

## **Andover Medical Centre – Proposed Relocation Patient Survey**

### **Overview**

NHS North Central London Integrated Care Board is responsible for services in Barnet, Camden, Enfield, Haringey & Islington.

We are writing to you, as a patient registered with Andover Medical Centre, regarding a proposal to relocate the practice to 7 Newington Borough Barrow Way N7 7EP. The scheme to relocate the practice to this site was approved by NHS North Central London ICB, Primary Care Committee in 2022, but there were no immediate plans or changes to the practice at that time.

This does not mean that your GP practice will close or that you will need to find a new doctor – your GP practice services will continue uninterrupted. The proposed location at 7 Newington Borough Barrow Way N7 7EP is 0.1 miles (approximately a two-minute walk) from the current building.

You can share your views on the proposal by completing the following short survey. What we hear from registered patients and local stakeholders such as MPs, local councillors and Healthwatch will inform a decision by NHS North Central London Integrated Care Board in due course.

If you would like some help to fill out this survey for any reason, please speak to your GP practice reception team. Alternatively, paper versions of this survey are also available in your practice.

Thank you in advance for taking the time to complete the survey.

## Your views

1. Please tick the main option which applies to you, I am:

*Please only confirm one option*

- A patient at Andover Medical Centre
- A carer of a patient who is registered at Andover Medical Centre
- Other

2. What is your postcode? This will help us to understand how far you live from the practice.

*Please complete below.*

3. How often do you come to the Andover Medical Centre now?

*Please select only one item*

- More than once a month
- Every month
- Every six months
- Once a year
- Less than once a year
- Never

4. How do you travel to Andover Medical Centre now?

- Walk
- By car
- Public Transport
- Bike
- Other - please provide details below:

5. How long does it currently take for you to travel from your home to Andover Medical Centre?

*Please select only one item*

- Up to 10 minutes
- Up to 20 minutes
- Unto 30 minutes
- More than 30 minutes

6. How easy is your travel journey to Andover Medical Centre?

*Please select only one item*

- Very easy
- Fairly easy
- Fairly difficult
- Very difficult

7. How would the potential relocation of the practice to 7 Newington Borough Barrow Way

London, N7 7EP impact you?

*Please select one option from those provided below which applies most to you.*

- It would have no impact; I would continue to access services from 7 Newington Borough Barrow Way N7 7EP
- It would make it harder for me to travel to appointments.
- I would register with another practice
- Unsure at this time
- Other (Please state here)

8. In the event your surgery does relocate, how would you travel to 7 Newington Borough Barrow Way N7 7EP?

*Please select only one item*

- Walk
- By car
- Public Transport
- Bike
- Other

9. How long will it take for you to travel from your home to 7 Newington Borough Barrow Way N7 7EP?

*Please select only one item*

- Up to 10 minutes
- Up to 20 minutes
- Unto 30 minutes
- More than 30 minutes

## Making an appointment

10. Generally, how easy is it to get through to someone at your current GP practice on the phone?

*Please select only one item*

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Haven't tried

11. Generally, can you receive an appointment within two weeks?

*Please select only one item*

- Always
- Almost always
- Sometimes
- Rarely
- Never

12. For urgent needs, can you receive an appointment on the same or next day?

*Please select only one item*

- Always
- Almost always
- Sometimes
- Rarely
- Never

13. How satisfied are you with the general practice appointment times that are available to you?

*Please select only one item*

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- I'm not sure when I get an appointment

14. How easy is it to get a face-to-face appointment at your practice when you need

one?

*Please select only one item*

- Very easy
- Fairly Easy
- Not very easy
- Not at all easy
- Haven't tried

15. Do you have any other comments you would like us to consider?

16. How helpful do you find the receptionists at your GP practice?

*Please select only one item*

Please select only one item.

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Don't know

17. How satisfied are you with the general practice opening times.

*Please select only one item*

Please select only one item.

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

### **Your last appointment**

**18. When you last had an appointment at your GP practice, what type of appointment did you get? I got an appointment...**

- To speak to someone on the phone
- To see someone at my GP practice
- To see someone at another general practice location
- To speak to someone online (for example on a video call)
- For a home visit

**19. In the future which type of appointment would you prefer?**

Please select only one item

- To speak to someone on the phone
- To see someone at my GP practice
- To see someone at another general practice location to speak to someone online (for example on a video call)
- For a home visit
- Depends on what it is for

**20. When you last had a general practice appointment, were you satisfied with the appointment (or appointments) you were offered?**

Please select only one item.

- Yes, and I accepted an appointment
- No, but I still took an appointment
- No, and I did not take an appointment (**Go to question 21 and 22**)
- I was not offered an appointment (**Go to question 21 and 22**)

**21. If you did not get an appointment, why was that?**

Please select all the items that apply.

- There weren't any appointments available for the time of day I wanted
- The appointment was at too short notice
- The appointment wasn't soon enough
- I couldn't book ahead at my GP practice
- There weren't any appointments at the place I wanted
- The appointment was too far away / too difficult to get to
- I couldn't see my preferred GP
- There weren't any appointments with the healthcare professional I wanted
- The type of appointment I wanted was not available
- There were only remote appointments available, not face-to-face
- I was not offered an appointment
- My practice helped in another way
- Another reason

**22. What did you do when you did not get an appointment?**

Please select all the items that apply.

- Got an appointment for a different day
- Called an NHS helpline, such as NHS 111
- Used an online NHS service (including NHS 111 online)
- Used a non-NHS online service, or looked online for information
- Went to A&E
- Spoke to a pharmacist
- Contacted or used another NHS service
- Contacted or used another non-NHS service
- Decided to contact my practice another time
- Spoke to a friend or family member

- My practice helped in another way
- Didn't see or speak to anyone

**23. When you last had a general practice appointment, how satisfied were you with the length of time you waited for the appointment to take place?**

Please select only one item.

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

**24. Who was your last general practice appointment with?**

Please select only one item.

- A GP
- A nurse
- A general practice pharmacist
- A mental health professional
- Another healthcare professional
- Don't know / not sure who I saw





**26. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?**

Please select only one item.

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know / can't say

**Your health**

**27. Do you feel that you have enough support and information to help you manage common ailments yourself, without needing to visit or get advice from your GP?**

Examples of common ailments include coughs and colds, mild skin conditions, vomiting and diarrhoea.

Please select only one item.

- Yes
- No
- Don't know

**28. Which, if any, of the following long-term conditions do you have? (For any of these responses go to question 24)**

Please select all the item that apply.

- Alzheimer's disease or other cause of dementia
- Arthritis or ongoing problem with back or joints
- Autism or autism spectrum condition
- Blindness or partial sight
- A breathing condition such as asthma or COPD
- Cancer (diagnosis or treatment in the last 5 years)
- Deafness or hearing loss
- Diabetes
- A heart condition, such as angina or atrial fibrillation
- High blood pressure
- Kidney or liver disease
- A learning disability
- A mental health condition
- A neurological condition, such as epilepsy
- A stroke (which affects your day-to-day life)
- Another long-term condition or disability
- I do not have any long-term conditions (**Go to question 29**)

**29. Do you feel you have enough support and information from local services or organisations to help you manage your long-term condition (or conditions), or that of the person you care for?** Please think about all services and organisations, not just health services.

Please select only one item.

- Yes, definitely
- Yes, to some extent

- No
- I haven't needed support
- Don't know / can't say

If No, what additional support would you need.

### Support for patients with disabilities or language needs

We want to make sure that all patients receive appropriate access to services. This means that some patients may need extra support when they book appointments, attend their GP practice or receive home visits.

**30. Do you consider yourself or someone you care for to have a disability?**

- Yes (Go to question 32)
- No

**31. If you or someone you care for has a disability, what aspects of your GP practice do you find helpful and what could be improved?**

Free text

**32. Do you or someone you care for have difficulty speaking, reading or understanding English?**

- Yes
- No

**33. Do you or someone you care for usually need an interpreter when speaking with the doctor, nurse or other practice staff?**

- Yes
- No

**34. If you or someone you care for have difficulty speaking, reading or understanding English, what facilities at your practice do you find helpful and what could be improved?**

Free text

### Evening and weekend GP appointments

Evening and weekend GP appointments are available seven days a week at GP hubs across Barnet, Camden, Enfield, Haringey and Islington. Staffed by experienced GPs and nurses the hubs offer routine and same-day appointments where adults and children can be assessed and treated for minor injuries and illnesses.

**35. Were you aware of evening and weekend GP appointments?**

Please select only one item.

- Yes
- No

**36. If yes, where did you hear about them?**

Please select all the items that apply.

- My GP
- NHS 111
- Family and friends
- Other

If other, please specify.

**37. Have you had an evening and/or weekend GP appointment?**

Please select only one item.

- Yes
- No

**38. Were you satisfied with the appointment (or appointments) you were offered?**

Please select only one item.

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

**39. Why did you book an evening or weekend GP appointment?**

Please select all the items that apply.

- There weren't any appointments available at my GP practice
- The appointment available at my GP practice was at too short notice
- The appointment available at my GP practice was not soon enough
- I couldn't book ahead at my GP practice
- I couldn't see my preferred GP
- There weren't any appointments with the healthcare professional I wanted
- The type of appointment I wanted was not available
- There were only remote appointments available, not face-to-face
- Another reason

**Specific services**

**40. Do you feel you have enough information about the following NHS services?**

	Yes	No	Don't know
GP Hubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Treatment Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient online services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Making a complaint**

**41. If you have made a complaint in the last 12 months, were you happy with how the practice resolved it for you?**

Please select only one item.

- Yes
- No
- To some extent
- Not resolved yet
- Not applicable (I haven't made a complaint)

### **Communicating and engaging with your GP practice**

**42. How easy is it to use your GP practice's website to look for information or access services?**

Please select only one item.

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Haven't tried

**43. Has your GP practice proactively sent you information by text message or letter?**

Please select only one item.

- Yes
- No
- Not sure

**44. Are you aware of your GP practice's Patient Participation Group (PPG)? A PPG is a group of patients, carers and practice staff who meet to discuss practice issues and patient experience to help improve the service.**

Please select only one item.

- Yes
- No

**45. What would make it easier for you to engage with your GP practice's PPG?**

**46. Do you receive the following from your GP practice?**

- A newsletter

Please select only one item.

- Yes
- No

- Minutes from meetings of the Patient Participation Group

Please select only one item.

- Yes
- No

47. Have you been offered the opportunity to engage or feedback on your GP practice in any other way?

### Overall experience

48. Overall, how would you describe your experience of your GP practice?

Please select only one item.

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

49. Is there anything else you would like to tell us about your GP practice?

### Some questions about you

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential, and they will not be linked to your medical records.

50. Which of the following best describes you?

*Please select only one item.*

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

Prefer to self-describe

51. Is your gender identity the same as the sex you were registered at birth?

*Please select only one item.*

- Yes
- No
- Prefer not to say

52. What is your ethnic group?

*Please select only one item.*

- White: Welsh/English/Scottish/Northern Irish/British
- White: Irish

- White: Gypsy or Irish 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/Asian British: Indian
- Asian/Asian British: Pakistani
- Asian/Asian British: Bangladeshi
- Asian/Asian British: Any other Asian background
- Black or Black British: Black - Caribbean
- Black or Black British: Black - African
- Black or Black British: Any other Black background
- Other ethnic background: Chinese
- Other ethnic background: Any other ethnic group
- Prefer not to say

53. Do you consider yourself to have a disability?

*Please select only one item.*

- Yes
- No
- Prefer not to say

54. If you have said yes to the above, what type of disability do you have

*Tick all those that apply*

- Learning disability
- Long-standing illness or health condition
- Mental Health condition
- Physical Mobility
- Hearing
- Visual
- Prefer not to say
- Other

If you have said other, please provide more information:

55. Do you get information from the doctors in a way you can understand? For example, easy read, braille, audio?

*Please select only one item.*

- Always
- Most of the time
- Sometimes
- Not very often
- Never
- Prefer not to say

56. Do you consider yourself to have a long-term condition?

- I do not have a long-term condition.
- Prefer not to say.
- Yes, I do have a long-term condition

If you said yes, please let us know which long-term condition you have below:

57. How old are you?

*Please select only one item.*

- Under 16
- 16 to 17
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or over

58. Which of these best describes what you are doing at present? If more than one of these applies to you, please select the main one only.

*Please select only one item.*

- In full-time paid work (30 hours or more each week)
- In part-time paid work (under 30 hours each week)
- In full-time education at school, college or university
- Unemployed
- Permanently sick or disabled
- Fully retired from work
- Looking after the family or home
- Doing something else

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

others because of either:

- long-term physical or mental ill health / disability
- problems related to old age?

**Don't count anything you do as part of your paid employment.**

*Please select only one item.*

- No
- Yes, 1 to 9 hours a week
- Yes, 10 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 or more hours a week

60. Are you a parent of or a legal guardian for any children aged under 16 living in your home?

*Please select only one item.*

- Yes
- No

61. Are you a deaf person who uses sign language?

*Please select only one item.*

- Yes
- No

62. Which of the following best describes how you think of yourself?

*Please select only one item.*

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other
- I would prefer not to say

63. Which, if any, of the following best describes your religion?

*Please select only one item.*

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I would prefer not to say

**Thank you for completing this survey. Your feedback will help us make the best decisions for our patients.**