

Proposed Closure of Evington Branch Surgery Public Consultation Questionnaire

St Elizabeth Medical Centre are consulting with our patients and stakeholders on proposals to permanently close our surgery at Evington.

The purpose of the Public Consultation is to understand and consider the views of our patients and stakeholders on the proposal and understand more fully what the impacts of the change may be. We welcome all your views.

Why we are making this proposal.

For some time now, we have tried to sustain health care services at Evington to ensure that we are providing high-quality, safe healthcare service for our patients.

In recent times this has become increasingly difficult, as the Evington Branch Surgery building is no longer suitable to provide a high standard of safe care from. It is a small site with no option to expand and in need of a major refurbishment. In addition, having our healthcare teams spread across two sites (Netherhall Road and Evington Branch Surgery) means that our doctors, nurses and other staff are spread too thinly. This reduces the efficiency and effectiveness of the service that we provide to patients.

We have also received notification that the owner wishes to sell the building which houses the Evington Branch Surgery. As you may know the building is owned by Dr Wood who retired last year. This means that in the long-term access to the building will be discontinued.

Our proposal for providing quality health services in the future.

We propose centralising services onto a single site at St Elizabeth Medical Centre on Netherhall Road. This is our main surgery and many patients registered at Evington Branch Surgery are already using services on this site.

The proposal would offer patients a more flexible, efficient GP service with better access for all our patients. It would increase the number of GP, Nurse, and Health Care Assistant appointments, as the time wasted on travelling between sites would be dedicated to providing care to patients. Appointments would increase by 98 every week including 63 GP appointments, 15 Practice Nurse appointments and 20 Health Care Assistant.

Under this proposal all patients would remain registered with the Evington Branch Surgery and would access services at St Elizabeth Medical Centre.

Additional information about the proposal is also available on the practice website – <https://www.stelizabethsmedicalcentre.co.uk>. If you need this information in another format or language, or if you would like help completing the Consultation Questionnaire, please call 0116 241 6382.

Data Protection Statement

Any information you provide to St Elizabeth Medical Centre will be handled in accordance with GDPR and the Data Protection Act 2018.

The survey asks respondents to provide their full postcode and demographic profiling data (age, gender, ethnicity, etc.). This information is used to ensure the responses are representative of the demographics of the practice population. You do not have to provide this information to take part in the questionnaire, but it really helps the practice to ensure that any decisions made meet the needs of a diverse community.

No person identifiable data collected will be shared with any organisations outside of St Elizabeth Medical Centre. Any reports published using the insights from the survey will not contain any personal identifiable information and only show feedback in an anonymous format. These anonymised results may be shared publicly, for example on the practice websites or printed and distributed. Your involvement is voluntary, and you are free to stop completing the questionnaire at any time. Only submitted responses will be included in the analysis. You can also refuse to answer questions in this questionnaire, should you wish. All information collected will be kept in line with the Records Management Code of Practice for Health and Social Care 2020.

Your views are important.

Please take a few minutes to complete this Questionnaire to give your views about the proposal.

1. Please tick to confirm you have read and agree with the data protection act statement on the previous page. (Please note that we cannot use any surveys that don't have this box ticked)

2. Please tick one of the boxes below that apply to you: *I am...*

- A patient
- A carer/relative/friend responding on behalf of a patient
- Prefer not to say
- Other, please state

3. Which surgery do you normally go to for your appointments?

- Netherhall Road
- Evington
- Not applicable

4. Prior to Evington branch surgery temporary closing how often in the preceding 12 months did you visit for an appointment or service?

- Never
- 1-3 times
- 4-6 times
- 7-9 times
- 10+
- Not applicable

5. To what extent do you agree or disagree with the proposal to permanently close the Evington Branch Surgery and bring services together at St Elizabeth Medical Centre?

Please tick one box only.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

6. Please tell us why you chose that answer?

7. Thinking about the proposed closure of Evington Branch Surgery, what impact do you consider this will have on you or your family?

- Little of no impact
- Positive
- Negative
- Not sure
- Prefer not to say

8. If you have concerns about the proposed closure of Evington Branch Surgery, please tell us how they could be overcome?

9. How would you normally get to Evington Branch Surgery?

- Car
- Walk
- Bus
- Lift with someone else
- Mobility scooter
- Not applicable
- Other, please state

10. In the event of Evington Branch Surgery closing how would you access the St Elizabeth Medical Centre services?

- by car
- by public transport
- by other means
- Register at a different GP Practice
- Other, please state

11. Please use the space below to share any other comments on the proposal to close Evington Branch Surgery and centralise services onto one site at St Elizabeth medical Centre.

12. How did you become aware of this patient consultation?

- Letter from the practice
- Information in one of the Taff Vale Medical Practice surgeries
- A friend or family member told me
- A voluntary/community organisation informed me
- Newspaper
- Social media (Facebook/Twitter)
- Public consultation event
- NHS or Council website
- Other, please specify

Equality monitoring questions

Please complete as many of the following questions as you feel comfortable with, as this will help us understand who is taking part in the public consultation. The information you provide will be kept in accordance with the terms of the Data Protection Acts 1998 and 2000 and will be used for monitoring purposes and questionnaire analysis.

Your answers help us to ensure that everyone receiving services has the opportunity to get involved in shaping their care. They also help us make services better. For example, if we find that a certain group of people have had a worse experience, we can work with them to make improvements.

These questions are optional, but the information provided will be anonymous and play an important role in improving care.

If you are completing this survey on behalf of someone else, please complete the equality monitoring form about them.

12. What is your sex?

Please tick one box only.

- Male
- Female
- Intersex
- Prefer not to say

13. Do you identify as the gender you were assigned at birth?

Please tick one box only.

- Yes
- No (please tell us your gender identity:_____)
- Prefer not to say

14. What is your age?

Please tick one box only.

- 16 – 19 years
- 20 – 24 years
- 25 – 34 years
- 35 – 49 years
- 50 – 64 years
- 65 – 74 years
- 75 – 84 years
- 85+ years
- Prefer not to say

15. What is your religion or belief?

Please tick one box only.

- No religion
- Bahá'í
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other (please tell us: _____)

16. What is your ethnicity?

Please tick one box only.

Asian or Asian British:

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background (please tell us: _____)

Black or Black British:

- African background (please tell us: _____)
- Caribbean
- Any other Black background (please tell us: _____)

Mixed:

- Asian and White
- Black African and White
- Black Caribbean and White

Any other Mixed or multiple background (please tell us: _____)

White:

British, English, Northern Irish, Scottish, Welsh

Irish or Gypsy/Irish Traveller

Roma

Any other White background (please tell us: _____)

Other:

Arab

Polish

Somali

Any other ethnicity (please tell us: _____)

Prefer not to say

17. Are you pregnant or have you given birth in the last 26 weeks?

Please tick one box only. (The Equality Act 2010 protects women who are pregnant or have given birth within a 26-week period)

Yes

No

Prefer not to say

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

Please tick all the boxes that apply.

The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12-month period or longer) or substantial adverse effects on their ability to carry out day to day activities.

Yes, I have a disability

Yes, I am in poor health

No (go to Q22)

Prefer not to say

19. If you selected 'yes', which condition(s) do you have?

Please tick all the boxes that apply.

- Physical
- Partial or total loss of vision
- Learning disability/difficulty
- Partial or total loss of hearing
- Mental health condition
- Speech impediment or impairment
- Long standing illness or condition
- Other medical condition or impairment (please tell us: _____)
- Prefer not to say

20. Do you provide care for someone?

Please tick all the boxes that apply.

- Yes - Care for young persons(s) aged 24 years or younger
- Yes - Care for adults(s) aged 25 to 49 years
- Yes – Care for older person(s) aged 50 or over
- No
- Prefer not to say

21. What is your relationship status?

Please tick one box only.

- Single
- Married/civil partnership
- Separated or divorced
- Partnered/living with a partner
- Widowed/surviving civil partner
- Prefer not to say

22. What is your sexual orientation (preference)?

Please tick one box only.

- Bisexual (relationship with any gender/s)
- Gay or lesbian (same sex relationship)
- Heterosexual/straight (male to female relationship)
- Other (please tell us: _____)
- Prefer not to say

23. Which of the following applies to you?

Please tick all the boxes that apply.

- I am serving personnel in the Armed Services
- I have previously served in the Armed Services
- I am a family member of someone serving in the Armed Services
- I am a reserve in the Armed Services
- I am a civilian or have another role in the Armed Services
- None of the above
- Prefer not to say

24. What is your full postcode?

Thank you for taking the time to complete this Questionnaire. Please submit or return your Questionnaire to any of the practice before 21st August 2024. Alternatively, you are welcome to share your views through St Elizabeth Medical Centre

0116 241 6392 or Email: stelizabethsmc1.noreply@nhs.net

What happens when the public consultation ends?

All the information you share will be analysed and evaluated and a Report of Findings produced. We will use the information to put together a business case, which will be considered by the NHS Leicester, Leicestershire and Rutland Integrated Care Board (the organisation than plans and pays for health services) and a final decision made.