
Canada	3	0.2
Germany	3	0.2
Germany (British Forces Posted Overseas)	3	0.2
Hong Kong	3	0.2
South Africa	3	0.2

Disability

A total of 206 (10.2 %) respondents identified as having a disability and 87.3 % did not. However whilst some respondents may not have considered themselves to have a disability or disabilities, a total of 458 people provided responses to the question which asked them about the impairment type they might have. The responses included 205 (45%) stating they had long term conditions, 135 people (29.5%) with physical or mobility impairments, and 115 (25.1%) with Mental health conditions.

Disability	Population	Respondents	
	Greater Huddersfield %	No.	%
Yes			
Limited a lot	8.22	206	10.2
Limited a little	9.23		

*from 2011 Census –‘Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?’ (Limited a lot and limited a little).

Impairment type	Respondents	
	No.	%
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)	135	29.5
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	40	8.7
Mental health condition (such as depression or schizophrenia)	115	25.1
Learning Disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	25	5.5
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	205	45.0
Prefer not to say	54	11.8

Carers:

Carers	Population	Respondents	
	Greater Huddersfield %	No.	%
Yes			
0-19 hours	6.92	234	11.9
20-49	1.36		
50+	2.22		
Prefer not to say		23	1.2

Pregnancy and Birth

Are you pregnant/ have you given birth in the last 6 months	Respondents	
	No.	%
Yes	50	2.6
Prefer not to say	25	1.3

Lesbian, Gay, Bisexual and Transgender

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The Office of National Statistics (ONS), estimated that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual, in 2011-12.

Sexual orientation	Respondents	
	No.	%
Bisexual (both sexes)	15	0.8

Gay (same sex)	17	0.9
Heterosexual/straight (opposite sex)	1778	92.0
Lesbian (same sex)	7	0.4
Other	15	0.8
Prefer not to say	101	5.2

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

Is your gender identity the same as the sex you were assigned at birth?	Respondents	
	No.	%
Yes	1901	97.0
No* (trans)	19	1.0
Prefer not to say	39	2.0

This question is being reviewed as there has been feedback that this is confusing for some people and the response rate may be higher than might be expected, so caution is advised

Responses by equality groups

To demonstrate the difference in views by equality groups a number of questions have been analysed and where a difference has emerged they are detailed. Only those groups where there are sufficient respondents to be able to identify a trend or noteworthy outcome have been detailed.

Q3. We want to make sure that we consider the things that are the most important to you when we are thinking about any new plans. What is most important to you when you visit a GP practice? Using the scale 1-10 (1 least important) to 10 (most important).

The question was looked at from the perspective of each protected characteristic to understand if there were any particular trends to identify. There was some differentiation as to how different groups prioritised what was the most important to them in particular for people who identified as disabled. This group prioritised the location of the surgery, easy access to the building, waiting area, and access to public transport from the surgery and higher than most other groups.

- Good care and treatment (92.63%)
- Being able to book an appointment (86.7%)
- A clean safe place (86%)
- Getting to the location easily (78.6%)
- Location of surgery in Lindley (78%)
- Easy access to the building (75.6%)
- Waiting area (69.1%)
- Access to public transport from the surgery (53.8%)

- Parking (54.9%)
- Nearby pharmacist or chemist (48.4%)

As there were a substantial number of respondents, who whilst not considering themselves disabled, also completed the impairment question these responses were also analysed to see if there was a corresponding prioritisation or whether this differed. Many who did not identify as disabled were those who had long term conditions. The results were very similar for the top 5 priorities however this group prioritised parking higher and were less concerned about easy access to the building

- Good care and treatment (92.8%)
- Being able to book an appointment (85.9%)
- A clean safe place (84.1%)
- Getting to the location easily (74.6%)
- Location of surgery in Lindley (73%)
- Parking (65.6%)
- Waiting area (65.4%)
- Easy access to the building (62.6%)
- Access to public transport from the surgery (47.4%)
- Nearby pharmacist or chemist (47.2%)

Other significant prioritisations were from carers who prioritised Parking and the Waiting area much higher in importance than other groups and were less concerned about location.

- Good care and treatment (95.6%)
- Being able to book an appointment (92.3%)
- A clean safe place (87%)
- Parking (72.9%)
- Waiting area (71.7%)
- Getting to the location easily (68.1%)
- Easy access to the building (58.8%)
- Location of surgery in Lindley (58.3%)
- Nearby pharmacist or chemist (38.7%)
- Access to public transport from the surgery (32.1%)

Q4. We then asked people if there was anything else they would like to tell us. The question was looked at from the perspective of each protected characteristic to understand if there were any particular trends to identify

Whilst many of the issues raised were the same for all groups such as accessing appointments, phone lines being busy, lack of privacy at reception, parking and location there were a few topics that seemed to be of greater importance to some groups and may have a greater impact upon because of their protected characteristics:

Carers: were particularly concerned about the difficulty in accessing appointments and valued the drop-in/walk –in clinic option and telephone appointments as a way to address this, parking access and the need for more spaces, continuity of care, and there was also an interest expressed with regard to the practice providing well women clinics and blood tests on site. Accessibility of the building was of concern for carers who had children where they were required to carry them upstairs to an appointment because of no lift, or

were not asked at the time of making an appointment whether they would have difficulty using stairs. .

People who identify as disabled or identified they had an impairment: were concerned about parking and felt that this wasn't always managed well in relation to disabled bays, had difficulty in accessing appointments and valued the drop-in/walk –in clinic option and telephone appointments as a way to address this and suggested that triaging calls might help to manage this better, having enough time in appointments to address their health issues and being able to see the same doctor at the practice or on home visits(continuity of care), and the location of a new building needing to be in a similar area and close to public transport. There was also concern around ensuring it was much more accessible including seating, toilets, wheelchair access and sensory room for children.

Parents: were concerned about parking, had difficulty in accessing appointments and valued the drop-in/walk –in clinic option as a way to address this but suggested that it be held at the time it was previously held in the morning as they could not use this in the afternoons if they were working or had to school age children. Accessibility for prams, breast feeding facilities and a play area were popular suggestions.

Older People: were concerned about continuity of care, the location changing and not being near to public transport, accessibility of the building including toilets and seating and being able to get an appointment or advice when needed.

Q6 How far would you be prepared to travel to receive a GP service

The question was looked at from the perspective of each protected characteristic to understand if there were any particular trends to identify.

Disability:

- 10.8% people who identified as having a disability felt that they would not be able to travel.
- 57.1% preferred it to be less than one and 27.6 % between two and 5 miles this is significantly different from the general responses.

Impairments:

- 6.2 % of people who identified as having an impairment felt that they would not be able to travel
- 54.3 % preferred it to be less than one and 34.9 % between two and 5 miles

There is a clear preference from both groups for the travel to be less than one mile.

Q7 How would you normally travel to the practice?

The question was looked at from the perspective of each protected characteristic to understand if there were any particular trends to identify.

All three groups are more likely to use a taxi and dependent on distance this could have financial implications particularly for those on a low income, pension or in receipt of welfare benefits. Both those with disabilities and impairments are less likely to use a car (though not substantially significant in number) and are much less likely to walk.

Carers:

- 5.2% would use the bus/train, 59.1 % car, 2.2% taxi, and 33% would walk

Disability:

- 12.4%% would use the bus/train, 55.2 % car, 7% taxi, and 24.9% would walk

Impairments

- 9.7% would use the bus/train, 57.8 % car, 3.1% taxi, and 28.7% would walk

In summary the key findings and recommendations in relation to equality are:

The sample was representative for most groups but to ensure that the engagement was fully representative it is recommended that further engagement is undertaken to understand the views and experiences of:

- young people and children
- parents
- Asian/Asian British and Black/Black British patients and carers
- Men

Disability and Impairments:

- Disabled people prioritised the location of the surgery, easy access to the building, waiting area, and access to public transport from the surgery and higher than most other groups. Whilst those who identified as having an impairment not a disability group prioritised parking higher and were less concerned about easy access to the building
- Experienced difficulty in accessing appointments and valued the drop-in/walk –in clinic option and telephone appointments as a way to address this and suggested that triaging calls might help to manage this better.
- Having enough time in appointments to address their health issues and being able to see the same doctor at the practice or on home visits(continuity of care) was valued
- The location of a new building needing to be in a similar area and close to public transport was important.
- There was also concern around ensuring the building was much more accessible including seating, toilets, wheelchair access and sensory room for children.
- Travel: There is a clear preference for the travel to be less than one mile and are more likely to use a taxi and dependent on distance this could have financial implications particularly for those on a low income, pension or in receipt of welfare benefits. Both those with disabilities and impairments are less likely to use a car (though not substantially significant in number) and are much less likely to walk.

Carers

- Carers prioritised Parking and the Waiting area much higher in importance than other groups and were less concerned about location.
- They were particularly concerned about the difficulty in accessing appointments and valued the drop-in/walk –in clinic option and telephone appointments as a way to address this.
- Continuity of care was valued greatly and had a positive impact on their wellbeing .
- There was an interest in the provision of well women clinics and blood tests on site.

- Accessibility of the building was of concern for carers who had children where they were required to carry them upstairs to an appointment because of no lift, or were not asked at the time of making an appointment whether they would have difficulty using stairs
- Travel: responses indicate that they are more likely to use a taxi and dependent on distance this could have financial implications particularly for those on a low income, pension or in receipt of welfare benefits.

Parents:

- Parents were concerned about parking and the number of spaces
- They had difficulty in accessing appointments and valued the drop-in/walk –in clinic option as a way to address this but suggested that it be held at the time it was previously held in the morning as they could not use this in the afternoons if they were working or had to school age children; and
- Were keen for the new building to have better accessibility for prams, breast feeding facilities and a play area.

Older People:

- Older people valued continuity of care and being able to see the same clinician,
- They expressed concerns about the location changing and not being near to public transport,
- They were keen for the new building to have better accessibility including toilets and seating;
- And they valued being able to get an appointment or advice when needed and found the current system difficult to use.

The engagement has outlined some key issues for certain groups that would need to be looked at as part of the future equality impact assessment and further engagement is advised in relation to some of the groups where there were no respondents.

10. Key findings

The key findings from the engagement would suggest that the majority of people who responded can understand the need for new premises and have themselves offered ideas on what a new building could offer. The main areas of improvement that a new building could offer are set out below:

- Improvements to parking – including increased parking and designated parking spaces for people with a disability and parent and children
- Improvements to the building layout and access – including access for wheelchairs and prams
- Improvements to the building – including the waiting area and reception, consultation rooms and toilets
- The opportunity for a new building to offer more services

Those responding still like the local village location of the practice and its proximity to shops, bus stops and the hospital. There were a few suggestions on location that the practice will need to explore. These were:

- Empty plot of land between Brian Street and Thomas Street
- Extend the premises and extend the parking at the side – identify surrounding land available
- Wait for the decision on HRI to identify land
- Create a satellite surgery rather than get a bigger building
- Former Oakes School on Oakes Road
- Offer to look at shared premises with 'Yorkshire Children's' Centre' who currently have a local based childcare service but also require more space and want to consider larger premises (contact 01484 652143)
- Acre House or Acre Mills site
- Briar Court
- Spare land behind Lindley shops
- Wellington Court on Wellington Street
- School street West, Oakes
- Negotiate a plot within one of the new housing estates
- Old school on Plover Road
- Land adjacent to Lindley bus terminus
- Spotted Cow pub
- Building land behind Lindley Church
- Crossland Road area

The majority of respondents stated they wanted a practice to be within a 2 mile travelling distance and want to ensure any new location means that people remain within the catchment area.

In addition respondents ranked in order of importance the service considerations they want to see, and the practice will need to take these into account when identifying new premises. The considerations are set out in order of importance:

- Good care and treatment (95.3%)
- Being able to book an appointment (90.5%)
- A clean safe place (85.9%)
- Getting to the location easily (70.6%)
- Parking (68.2%)
- Location of surgery in Lindley (64.8%)
- Waiting area (62%)
- Nearby pharmacist or chemist (51.7%)
- Easy access to the building (51.4%)

A number of areas of service improvement relating to the current service were also raised by patients as part of the engagement. These areas were:

- The booking of appointments – particularly getting through on the phone
- The attitude of some reception staff
- The reinstatement of the drop in surgery sessions

11. How the findings will be used

The findings from the engagement will be used to inform proposals which will identify a potential move of location for Lindley Group Practice. The findings will be shared with the practice and the CCG to ensure that the views of patients and stakeholders form part of the consideration to develop proposals. A copy of the report will be shared with patients via the practice, be published on the CCG website and provided for information to Kirklees Overview and Scrutiny Committee (OSC).

The next steps will be:

- To share the findings of the report with the practice for comment
- To share the findings of the report with the relevant CCG committees
- To use the findings from the report to identify options for a potential move of location

If the practice considers a change of location for the practice, options will be identified. Once options have been identified the practice will be required to share the options available and formally consult on those options with patients and key stakeholders.

Lindley Group Practice
Dr M Kaye Dr D O'Brien Dr P Johnson
Dr L Flanagan Dr T Oughton Dr N Clayton Dr L
Woodhead

Lindley Group Practice

Engagement Plan

Contents

	Page
1. Introduction	3
2. Background	3
3. Legislation	4
• Health and Social Care Act 2012	
• The Equality Act 2010	
• The NHS Constitution	
4. Principles for Engagement	5
5. What engagement has already taken place?	5
6. Aim and objective of the engagement process	7
7. Engagement	8
8. Communication	10
9. Equality	12
10. Non pay Budget	12
11. High level timeline for delivery	13
12. How the findings will be used	14

Version control			
Version	Change	title	Status/date
V1	Dawn Pearson	Engagement lead	Draft 15/5/18
V2	Lynne Conway	Practice Manager	Draft 7/6/18
V3	Dawn Pearson/Lynne Conway	Engagement lead/Practice Manager	FINAL 13/6/18

1. Introduction

The purpose of the engagement plan is to describe a process which will help Lindley Group Practice engage with patients. The practice would like to look at new premises for the surgery and would like to gather patient's views to help inform any proposals.

This plan describes the background to the existing practice, the legislation relating to any service change that the practice must work to and an overview of what patients have already told the practice.

The plan describes how the practice will engage with the practice population and any other identified stakeholders. The purpose of the plan is to provide information on the approach to engagement with patients and key stakeholders.

2. Background

Lindley Group Practice is based in Lindley on a site situated next to Huddersfield Royal Infirmary. The practice has 10,700 registered patients and 23 staff which include 8 GPs.

The GPs based at the practice are Dr Matt Kaye, Dr David O'Brien, Dr Petra Johnson, Dr Lucy Douglas, Dr Laura Flanagan, Dr Tessa Oughton and Dr Laura Woodhead.

Lindley Group Practice has been situated in its current location since the 1960's. The current location was initially an ideal location but over the years there has been an increasing need for more space to offer more services and accommodate more staff. The car park is small and the building presents disadvantages for both patients and staff.

The disadvantages include not enough rooms for all practice staff; some of the existing consulting rooms are very small and not fit for purpose. Four of the consulting rooms are situated upstairs and there is no lift access. The doorways are very small making wheelchair access difficult and for some wheelchairs impossible. In addition there is no area to store prams, often leading to obstruction of the doorways.

The administration and reception area is very small and does not support the work of the reception and clerical team. The reception area also offers very little privacy to patients presenting at the counter. The staff who work in the practice are not able to offer the services they would like, due to the constraints of the current building.

It is not possible to solve these problems by extending or developing the current premises. To make sure that the practice can provide high quality care for patients in the future there is a need to look to move to better premises.

The practice, what to ensure that patient views are part of any decision to move to new premises and the plan describes, how the practice will do this.

3. Legislation

The practice need to ensure that they work closely with Greater Huddersfield Clinical Commissioning Group (CCG) who commission (buy) local NHS services on behalf of the local population. This means that any plans to change the way a service is provided or

delivered is subject to the legislation the CCG must follow. The legislation is set out below.

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement and consultation activity and in the review as a whole.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- *In the planning of healthcare services*
- *The development and consideration of proposals for changes in the way those services are provided, and*
- *In the decisions to be made affecting the operation of those services.*

4. Principles for Engagement

NHS Greater Huddersfield CCG has a 'Patient and Public Engagement and Experience Strategy'. The strategies have been developed alongside key stakeholders. Each strategy

sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategies state that the CCGs will;

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

The strategy sets out what the public can reasonably expect the CCG to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met

5. What engagement has already taken place?

The practice has been discussing the idea to look at new premises for some time. There have been a number of comments raised that have led to a decision to progress a wider conversation. The details of the conversations which have taken place are set out below:

Patient Participation Group meeting (PPG): Tuesday 17 December 2013

Patients who attended the PPG talked with the practice about a number of concerns. These were:

- Lack of car parking – 48.7% said they had experienced a problem parking at the practice
- Surgery Building - The PPG and staff felt the practice had outgrown the premises over the years and despite numerous talks with Primary Care Trust (now NHS England) and more recently the Hospital Trust, all have resulted in nothing due to lack of funding
- The premises were described as inadequate and non-compliant by staff. The group agreed that the building has become too small for purpose, car park issues etc.

From this meeting there were a number of ideas discussed, these were:

- Raise awareness of the situation through the surgery notice boards – suggest building a “history” of Lindley Group Practice from the 1990s to date and the constraints the practice are experiencing.
- Put a patient forum link on the practice website for patients to blog their thoughts
- Access the Kirklees Federation website and encourage their support and involvement.

- Practice newsletters – raise awareness through a regular newsletter – suggest these to be sent by e-mail and available at the reception desk.

The constraints of the building have been discussed at more recent patient group meetings. The feedback from these meetings is recorded below:

- Action needs to be taken by the CCG to relieve the pressure the practice is under and ensure the building can provide a suitable environment which will support the professional approach of both staff and clinicians
- Consulting rooms do not support people who use a wheelchair – this can mean a clinician has to move rooms to see the patient on the ground floor – then keep jumping between rooms to use the computer when needed. This makes the patient feel uncomfortable
- Anyone with reduced mobility, who needs to see a doctor in a ground floor consulting room may potentially put even more pressure on doctors to deliver a service
- Clinical rooms the nurses use are too small and do not support wheelchair access
- Corridors leading to rooms are congested and often offer a single track as people slide past each other, access for prams and wheelchairs further add to the limited space
- The practice could not take on any more patients in its current state
- Car parking is inadequate and there are only 2 disabled parking bays
- Car parking nearby is often congested due to the closed proximity to the hospital
- More housing developments in the area would support the need for a bigger practice and more staff working from a suitable building
- Bigger and more suitable premises would increase services and reduce potential visits by patients to HRI
- Planning applications for housing in the local area need to consider NHS facilities. The Local Authority need to ensure they factor local facilities into planning considerations
- Parking at Acre Mill needs to be free and there should be suitable pedestrian crossings to support access to the practice
- Getting an appointment at the surgery can be difficult and the waiting area is small and crowded
- The surgery can no longer support additional clinical services due to a lack of space
- Staff are working in challenging conditions and this has an impact on staff morale

'Further to our recent conversation I confirm my thoughts and comment as follows. I completely agree with this proposal, as perhaps it will now draw some serious attention to the fact that our practice is being significantly abused.

The GHCCG must now sit up and take note of the current status and take action before LGP loses heart completely, and follows a slippery and dangerous slope to becoming incompetent due to the extreme pressure being placed upon it.'

(Extract: Patient letter to the practice)

'My family has been with Lindley Group Practice for twenty years and I have nothing but unconditional praise for the practice and all its staff. In those twenty years I have gone from being an active, independent career woman, who rarely visited the practice, to a wheelchair-using MS patient. It would be wonderful if more patients could share the great

care and attention I receive, however the practice is struggling to deliver this, even to existing patients and all attempts to acquire new premises have come to nothing, due to lack of resources’.

‘The tightness of corridor thoroughfares is replicated at the practice entrance. Doors are not easy to open/ close in a wheelchair and if there is anyone waiting at reception, it’s hard to even get into the waiting room. Doors are simply not wheelchair friendly, nor buggy or prism friendly.

At the risk of repeating myself, this practice cannot cope with the volume of patients it has, any more would simply increase the frustrations of both staff and patients.

Car parking for staff and patients has long been an issue at the practice. There are only two disabled spaces and often these are taken by people who are not disabled, but ‘just popping in for a minute’.

(Extracts: Patient view on the practice with recommendations included above relating to access for people who use a wheelchair)

‘I am writing this email to highlight my grave concerns about the number of patients the Lindley Group Practice has and thus making it extremely difficult to get appointments. I can only see this issues being accentuated with the amount of new family houses being built in the area; along with the threat of the closure of the Salendine Nook surgery’

(Extract: Patient letter to the practice)

6. Aim and objectives of the engagement activity

The aim of the engagement activity will be to capture the views of patients of the practice and any key stakeholders to help inform the development of any proposals for future arrangements for changing the location of Lindley Group Practice. The target audience for engagement will be:

- Patients of Lindley Group Practice
- Staff and health care professionals working in or from Lindley Group Practice
- Other stakeholders identified by the practice

The aim of the engagement is to initiate a genuine and meaningful process to ensure the practice can reach, inform, communicate and engage patients of the practice and key stakeholders. In delivering this aim the objectives will be:

- To complete the engagement in an 8 week period.
- To communicate clearly and simply the engagement using various formats and approaches.
- To provide an explanation of the reason for the engagement.
- To gather feedback using a variety of mechanisms such as face to face contact, electronic and paper surveys.
- To ensure the practice engage with those patients who represent protected groups, as defined by the Equality Act 2010, in a meaningful way, adapting materials and approaches for engagement as appropriate.
- To understand who is most likely to be impacted by the plans, utilising the equality analysis and ensure that these groups are particularly targeted.

- To analyse the feedback from the engagement process.
- To provide a report of findings on the engagement and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to patients and key stakeholders on the findings of the engagement process.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process to develop any options that may result in service change.

7. Engagement

A survey has been developed (see appendix 1) which sets out why the practice want to move premises and the reasons for the engagement process. The survey includes an equality monitoring form to ensure that the views of all patients represent the practice population it serves.

The survey includes a number of questions we need to ask all patients and stakeholders to ensure the practice can make an informed decision on any proposals or options for the future location of Lindley Group Practice. All responses will be gathered online or by the practice.

7.1 What do we plan to do?

The engagement will be delivered over a 6 week period commencing at 12 noon on Wednesday 20th June and ending at 12 noon on Wednesday 1st August 2018.

The engagement activities that will take place during the engagement are set out below.

7.2.1 Engagement activities:

- **Launch** – The engagement launch will take place on Wednesday 20th June at 12 noon. The engagement will be promoted on both the Practice and Greater Huddersfield CCG websites. This will include information about the engagement, links to an online survey which will be hosted on the practice website. The practice and CCG website will provide information on how to respond to the engagement which will include a questionnaire which can be downloaded and printed or completed online, any drop in sessions arranged by the practice to talk to patients face to face. A letter to stakeholders to inform them about the engagement and how they can provide a view.
- **Staff who are based in or use the practice premises** – Staff will be involved using existing mechanisms for staff briefings and meetings and external staff will be contacted via a department head who will cascade information to relevant staff. This may include mechanisms such as staff notice boards, websites, staff briefings and local intranets.

- **Local councillors and MPs** – Information will be sent to local councillors on the engagement – this will include the engagement plan and survey via the Kirklees Overview and Scrutiny Committees (OSC). Members will be offered an opportunity to be engaged by the practice as part of the process.
- **Text message and household mail out** – The practice will be sent information about the engagement to every household on Lindley Group Practice list via text. Patients who do not have a mobile number registered with the practice will receive information through the post. This information will sign post patients to the online survey, paper survey and any practice meetings to ensure all patients can provide a view.
- **Information Evening at the practice** – The practice will host an information evening to talk to patients. The information evening will be hosted at the practice and the date and time advertised as part of the launch.
- **Stakeholders** – Stakeholders who would like more information can request that someone talks to them about the engagement. Each request will be considered individually and an approach put in place.
- **Practice waiting room** – a stand or noticeboard will be set up with posters and information about the engagement and how to get involved. The surgery will have surveys available and a collection box for people to leave or post completed surveys.

8. Communications

Target audiences

We have identified the key target audiences below and the main mechanisms that will be used to reach them during the engagement period.

Target Audience	Communication Mechanisms
Patients	<ul style="list-style-type: none"> • Information session in the practice • Text message/household letter • Printed material in practice and other local outlets including pharmacy, on printed prescriptions and in the local library • CCG/practice website • CCG/practice social media channels such as Lindley FACEBOOK Group • Promote through any existing meetings and forums • Patient Reference Groups • Visit local care homes to talk to staff and

Target Audience	Communication Mechanisms
	residents <ul style="list-style-type: none"> • Stall at Lindley Carnival on 30th June
OSC/Health and Well-being boards Elected members / Councillors/MPs	<ul style="list-style-type: none"> • Engagement plan to be circulated • Further information/meetings as requested
Practice staff	<ul style="list-style-type: none"> • Team meetings
Local surgeries	<ul style="list-style-type: none"> • Letter about the engagement
Healthwatch	<ul style="list-style-type: none"> • Engagement plan and letter
Local Professional Committees	<ul style="list-style-type: none"> • Written briefing • Further information/meetings as requested
Media	<ul style="list-style-type: none"> • Reactive/proactive content developed if required
Other stakeholders	<ul style="list-style-type: none"> • Letter providing information to any other stakeholders who may have an interest or need to know about the engagement including information on how to respond

8.1 Communication resources

The practice with the support of the CCG will produce a range of communication materials to support the engagement process as indicated below.

- Engagement plan and survey. The practice will encourage the use of material provided online however these items will also be made available to the public/stakeholders in a printed format
- Accessible, easy read and translated material will be available on request. The practice does not serve a diverse population and translated versions of documents are not anticipated at this stage
- There will also be a contact telephone number for people who want to find out more about the engagement
- Script and any frequently asked questions (FAQ) will be written by the practice and can be published by the practice or used at any meetings
- Script and FAQ will be developed as the engagement process is developed and used as information on practice website
- Script/content for practice bulletins/noticeboards

- Content for local papers/news or other outlets will be developed by the practice using the script and FAQs. This would include any local publications in parish newsletter etc.
- PowerPoint slides and any pop-up stand/s would be developed by the practice if required
- Leaflets and posters promoting the engagement and drop-in events for use in local outlets such as post office, library, town hall, shops etc. will be developed and distributed by practice staff or Practice Reference Group Network (PRGN)

8.2 Communications mechanisms

- **Practice website:** The practice website must contain information about the engagement and how people can give their views and obtain information in alternative formats. Information should include the link to the online survey
- **CCG website** will contain information about the engagement as above and have a link to the practice website
- **Social Media:** The practice can promote the engagement via Twitter or Facebook such as 'Lindley Facebook Group'
- **Leaflets/posters** promoting the consultation and drop-in events to be available in the practice and distributed locally to shops, library, and other community venues as appropriate.
- **Key messages:** key messages will be included in any engagement material. These will be consistent, clear and easy for people to understand and support their involvement in the process.
- **Engagement document:** to include:
 - What the engagement is about in a clear simple way
 - How to give your views and deadline for submitting responses
 - Questionnaire
 - Equality monitoring

9. Equality

To ensure the engagement process meets the requirements for equality the practice will need to evidence that due regard has been paid to their equality duties in all the engagement activity.

All surveys will be equality monitored routinely to assess the representativeness of the views gathered during the engagement process. Where it is not possible to gather such

data, such as complaints and social media the practice will record any information provided.

The practice will ensure that the engagement process targets protected groups and create accessible, other language and easy read copies of the engagement information and survey on request.

Once gathered the equality data captured during the engagement will be analysed. This analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps.

Throughout the engagement a view will be taken to identify any underrepresentation where found, measures will be taken to address through the process.

Once complete the analysis will consider if any groups have responded significantly differently to the engagement or whether any trends have emerged which need to be addressed in the implementation stage.

This data will be part of the evidence to support the equality impact assessment process.

10. Non pay budget required

Formal consultation	
Item	Estimated Cost
Information posted to all households registered with Lindley Group Practice	£430.00
Text messaging – all patients registered at Lindley Group Practice who can be reached using this mechanism	Practice facility
Printing of survey	£50.00
Interpreters, translations Accessible formats – Language, large print, Braille and easy read	TBC – as requested
Posters in GP practices and localities	No cost – in house
Data input and analysis	CCG to support in house
ESTIMATED total budget required	£480.00 approx.

11. High level time line for the delivery of consultation

What	By When
Preparation and planning for engagement	June 2018
OSC informed – engagement plan provided	Weds 13th June 2018
Stakeholder letters sent	Monday 25th June 2018
Engagement starts (6 weeks)	Weds 20 th June 2018
Engagement ends	Weds 1 August 2018
Data input – practice to add any paper surveys	w/c 30 th July 2018
Analysis and report including equality data	w/c 6 th August 2018
Draft report of findings ready	w/c 20th August 2018
Deliberation of findings	August 2018
Findings to CCG Committees including Quality and Safety	September 2018 (dates tbc)
Public feedback	September 2018

12. How the findings will be used

The findings from the engagement will be used alongside any existing intelligence to inform the development of options on the future arrangements for the change of location for Lindley Group Practice. All intelligence, including the equality findings from engagement will be captured into one report and be used as evidence to support the Equality Impact Assessment (EIA).

The engagement report will provide an overview of the engagement process and the feedback will be received and considered by the practice and CCG. The report will be received through CCG governance and once considered a decision will be made on the next steps.

Lindley Group Practice Survey

Lindley Group Practice would like to identify new premises for the practice. We want to know what you think.

About the practice

Lindley Group Practice is based in Lindley on a site situated next to Huddersfield Royal Infirmary. The practice has 10,700 registered patients and 23 staff which include 8 GPs. Lindley Group Practice has been situated in its current location since the 1960's.

The GPs based at the practice are Dr Matt Kaye, Dr David O'Brien, Dr Petra Johnson, Dr Lucy Douglas, Dr Laura Flanagan, Dr Tessa Oughton and Dr Laura Woodhead.

Why we would like new premises

The current location was initially an ideal location, but over the years there has been an increasing need for more space to offer more services and accommodate more staff. The car park is small and the building presents disadvantages for both patients and staff.

The administration and reception area is very small and does not support the work of the reception and clerical team. The reception area also offers very little privacy to patients presenting at the counter. The staff who work in the practice are not able to offer the services they would like, due to the constraints of the current building.

It is not possible to solve these problems by extending or developing the current premises. To make sure that the practice can provide high quality care for patients in the future there is a need to look to move to better premises.

We need your views

The practice want to ensure that patient views are part of any decision to move to new premises and the plan describes how the practice will do this. We would like you to tell us what you think by filling out our short survey.

Once you have completed the survey, please hand it in or return it to the practice. The **survey is also available online at:**

<http://www.smartsurvey.co.ukxxxxxxxxxx>

Thank you for taking the time to complete this survey, your views are important to us.

1. Please tell us the first part of your postcode e.g. HD2

2. I am answering this survey as	
A patient	
A carer	
A member of staff	
Other (please tell us)	

About the service you receive

We want to make sure that we consider the things that are the most important to you when we are thinking about any new plans.

3a. What is most important to you when you visit the GP practice? Using the scale 1-10 (1 least important) to 10 (most important). Please circle the number.	
Being able to book an appointment	1 2 3 4 5 6 7 8 9 10
Location of surgery in Lindley	1 2 3 4 5 6 7 8 9 10
Access to public transport from the surgery	1 2 3 4 5 6 7 8 9 10
Getting to the location easily	1 2 3 4 5 6 7 8 9 10
Parking	1 2 3 4 5 6 7 8 9 10
Easy access to the building	1 2 3 4 5 6 7 8 9 10
A clean and safe place	1 2 3 4 5 6 7 8 9 10
Waiting area	1 2 3 4 5 6 7 8 9 10
Good care and treatment	1 2 3 4 5 6 7 8 9 10
Nearby pharmacy / chemist	1 2 3 4 5 6 7 8 9 10
3b. Is there anything else you would like to tell us?	

4. Please tell us what works well at the moment?

5. How far would you be prepared to travel to receive a GP service? (please tick all that apply)	
I would not be able to travel	
Less than one mile	
Between two and five miles	
More than five miles	
This would not apply to me	

6. How would you normally travel to the practice?			
Bus / train		Car	
Taxi		Access bus	
Cycle		Walk	
Other (please tell us)			

7. Is there anything else that you would like to tell us? This may include anything we need to think, or that you would like to tell us if we look at new practice premises.

Equality Monitoring Form

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. This information will be kept confidential. Please try to answer all

<p>1. What is the first part of your postcode?</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Example</td> <td>HD6</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>2. What sex are you?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p>3. How old are you?</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Example</td> <td>42</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>4. Which country were you born in?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Prefer not to say</p> <p>5. Do you belong to any religion?</p> <p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other (Please specify in the box below)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Prefer not to say</p>	Example	HD6	Yours		Example	42	Yours		<p>6. What is your ethnic group?</p> <p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Black or Black British:</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Mixed or multiple ethnic groups:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>White:</p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Other ethnic groups:</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Example	HD6								
Yours									
Example	42								
Yours									

<p>7. Do you consider yourself to be disabled?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Type of impairment: Please tick all that apply</p> <p><input type="checkbox"/> Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)</p> <p><input type="checkbox"/> Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)</p> <p><input type="checkbox"/> Mental health condition (such as depression or schizophrenia)</p> <p><input type="checkbox"/> Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)</p> <p><input type="checkbox"/> Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)</p> <p><input type="checkbox"/> Prefer not to say</p> <p>8. Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>9. Are you pregnant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>10. Have you given birth in the last 6 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>11. Please select the option that best describes your sexual orientation.</p> <p><input type="checkbox"/> Bisexual (both sexes)</p> <p><input type="checkbox"/> Gay (same sex)</p> <p><input type="checkbox"/> Heterosexual/straight (opposite sex)</p> <p><input type="checkbox"/> Lesbian (same sex)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p> <p>12. Is your gender identity the same as the sex you were assigned at birth?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>
--	--

Thank you for taking the time to complete this form.

Please hand this questionnaire to the practice or post to the following address:

Please return this form by 12 noon on Monday 30th July 2018

