**Have your say: Your experience of accessing GP services in the Vale of York during the Covid-19 Pandemic**

We are seeking views from patients who have had an appointment with their GP practice in the Vale of York during the Covid-19 pandemic.

We would like to ask for a few minutes of you time to complete this short survey. This is in relation to your most recent appointment, within the last 12 months. The answers that you give are completely confidential, and will only be used to improve services. **Please return in an envelope free of charge to this freepost address by Friday 24 September 2021.**

**FREEPOST RTEG-TYYU-KLTZ**  
CYC West Offices, NHS Vale of York CCG  
Station Rise  
York  
YO1 6GA

If you would like to have the survey in a different format or language please contact us by phone on 01904 555 870 or email at [voyccg.communications@nhs.net](mailto:voyccg.communications@nhs.net)

1. **How did your appointment take place?**

* Face to face
* Over the phone
* Online
* Via email
* Other (please specify)

1. **How did you initially make contact with your practice?**

* Telephone
* Through the practice website
* Using GP online services
* NHS 111 (phone)
* NHS 111 app
* Via email
* Other (please specify)…………………………………………………

1. **How many times did you try before getting an appointment?**

* First time
* 2-3 times
* 2-5 times
* More than 5 times

1. **How easy was it to make an appointment?**

* Very easy
* Easy
* Neither easy nor difficult
* Difficult
* Very difficult

1. **How quickly did you need an appointment?**

* Same day
* Next day
* Within three days
* The same week
* Within 1-3 weeks
* It could wait 3 weeks or more

1. **How quickly did you get an appointment?**

* Same day
* Next day
* Within three days
* The same week
* Within 1-3 weeks
* It could wait 3 weeks or more

1. **Which healthcare professional was your appointment with?**

* GP
* Healthcare Assistant
* Nurse/Nurse practitioner
* Medical student
* Pharmacist
* Physio
* Social prescriber/link worker
* Not sure
* Other (please specify)………………………………………………………………

1. **Would you want this appointment was suitable for you clinical needs?**

* Yes
* No

Please explain your answer:

|  |
| --- |
|  |

1. **How would you rate your appointment and how it took place**

* Very good
* Good
* Average
* Poor
* Very poor

1. **How would you rate the convenience of your appointment?**

* Very convenient
* Convenient
* Neutral
* Inconvenient
* Very inconvenient

1. **What were the positives about having the appointment the way you did? (Eg over the phone, face to face, online)**

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1. **What were the disadvantages/drawbacks of having the appointment the way you did?**

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|  |

1. **What could have made your experience better?**

|  |
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1. **Have you ever used the following if you couldn't get an appointment within an appropriate timescale?**

* A&E
* 111 phone
* 111 online
* Urgent treatment centre
* 999
* Other (please specify)

1. **Would you be prepared to see any of the following health professionals in the practice if appropriate for your need? (Please choose all that apply)**

* GP
* Nurse
* Healthcare assistant
* Physio
* Care coordinator
* Social prescriber
* Pharmacist
* Urgent care practitioner
* Mental health practitioner
* All of the above

Other comments:

1. **Would you consider asking your community pharmacy for clinical advice regarding a health issue before contacting your GP practice?**

* Yes
* No
* Not sure
* Prefer not to say

1. **Would you be happy for your GP practice to refer you to a community pharmacy for advice/treatment if it was appropriate to do so?**

* Yes
* No
* Not sure
* Prefer not to say

1. **Would you be happy for your GP practice to refer you to a community pharmacy for advice/treatment if it was appropriate to do so?**

* Yes
* No
* Not sure
* Prefer not to say

1. **Do you have any other comments about accessing your local GP practice for a health need?**

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| --- |
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**A bit about you: Equality monitoring information**

We would like to ask some questions about you. The information you provide will be kept entirely confidential and will never be traced back to you as an individual.  
  
We are asking these questions because we want to make sure that we have asked lots of different people for their views. These questions are optional and you do not have to answer these questions if you do not want to.

1. **Which GP practice are you registered with?**
2. **Do you identify as?**

* Male
* Female
* Prefer not to say
* Other

1. **Is this the gender you were assigned at birth?**

* Yes
* No
* Prefer not to say

1. **How old are you?**

* Under 18
* 18-24
* 25-34
* 35-44
* 45-54
* 55-64
* 65-74
* 75-84
* 85-94
* 95+

1. **Which of the following best describes your ethnic background?**

* White British
* White Irish
* White Gypsy or traveller
* White - Any other White background
* Mixed - White and Black Caribbean
* Mixed - White and Black African
* Mixed – White and Asian
* Mixed - Any other mixed background
* Asian or Asian British - Indian
* Asian or Asian British - Pakistani
* Asian or Asian British - Bangladeshi
* Asian or Asian British - Any other Asian background
* Black or Black British - Caribbean
* Black or Black British - African
* Black or Black British - Any other Black background
* Chinese
* Prefer not to say
* Other ………………………………………………………………………………

1. **A carer is someone who provides unpaid care by looking after an ill, frail or disabled family member, friend or partner. Do you consider yourself to have caring responsibilities currently?**

* Yes
* No
* Prefer not to say

1. **Do you consider yourself to have a disability, impairment or a mental health condition? (Please tick all that apply)**

* No disability
* Mobility impairment (Wheelchair user)
* Mobility impairment, such as difficulty moving arms (Not a wheelchair user)
* Visually impaired, partially sighted or blind
* Hearing impaired, hard of hearing, or deaf
* Mental health condition such as depression or schizophrenia
* Dementia (including Alzheimer’s disease)
* Long standing condition such as cancer, HIV, diabetes, chronic heart disease
* Neurological impairment (including epilepsy and brain injury)
* Learning difficulty or disability (such as Down's syndrome or dyslexia) or cognitive impairment
* Autistic spectrum disorder
* Prefer not to say
* Other (please specify)……………………………………………………………….

1. **Which of the following options best describes your sexual orientation?**

* Heterosexual / straight
* Lesbian
* Gay
* Bisexual
* Pansexual
* Queer
* Prefer not to say
* Other……………………………………………………………………………….

**Thank you for your time.**