

# Consultation questions

Thank you for taking the time to give your views on the proposed closure of Uppingham Surgery's Ketton Branch Surgery. This is a revised survey. We have made changes in line with public feedback during the consultation. Your views are important to us and we would like to encourage you to answer all of the questions after you have read and considered the information in the accompanying leaflet. All responses will be carefully considered alongside the previous survey responses and other feedback received during the consultation. The information received will help to make decisions.

The closing date for the survey is 11:59pm on Friday 1 June 2018.

Please return your completed survey to the Freepost address below (no stamp is needed).

Please ensure you write the address on one line using the appropriate capital letters as below:

Freepost NHS QUESTIONNAIRES RESPONSES

Alternatively, if more than one person in your household would like to complete the survey, or you wish to complete it online, you can access the survey at: [uppinghamsurgery.nhs.uk/ketton-branch-surgery-could-be-closing/](http://uppinghamsurgery.nhs.uk/ketton-branch-surgery-could-be-closing/). Paper copies are available on request from the practice.

If you need any further information or support to complete this survey or require this information in another format please contact Uppingham Surgery on 01572 823531 (Monday to Friday, 9am to 5pm).



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**1. Please tell us below if you have already taken part in the survey**

- Yes, this is a resubmission  
 No, this is the first survey I have completed

**2. What is the first half of your postcode? \_\_\_\_\_**

**3. What is the name of the town or village that you live in? \_\_\_\_\_**

**4. Are you:**

- |                                                  |                                                         |
|--------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> A patient               | <input type="checkbox"/> A friend of a patient          |
| <input type="checkbox"/> A carer of a patient    | <input type="checkbox"/> I am interested in the service |
| <input type="checkbox"/> A relative of a patient |                                                         |

**5. If you are a patient of Uppingham Surgery, where would you normally go to see a GP/nurse?**

- |                                    |                                    |                                         |
|------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Ketton    | <input type="checkbox"/> Barrowden | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Uppingham | <input type="checkbox"/> Gretton   |                                         |

**6. If you are responsible for taking a patient of Uppingham Surgery to see a GP/nurse, where do you normally go?**

Ketton  
 Uppingham

Barrowden  
 Gretton

Not applicable

**7. If you attend Ketton Branch Surgery how would you normally get there?**

Own car  
 Public transport  
 Walk

Driven by somebody else  
 Other, please specify: \_\_\_\_\_

**8. For the rest of the week, when Ketton Branch Surgery is closed (Mondays to Fridays) how do you access services from one of the other sites?**

Own car  
 Public transport  
 Walk

Driven by somebody else  
 Other, please specify: \_\_\_\_\_

**9. In the last 12 months how often have you visited Ketton Branch Surgery?**

Never  
 1-3 times

4-6 times  
 7-9 times

10+ times

**10. Uppingham Surgery considered a number of options for the future which are set out in the accompanying information. Analysis of the options suggests that the only viable option is to close Ketton Branch Surgery so that services can be centralised into Uppingham Surgery. This is the practice's preferred option. Do you support the proposed closure?**

Yes  
 No

**11. If you believe there are other option(s) that haven't already been considered by Uppingham Surgery, please give details here. (comment below)**

**12. Please use this section to tell us what concerns, if any, you have regarding the proposed closure of Ketton Branch Surgery. You can also use this space to provide details of any impact you believe the proposed closure may have on you. (comment below)**

## **Equalities monitoring**

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, 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.

### **13. What is your gender?**

Male       Female       Prefer not to say

### **14. Has your gender (sex) changed since birth?**

Yes       No       Prefer not to say

### **15. If female are you currently pregnant or have you given birth within the last 12 months?**

Yes       No       Prefer not to say

### **16. What is your age?**

Under 16     16-24     25-34     35-44     45-59     60-74     75+  
 Prefer not so say

### **17. What is your ethnic group?**

<input type="checkbox"/> Arab	<input type="checkbox"/> Mixed dual heritage
<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> White or White British
<input type="checkbox"/> Black or Black British	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Gypsy/Romany/Irish traveller	

### **18. What is your sexual orientation?**

Bisexual     Gay     Heterosexual/straight     Lesbian     Prefer not to say  
 Other, please specify: \_\_\_\_\_

### **19. Are you:**

<input type="checkbox"/> Divorced or dissolved civil partnership	<input type="checkbox"/> Single
<input type="checkbox"/> In a relationship but living apart	<input type="checkbox"/> Widowed
<input type="checkbox"/> Living with partner	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Married or civil partnership	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Married (but not living with husband/wife/civil partner)	
<input type="checkbox"/> Separated (but still married or in a civil partnership)	

**20. Do you consider yourself to have a disability or suffer from poor health?**

- Yes, I have a disability
- Yes, I am in poor health
- Neither
- Prefer not to say

**21. If you selected yes, please tell us which condition:**

- |                                                              |                                                          |
|--------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Learning disability/difficulty      | <input type="checkbox"/> Physical                        |
| <input type="checkbox"/> Long standing illness or disease    | <input type="checkbox"/> Speech impediment or impairment |
| <input type="checkbox"/> Mental health condition or disorder | <input type="checkbox"/> Other, please specify: _____    |
| <input type="checkbox"/> Partial or total loss of hearing    | <input type="checkbox"/> Prefer not to say               |
| <input type="checkbox"/> Partial or total loss of vision     |                                                          |

**22. Do you look after, or give any help or support to family members, friends, neighbours?**

- No
- Yes, someone/people with long-term physical or mental ill-health/disability
- Yes, someone/people with problems related to old age
- Yes, someone/people with: (please specify) \_\_\_\_\_
- Prefer not to say

**23. What is your religion or belief?**

- |                                    |                                                       |
|------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Sikh                         |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion                  |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Prefer not to say            |
| <input type="checkbox"/> Muslim    |                                                       |

**Data Protection Statement**

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

**Thank you for taking the time to complete this survey**