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 securly and in line with data protection rules.

NHS

Q9 What is the first part of your postcode?
E.g. LS28, LS13

☐

Q10 What is your age?
☐ Under 16 ☐ 16-25 ☐ 26-35 ☐ 36-45
☐ 46-55 ☐ 56-65 ☐ 66-75 ☐ 76-85
☐ 86+ ☐ Prefer not to answer

Q11 Are you disabled? (The Equality Act 2010 defines disability 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').
☐ Yes ☐ No ☐ Prefer not to answer

Q12 If yes, what type of disability?
Please tick all that apply.
☐ Long-standing illness
☐ Physical impairment
☐ Learning disability
☐ Mental health condition
☐ Hearing impairment
(such as Deaf or hard of hearing)
☐ Visual impairment
(such as blind or partially sighted)
☐ Prefer not to answer

Q13 What is your ethnic background?
☐ White British
☐ White Irish
☐ Gypsy and Irish Traveller
☐ Mixed White & Black Caribbean
☐ Mixed White & Black African
☐ Mixed White & Asian
☐ Asian / Asian British Indian
☐ Asian / Asian British Pakistani
☐ Asian / Asian British Bangladeshi
☐ Black / Black British Caribbean
☐ Black / Black British African
☐ Chinese
☐ Arab
☐ Prefer not to answer
☐ Other (please state):

☐

Q14 What is your gender?
☐ Female ☐ Male ☐ Prefer not to answer

Q15 Is your gender identity different to the sex you were asssumed to be at birth?
☐ Yes ☐ No ☐ Prefer not to answer

Q16 Pregnancy and maternity (The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period).
Are you pregnant at this time?
☐ Yes ☐ No ☐ Prefer not to answer
Have you given birth in the past 26 weeks?
☐ Yes ☐ No ☐ Prefer not to answer

Q17 What is your religion or belief?
☐ Buddist ☐ Christian ☐ Hindu
☐ Muslim ☐ Jewish ☐ Sikh
☐ No religion ☐ Prefer not to answer
☐ Other (please state):

☐

Q18 What is your sexual orientation?
☐ Heterosexual / Straight
☐ Lesbian / Gay woman
☐ Gay man
☐ Bisexual
☐ Prefer not to answer
☐ Other (please state):

☐

Q19 What is your relationship status?
☐ Marriage / Civil Partnership
☐ Live with partner
☐ Single
☐ Widowed
☐ Divorced
☐ Prefer not to answer
☐ Other (please state):

☐

Q20 Are you a carer?
☐ Yes ☐ No ☐ Prefer not to answer

Thank you very much for taking the time to complete this survey.

Collaborative Care and Support Planning Review (Formerly Year of Care) Survey

The Collaborative Care and Support Planning Review (CCSP) offers patients with a long-term health condition (like Diabetes or Heart Disease) the opportunity to have an annual review at their GP Practice.

The aim of the review is to offer ongoing support and coaching to enable patients to look after their own health. We know many patients do attend the first appointment and have their results sent to them. However, many patients do no attend for the follow-up appointment a year later, and we'd like to understand why this might be.

Completing this survey will help the Clinical Commissioning Group and your GP Practice to understand:

- Why patients may not return for their review appointment?
- How we can make this important appointment easier for you to attend?

Your responses will be confidential and no-one will be able to identify you from the answers you give. A Freepost envelope is enclosed for you to return your completed survey, or you can go online to complete the survey at https://www.snapsurveys.com/wh/s.asp?k=150219919332

Survey

Q1 Practice name:

[ ]

Q2 On a scale of 1-5 how confident are you in managing your own health?
(1 being not at all confident, and 5 being very confident)

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Please explain your rating. It may help to think about your understanding of your long-term condition, the amount of information that you have about it, or anything else that concerns you/gives you confidence about managing your long-term health condition.

[ ]

Q3 How do you normally get to the GP Practice?

☐ Bus   ☐ Walk   ☐ Car (someone else drives you)
☐ Car   ☐ Car (drive myself)   ☐ Cycle

Other (please state):

[ ]

Q4 Do you regularly attend your long-term condition annual review?

☐ Yes (go to Q6)   ☐ No   ☐ Unsure

Q5 If you answered 'no' or 'unsure', what prevents you from visiting your GP for your review? Please only select one answer.

☐ Parking is difficult at the GP Practice
☐ Taxi is the only way for me to travel to the GP Practice, and fares are too expensive
☐ I have difficulty accessing the GP Practice
☐ Public transport isn't accessible for me
☐ I wasn't aware of the annual review
☐ I manage my health condition with no problems, so don't need one
☐ It is difficult for me to get an appointment

Other (please state):

[ ]

Please explain your answer:

[ ]

Q6 Are there any other concerns that may prevent you from accessing your GP Practice for a long-term condition annual review? Please select all that apply.

☐ I don't have any concerns about visiting the GP
☐ I feel anxious about my long-term condition
☐ I feel anxious about getting results from the doctor or hospital
☐ I worry about what the Nurse or GP will say to me
☐ I feel depressed / unhappy
☐ The review will not make a difference to my long-term condition

Other (please state):

[ ]

Please explain your answer:

[ ]

Q7 Are there any other ways of accessing the GP or Nurse that you would consider?

☐ Telephone Call   ☐ Messaging (e.g. Facebook)   ☐ Email
☐ Skype   ☐ I would not consider any other ways

Other (please state):

[ ]

Please explain your answer:

[ ]

Q8 Is there anything else that you would like to tell us about your review or the management of your health condition?

[ ]