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**ACCESS TO GP SERVICES OVER THE COURSE OF THE PANDEMIC**

**As we know, there was a requirement to put social distancing in place in order to reduce the spread of COVID-19, and GP surgeries across the country were urged to undertake consultations with those exhibiting symptoms of COVID-19 remotely.**

**With this in mind, we are looking to gain insight into your experience and get your views on the impact of accessing health and social care services remotely. That includes digitally or by telephone, focusing on access to GP services.**

**We will share your anonymous feedback with providers and commissioners such as the local CCG, and with Hammersmith and Fulham Council, This will help them to ensure that the services respond to what people need locally.**

**If you would like any assistance in completing the survey or would like it in another format, please contact us at** [**info@healthwatchhf.co.uk.**](mailto:info@healthwatchhf.co.uk) **or call us on 0203 886 0386.**

**All responses are anonymous. Thank you for your contribution. The closing date for this survey is Monday 12th October, 2020.**

1. Have you had communication with your GP practice since the beginning of lockdown?

YES

NO – please go to Q. 17

2. Why did you contact your GP surgery?

For yourself

For another adult

For a child

3. What was the reason for contacting your GP practice during lockdown? Please mark all that apply.

Appointment booking

Did not feel well (not related to Covid)

Worried about symptoms

To access any regular services

Self help advice

Repeat or emergency prescription

Blood Test

Sick note/Test results/doctor's letter

Cervical Smear Test

Vaccination

Video consultation

Cancel an appointment

Other (please specify)

4. How did you contact your GP Practice during lockdown ? Please mark all that apply

In person

Telephone call

Online

Email

Other (please specify)

5. How did the GP practice contact you during lockdown as a follow up to your initial contact ? Please mark all that apply.

Telephone call

Text message

Letter by post

Email

Other (please specify)

6. What was the outcome of your contact with the GP practice ? Please mark all that apply

Appointment with GP, Nurse or other healthcare professional e.g. Linkworker

Home Visit

Video Appointment

Telephone Appointment

Referred to a specialist health service

Signposted to other services e.g. food bank, counselling, Age UK or other voluntary & community service.

Prescription ordered or collected

Referred to Social Services/Local Authority

Referral to A&E, Urgent Treatment Centre.

7. How satisfied were you with the outcome of your contact with the GP practice? Please mark on the scale below.

0 50 100

8. Do you have access to any of the following at home? Please mark all that apply .

Desktop Computer / Laptop

Tablet

Smartphone

Internet at home (e.g. broadband/wifi)

Simple mobile phone

Landline telephone

None of the above

Other (please specify)

9. Do you feel confident accessing the services at your GP practice by the following methods? Please mark all that apply.

Telephone call

Text message

Email

Video appointment

Telephone appointment

Booking appointment online

Ordering a repeat prescription online

Online for advice and information

Any other online service

Letter by post

Other (please specify)

10. How comfortable do you feel using technology to access and receive GP services and healthcare? Please mark on the line below.

0 50 100

11. How comfortable do you feel using the telephone to access and receive GP services and healthcare? Please mark on the line below.



0 50 100

12. Do you feel that the priority being given to online consultations makes it difficult to access your GP ?

YES

NO

Please explain.

13. Please share any additional ways that would help you feel more confident or comfortable to access your GP services.

14. Going forward, do you think that you would seek more or less communication with your GP practice using technology, i.e. by telephone or online?

More communication

Less Communication

The same

Please explain why.

15. Were any necessary adjustments made to enable you to access your GP practice in order to meet your needs. Please mark all that apply.

Captions/speech to text reporter on video call

Interpreter or translator (including BSL)

Information in other languages

Braille

Advocate, including carer, patient rep & voluntary organisation

Accessible information including easy read, large print

Notetaker

Telephone dial in with speech to text reporter

Text relay/Relay UK

Longer appointment time

None

Please Explain

16. What further reasonable adjustments could be made to meet your needs in the future?

1. What is your age?

0-10

11-20

21-30

31-40

41-50

51-60

61-70

71-80

81-90

91-99

100+

1. Do you consider yourself to have a long term condition or disability?

YES

NO

Prefer not to say

1. Are you a carer for someone with a long term illness or disability?

YES

NO

1. What is your sexual orientation?

Asexual

Bisexual

Gay

Heterosexual/Straight

Lesbian

Pansexual

Other

I’d prefer not to say

21. What is your Gender?

Woman

Man

Non-binary

Other

I’d prefer not to say

22. What is your ethnicity?

Asian British

Bangladeshi

Chinese

Indian

Pakistani

Vietnamese

Any other Asian background

Black

Black African Black British

Black Caribbean

Mixed

Mixed Asian & White

Mixed Black & White

Any other mixed/multiple ethnic backgrounds

White British

Gypsy or Irish Traveller Irish

Any other White background

Arab

Prefer not to say

Other (please specify)

23. What is your postcode ?