

Weymouth & Portland Patient Questionnaire

Understanding your experiences of GP services since the start of COVID-19

Your Views

- We appreciate you taking the time to complete this survey.
- Your responses will help us understand the needs of our patients and will inform and build better services for the future.
- Once you've finished the survey please return it free of charge in the envelope provided
- Or, complete it online at [insert web address]
- The closing date for this survey is Friday 18th December 2020

- Any questions please contact NHS Dorset Clinical Commissioning Group at communications@dorsetccg.nhs.uk or call 07980 751520
- Darmax Research is collecting, processing and reporting on the responses to this survey on behalf of your local NHS.
- The information you share will be kept safe and treated in confidence and it won't be kept longer than necessary. The survey is completely anonymous, and we will share this data with NHS, local authority and voluntary sector partners.
- You do not have to answer all the questions and you can change your mind at any point before sending your responses. Once you have sent us your response, we will not be able to remove it from the study because we won't be able to identify you.
- Any concerns about the study should be directed to Darmax Research at support@darmaxresearch.co.uk or call 01202 690688.

Accessing GP Services

1. Please tell us which practice you are registered with.

- | | |
|---|--|
| <input type="checkbox"/> Bridges/Littlemoor | <input type="checkbox"/> Cross Road |
| <input type="checkbox"/> Dorchester Road | <input type="checkbox"/> Royal Crescent/Preston Road |
| <input type="checkbox"/> Royal Manor, Portland | <input type="checkbox"/> Wyke, Lanehouse or Chickerell |
| <input type="checkbox"/> Other (please specify below) | |

2. Prior to the pandemic, how would you normally have contacted your GP for appointments/ access to other GP services? (Tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Phone call | <input type="checkbox"/> Emailed the practice |
| <input type="checkbox"/> Completed an eConsult form through the practice website | <input type="checkbox"/> Visited the practice to book an appointment |
| <input type="checkbox"/> Other (please specify below) | |

3. How do you contact your practice now? (Tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Phone call | <input type="checkbox"/> Emailed the practice |
| <input type="checkbox"/> Completed an eConsult form through the practice website | <input type="checkbox"/> I have not needed to contact the practice |
| <input type="checkbox"/> Other (please specify below) | |

4. How confident are you talking on the phone to a doctor/health professional about your medical condition? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I am confident talking on the telephone and describing my problem to the doctor/health professional | <input type="checkbox"/> I am less confident talking on the phone and would need more time to describe my problem to the doctor/health professional |
| <input type="checkbox"/> I have a hearing impairment or medical condition that means I am unable to have a consultation over the telephone | <input type="checkbox"/> My situation at home means I am unable to speak over the telephone about my medical condition |
| <input type="checkbox"/> Other (please specify below) | |

5. How would you like to be updated about your GP or local health services? (please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Local newspaper | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Post | <input type="checkbox"/> Text message |
| <input type="checkbox"/> Email | <input type="checkbox"/> GP/local NHS websites |
| <input type="checkbox"/> Social media | |

Websites and apps (programmes on your computer or smartphone that allow you to view and perform specific tasks, for example the NHS app) are used by people to help manage their health and communicate with the NHS.

6. How likely are you to use digital technology to access your GP surgery or to help with your medical condition(s)?

- | | |
|--|--|
| <input type="checkbox"/> I have used websites and/or apps before to contact my GP or help with my medical condition(s) and am confident using them again | <input type="checkbox"/> I have used websites and/or apps before to contact my GP or help with my medical condition(s) but am not confident using them and would benefit with help to use them |
| <input type="checkbox"/> I did not know about medical support websites and/or apps and would be interested in receiving details about them | <input type="checkbox"/> I would like to use websites and/or apps to manage my health but do not have access to the right technology |
| <input type="checkbox"/> I would not consider using any of the above | |

7. If you have ever used websites or mobile apps to engage with your practice or manage your health condition, where did you find them? (please tick all that apply)

Recommendation from practice staff, consultant or practice website

Search via an online search engine

Recommendation from friends, family, voluntary or support group

From social media, national news coverage or national NHS website/campaign

Other (please specify below)

Access to Technology

8. What, if any, access do you have to telephones? (Please tick all that apply)

I have access to a landline telephone

I have access to a mobile phone, I rarely/ never run out of phone credit or allowances to make calls or access the internet

I have access to a mobile phone, I often run out of credit/allowances on my phone but can refresh or top up credit in a short period of time

I have access to a mobile phone, I am not able to top up allowances/credit regularly

I do not have access to a mobile phone

Other (please specify below)

9. What, if any, access do you have to the internet? (Please tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I do not access the internet (Go to Q10) | <input type="checkbox"/> I access the internet from my home broadband connection (Go to Q11) |
| <input type="checkbox"/> I access the internet through my mobile phone (Go to Q11) | <input type="checkbox"/> I access the internet through WiFi available to the public/hotspots, or through friends, family, library or internet cafes (Go to Q11) |

10. If you do not use the internet, please indicate the reason(s) below. (Please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I am not interested in accessing the internet | <input type="checkbox"/> I do not have the right equipment |
| <input type="checkbox"/> I do not have the skills/confidence to navigate the web | <input type="checkbox"/> It costs too much |
| <input type="checkbox"/> I don't have the time | <input type="checkbox"/> I am worried about security |
| <input type="checkbox"/> I have a disability that makes it difficult to connect to the internet | <input type="checkbox"/> Other (please specify below) |

11. To help us understand your experience of using the internet, please indicate what activities you normally do. (Please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Managing my health (including booking appointments, ordering prescriptions, viewing test results, getting help & advice to manage my medical conditions) | <input type="checkbox"/> Staying connected with friends & family or for hobbies or exercise |
| <input type="checkbox"/> Shopping (including food shopping) | <input type="checkbox"/> Internet banking |
| <input type="checkbox"/> Using social media platforms (including Facebook, Twitter, Instagram) | <input type="checkbox"/> Job searching, training or professional studies (including studying towards qualifications) |
| <input type="checkbox"/> Managing or applying for benefits | <input type="checkbox"/> School work |
| <input type="checkbox"/> Other (please specify below) | |

12. Do you own or have access to the following technology? (Please tick all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Laptop/desktop computer at home without a webcam or microphone | <input type="checkbox"/> Laptop/desktop computer at home with a webcam and microphone |
| <input type="checkbox"/> Mobile phone with built-in camera | <input type="checkbox"/> Smartphone (Mobile phone with access to the internet) |
| <input type="checkbox"/> Tablet/iPad | <input type="checkbox"/> I can get access to one or more of the above through friends, family or at libraries/internet cafes |
| <input type="checkbox"/> I do not have a device that connects me to the internet but would be interested in receiving information on getting one | <input type="checkbox"/> I do not wish to have access to the internet |

13. Do you have an email address?

- | | |
|---|--|
| <input type="checkbox"/> I do not use an email address | <input type="checkbox"/> Yes, I have an email address which I access regularly |
| <input type="checkbox"/> Yes, I have an email address which I access rarely | |

14. If you have any other comments about your experiences of accessing healthcare and using technology to communicate with your GP practice, please leave them below.

About You

We really want to understand who is taking part in this survey and where surveys are responded from to ensure that we have a range of views from a wide range of people. These questions are optional.

15. Please indicate your age range.

- 16 - 24 25 - 34 35 - 44 45 - 54 55 - 64
- 65 - 74 75 or above

16. Do you have any disabilities or difficulties?

- Yes No

If yes, please provide details below:

17. With what gender do you identify?

18. What do you consider to be your sexuality?

19. What do you consider to be your ethnic background?

20. What is your religion or belief?

21. Please indicate whether you are a member of your Practice's Patient Participation Group (PPG).

- Yes No No, but I would be interested in having more information on joining the PPG

If you would like more information about your Patient Participation Group (PPG) please contact: communications@dorsetccg.nhs.uk or call 07980 751520

What's Next

Once we've collected your views we'll use them, along with other data to compile a report. We will use this information to help build better primary care services in Weymouth, Portland and across Dorset. Thank you for participating.