

## Burton Road Surgery Patient Survey

Consultation period from 4 August 2014 to 17 September 2014

We appreciate that this document is quite long but we would like to make sure that we have provided you with the information you need to make an informed choice.

If you need any further information or support to complete the survey, you can attend one of our drop-in sessions (details overleaf), contact a member of the NHS England primary care team on 0116 295 0860 (Monday to Friday 9am to 5pm) or email your query to [england.leiclincsmedical@nhs.net](mailto:england.leiclincsmedical@nhs.net) (please use the subject line 'Burton Road Surgery Consultation').

### Background

Lincolnshire Community Health Services NHS Trust currently provides services at Burton Road Surgery. This contract has been extended and is now due to end on 30 June 2015. When a contract ends, NHS England is required to review services to determine who would like to provide them or if they are no longer required. This is the reason for the consultation and why NHS England in Lincolnshire is asking for your views on how these services can be delivered in the future.

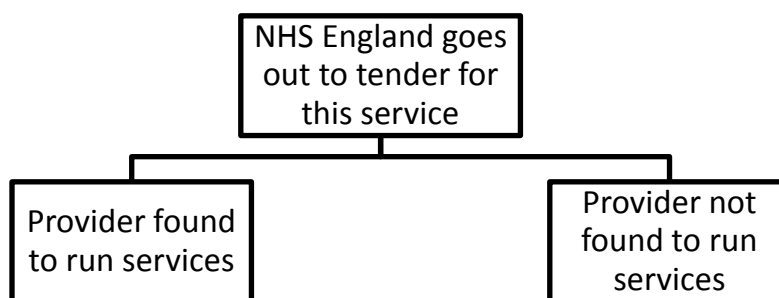
### Options being considered

The options being considered by NHS England in Lincolnshire for Burton Road Surgery are:

- (1) **To see who might be interested in the opportunity to provide a service to Burton Road Surgery patients:** this means that the service may remain the same; could be delivered from different premises, by different staff; or may not continue.
- (2) **To close the Surgery:** we would then help you as a registered patient to choose another practice in the area.

### How will each option affect me?

If I choose option 1: NHS England in Lincolnshire will see who might be interested in the opportunity to provide a service to Burton Road Surgery patients. Please see illustration overleaf for what this could mean for you.



<ul style="list-style-type: none"> <li>• You won't need to register at another GP practice</li> <li>• You will receive services from either the same premises or from different premises</li> <li>• You will receive services from either the same staff or from different staff</li> </ul>	<ul style="list-style-type: none"> <li>• NHS England in Lincolnshire will help you to find and register with another practice</li> </ul>
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If this option is your preferred choice, NHS England in Lincolnshire will commit to asking organisations if they are interested in providing services and will support them to do so. However, there is still a possibility that if no one comes forward, then services will not continue after 30 June 2015.

If I choose option 2: Closure of Burton Road Surgery

NHS England in Lincolnshire will help you to choose another practice in your area to register with.

There are a large number of other GP practices close to Burton Road Surgery: Eight other practices can be found within a mile of the Surgery.

We have checked the ability of these practices to register more patients; all are able to take on some patients and the majority are likely to have a choice of a number of practices.

What do I need to do now?

**We want to hear from you on the two options listed above.**

We appreciate a number of you completed a previous patient survey. This second survey asks for additional information on your preferred option. We are asking you to complete this even if you have already completed the previous one. Please answer all of the questions. Responses received will be treated in the strictest of confidence and will not be used to identify any individuals.

Once completed, the survey can be returned to us in the enclosed freepost envelope or alternatively you can choose to fill this in online by visiting [www.surveymonkey.com/s/burtonroadsurgeryconsultation2014](http://www.surveymonkey.com/s/burtonroadsurgeryconsultation2014)

**The closing date of the survey is 5pm on Wednesday 17 September 2014.**

No decision on the future of the Surgery will be taken until after we have carefully considered all responses.

Please continue to use Burton Road Surgery as normal. We would like to assure you that our priority remains to find the best possible solution is found for the provision of services for you as a registered patient of the Surgery.

#### Drop-in events

We are also holding three drop-in events to answer any questions or queries that you may have in relation to this process or around the patient survey. These will take place as follows at Burton Road Methodist Church, 175 Burton Road, Lincoln LN1 3LW.

#### Drop-in session 1

Date: Monday 11 August 2014                      Time: 9.30am to 11.30am

#### Drop-in session 2

Date: Wednesday 27 August 2014              Time: 5.30pm to 7.30pm

#### Drop-in session 3

Date: Tuesday 9 September 2014              Time: 1.30pm to 3.30pm

If you have any questions you can also contact a member of the NHS England primary care team on 0116 295 0860 (Monday to Friday 9am to 5pm) or email your query to [england.leiclincsmedical@nhs.net](mailto:england.leiclincsmedical@nhs.net) (please use the subject line 'Burton Road Surgery Consultation').

#### What happens next?

Once the consultation ends, we will fully consider the findings and plan to make a final decision on the future of the Surgery by the end of September 2014. All registered patients of the practice will receive notification of the final decision by letter in October.

A report detailing the feedback received throughout the consultation and how this has informed the final decision-making process will be made public.

**Burton Road Surgery Consultation - Registered Patient Survey**

**Q1) Having read the information provided on the two options, please indicate your preference for the future of Burton Road Surgery (please tick only one).**

<b>Option 1</b>	<b>To see who might be interested in the opportunity to provide a service to Burton Road Surgery patients:</b> this means that the service may remain the same; could be delivered from different premises, by different staff; or may not continue.	
<b>Option 2</b>	<b>To close the Surgery:</b> we would then help you as a registered patient to choose another practice in the area.	

**Please tell us below the reason for your preferred option in the box below:**

**Q2) If you chose Option 1, please tell us what concerns, if any, you may have. (Please tick all that apply).**

No major concerns	
Uncertainty about future location of premises	
Uncertainty about who will provide the services	
Uncertainty about the types of services to be provided	
Potential loss of relationships with current Burton Road Surgery staff	
Any other factors - please provide further details here:	

**Please also use the box to provide any further information about any concerns:**

**Q3) If you chose Option 2, please tell us what concerns, if any, you may have. (Please tick all that apply).**

No major concerns	
Longer distance to travel between home and the surgery	
Longer distance to travel between work and the surgery	
Difficulties travelling to the surgery eg public transport provision, parking (give further details in the box below)	
Potential loss of relationships with Burton Road Surgery staff	
Any other factors - please provide further details here:	

**Please also use the box to provide any further information about any concerns:**

**Q4) What would be the most important factor in influencing your choice? (Please tick one option).**

Distance from home	
Opening hours	
Easy travel to the surgery	
Continued relationship with staff	
Range of services offered	
Recommendation from NHS Choices or friend/relative	
Any other factors – please provide further details here:	

**Please also use the box to provide any further information about why this is important to you:**

**Q5) How far would you be prepared to travel to receive GP services? (Please tick one option).**

Less than ½ mile	
½ mile - 1 miles	
1 mile - 1 ½ miles	
1 ½ miles - 2 miles	
2+ miles	

**Q6) Which transport options do you use currently to travel to the surgery? (Please tick all that apply).**

Walk	
Car	
Bus	
Taxi	
Friend/relative	
Community transport	
Other (specify below)	

**Q7) Please use the box below to provide any further comments on these options:**

**Equality Monitoring Form (Optional)**  
**Strictly Confidential**

So that we can ensure that our survey is representative of our patients, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties. You do not have to answer all of these questions, but we would be very grateful if you would.

**Data Protection Statement**

All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols

What is your age?											
Under 16		16 - 25		26 - 35		36 - 45		46 - 55		56 - 65	
66 - 75		76 - 85		86 +		Prefer not to say					

Please tell us the first part of your postcode (eg LN1)		
Please enter here	Prefer not to say	

What sex are you?				
Female		Male		Prefer not to say

Transgender				
Is your gender identity different to the sex you were assumed to be at birth?				
Yes		No		Prefer not to say

What is your ethnic background?						
Asian, or Asian British		Black, or Black British	Mixed / multiple ethnic group			White
Chinese		African		Asian & White		British
Indian		Caribbean		Black African & White		Gypsy/Traveller
Pakistani				Black Caribbean & White		Irish
Other Asian background		Other Black background		Other Mixed / multiple ethnic background		Other White background
Prefer not to say		Other:	Please specify any other ethnic group here			

What is your sexual orientation?						
Bisexual (both sexes)		Lesbian (same sex)		Gay man (same sex)		Heterosexual/ Straight (opposite sex)
Other:	Please specify here				Prefer not to say	

Do you consider yourself to belong to any religion?				
Buddhism		Christianity		Hinduism
Islam		Judaism		Sikhism
No religion		Prefer not to say		Other : Please specify here

Do you consider yourself to be disabled?			
The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'			
Yes		No	Prefer not to say

If yes above, what type of disability do you have? (Tick all that apply)			
Learning disability/difficulty		Long-standing illness or health condition	Mental Health condition
Physical or mobility		Hearing	Visual
Prefer not to say		Other:	Please specify here

Do you provide care for someone?			
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.			
Yes		No	Prefer not to say

**Thank you for taking the time to complete this survey. Your views will shape the future delivery of services for Burton Road Surgery patients.**