



## GP Surgeries and Residential Care Homes Engagement Survey 2013

There are 50 care homes in Leeds West. 15 of these are nursing homes providing 24hour nursing care. The remaining 35 are residential homes without in-house nursing support.

Older people in residential care homes are a vulnerable population and often have a number of health issues. If not managed well, these health issues can cause discomfort, pain and result in admission to hospital. In the UK, older people who are resident in care homes receive their health care from GP surgery teams (GPs and nurses from the practice). Care home residents receive the same level of care from GP surgery teams as people in the community.

It is generally agreed that older people in residential care homes are a vulnerable population and would benefit from a more proactive approach from GP surgery teams . NHS Leeds West Clinical Commissioning Group (CCG) wants to improve the service that care home residents receive from GPs and practice nurses.

This survey seeks the views of residents, families and care home professionals and asks how GP surgery teams can improve the service they offer care home residents. Please note that this survey is NOT asking you about the service provided by the care home.

**We value your views because they help us provide the services you need in the way you need them. Please take a couple of minutes to fill in this form and tell us what you think. You can also fill in this survey online here: <https://www.surveymonkey.com/s/KFWHRDJ>**  
**This survey is confidential and you don't need to fill in your details.**

Name:

Tel:

Email:

Address:

Postcode:

GP Practice:

If you are interested in finding out more about the work of GP surgery teams in care homes, please tick the box below and **fill in your contact details above**.

**I would like to find out more about the work of GP surgery teams in care homes**

**I am filling in this form as a:**

- resident   
family member   
care home professional

If you are filling in the form as a **care home resident**, please fill in this section of the survey and the equality monitoring section at the end of the form.

### 1. My health

Please tell us how you would rate your current state of health

Very poor ←————→ Very good

### 2. How many times have you been admitted to hospital in the last year?

Not admitted  Once or twice  Up to five times  More than five times  Not sure

### 3. Contact with my GP surgery team (GP and nurses from your practice)

a. How regularly do you have contact (visit/telephone) with your GP surgery team?

Whenever there is a problem <input type="radio"/>	Once a week <input type="radio"/>
Once a month <input type="radio"/>	A few times a year <input type="radio"/>
Other (please state) <input type="radio"/>	

b. Do you think this is often enough?

Yes  No

c. How often do you think you need contact with your GP surgery team?

Whenever there is a problem <input type="radio"/>	Once a week <input type="radio"/>
Once a month <input type="radio"/>	A few times a year <input type="radio"/>
Other (please state) <input type="radio"/>	

d. How happy are you with the current service you receive from your GP surgery team?

Very unhappy ←————→ Very happy

e. Please tell us what is good about the care you receive from your GP surgery team

f. Please tell us what the GP surgery team could do differently to improve your care

If you are filling in the form as the **relative** of a care home resident, please fill in this section of the survey and the equality monitoring section at the end of the form.

### 1. The health of your relative

Please tell us how you would rate the current state of health of your relative

Very poor ←————→ Very good

### 2. How many times have they been admitted to hospital in the last year?

Not admitted  Once or twice  Up to five times  More than five times  Not sure



# Equality monitoring

So that we provide the best services for all of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules.

**Gender**

Male  Female  Prefer not to say

**Transgender – is your gender identity different to the sex you were assumed to be at birth**

Yes  No  Prefer not to say

**Are you responding as a**

Patient  Carer  Care home worker  Prefer not to say  Other (please state)

**What is your age?**

Under 16  16-25  26-35  36-45  46-55   
 56-65  66-75  76-85  86+  Prefer not to say

**What is your sexual orientation?**

Bisexual (both sexes)  Heterosexual/straight (opp sex)  Gay man (same sex)   
 Lesbian/gay woman (same sex)  Prefer not to say

**Do you consider yourself to belong to any religion?**

Buddhism  Christianity  Hinduism  Islam  Judaism   
 Sikhism  No religion  Prefer not to say  Other (please state)

**What is your ethnic background?**

Asian, or Asian British	Black, or Black British	Mixed/multiple Ethnic Groups	White	Other
Chinese <input type="radio"/>	African <input type="radio"/>	Asian & White <input type="radio"/>	British <input type="radio"/>	Arab <input type="radio"/>
Indian <input type="radio"/>	Caribbean <input type="radio"/>	Black African & White <input type="radio"/>	Gypsy/Traveller <input type="radio"/>	Other <input type="radio"/>
Pakistani <input type="radio"/>	Other <input type="radio"/>	Black Caribbean & White <input type="radio"/>	Pakistani <input type="radio"/>	
Other <input type="radio"/>		Other <input type="radio"/>	Other <input type="radio"/>	Prefer not to say <input type="radio"/>

If any other ethnic background, please state here:

**Do you consider yourself to have a disability? Please tick all that apply**

Under the Equality Act 2010 a disability is defined as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'.

Long-standing illness or health condition e.g. cancer, diabetes, etc  Learning disability/ difficulty   
 Mental health condition  Physical or mobility  Hearing   
 Visual  Prefer not to say  Other (please state)

**Do you look after, or give any help or support to a family member, friend or neighbour because of long term physical disability, mental ill-health or problems related to old age?**

Yes  No  Prefer not to say

**What is your relationship status?**

Married/civil partnership  Live with partner   
 Single  Widowed   
 Prefer not to say  Other (please specify)

Thank you for taking the time to fill in this survey. If you would like to know the outcome of this work, please ensure you have filled in your details on the front of this form. Alternatively visit our website for regular updates. [www.leedswestccg.nhs.uk/getting-involved](http://www.leedswestccg.nhs.uk/getting-involved) Please post for **FREE** to:

Please return this survey by **Tuesday 10<sup>th</sup> December 2013** to **Jayne Garnett, FREEPOST RTEG-JRZR-CLZG, NHS Leeds West Clinical Commissioning Group, Suites 2-4, WIRA House, Ring Road, West Park, LEEDS LS16 6EB**. Your comments are confidential.