

# Safe Haven Engagement Patient and Staff Survey

10<sup>th</sup> – 30<sup>th</sup> April 2019

## Introduction

Safe Haven GP practice is a service for patients in Leeds who have been asked to leave their own GP practice. The Safe Haven Service is also known as the ‘*Violent Patient Scheme*’ and ‘*Special Allocation Service*’. This service is provided in cities across the country to a small number of patients. In Leeds the service is paid for by NHS Leeds Clinical Commissioning Group (CCG) and is provided at St George’s Centre in Middleton.

We have a responsibility to provide GP services between 8am and 6:30pm Monday to Friday. Due to the nature of Safe Haven we are limited in where the service can be provided – the location needs to be safe and secure for both patients and staff. The low numbers of people using the service mean that Safe Haven cannot be provided at lots of different locations across the city. It also offers telephone appointments instead of face to face appointments on some days.

The current contract for the service is coming to an end. This means that NHS Leeds CCG is in the process of procuring (paying for) a new service. This gives us an opportunity to try to understand the needs and preferences of:

- people who are using or have used the service and their carers
- staff referring into the service
- staff providing the service
- staff who support people who use the service

We have a responsibility to provide GP services to everyone who lives in Leeds. We also have a responsibility to ensure our staff feel safe at work. Please take a few minutes to share your thoughts on the Leeds Safe Haven Service. We will use your feedback to develop a safe and accessible Safe Haven service for patients and staff.

If you’d like to fill in this survey online, go to <http://www.smartsurvey.co.uk/s/safehaven>

### 1. Please tell us who you are:

I am currently a patient at Safe Haven	<input type="radio"/>
I have been a patient at Safe Haven in the past	<input type="radio"/>
I am a relative, friend or carer of someone who has used Safe Haven	<input type="radio"/>
I work in an organisation that supports patients who may use Safe Haven	<input type="radio"/>
I work at a GP practice that refers into Safe Haven	<input type="radio"/>
I work at Safe Haven	<input type="radio"/>
Other (please state).....	<input type="radio"/>

**The survey for patients and carers starts on page 2.**

**The survey for staff starts on page 4.**

## Questions for Patients and Carers

### 1. Please tell us when you (or the person you care for) last used Safe Haven

	In the last month	<input type="radio"/>
	In the last 6 months	<input type="radio"/>
	In the last year	<input type="radio"/>
	Over a year ago	<input type="radio"/>

### 2. Please tell us about the support you received when moving to Safe Haven

a. Please tell us how satisfied you are with the information you (or the person you care for) received about moving to Safe Haven. (This could include letters you were sent, information about the appeals process, and information about how Safe Haven works.)

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- I didn't receive any information about the service when I was referred

Please tell us about your answer:

b. Please tell us how satisfied you are with the care you (or the person you care for) received from staff at Safe Haven.

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

Please tell us about your answer:

c. We want to support you to return back to your local GP practice as soon as possible. Do you feel that Safe Haven prepared you (or the person you care for) for returning back to your local GP? (This might include information on local community groups that could support you.)

- Yes
- No

What more could Safe Haven have done to support you to return to your GP practice?

**3. Please tell us about the location of Safe Haven**

The location of Safe Haven needs to be safe and secure for both patients and staff. The low numbers of people using the service means that Safe Haven cannot be provided at lots of different locations across the city. Please tell us what we should consider when deciding on a location for the new Safe Haven service.

**4. Please tell us about the opening times of Safe Haven**

We have a duty to provide you with GP services between 8am and 6:30pm, Monday to Friday. The low numbers of people using the service mean that Safe Haven offers telephone appointments instead of face to face appointments on certain days.

**a.** If you (or the person you care for) contacted Safe Haven between the hours of 8am to 6:30pm, Monday to Friday, were you able to get a face-to-face appointment or speak to a Doctor about your problem over the phone?

Yes  No

**b.** Would you (or the person you care for) use online consultations like SKYPE if they were available?

Yes  No

**c.** If you (or the person you care for) were poorly outside of the opening hours, did you know where to go to get the healthcare you needed?

Yes  No

**d.** If you (or the person you care for) were poorly outside of the opening hours, where did you go for healthcare support?

It wasn't an urgent need so I waited until Safe Haven was next open

It was an urgent need but I did not go anywhere else

I went to my pharmacist

I called 111

I went to A&E

Other (please specify).....

**e.** Please share any other thoughts about the opening hours of Safe Haven

**5. Is there anything else you'd like to tell us about Safe Haven?**

## Questions for Staff

(If you are a patient you do not need to fill this section in)

### 1. Please tell us about communication between Safe Haven and the referring practice

We want to ensure that referrals to and from Safe Haven are safe and efficient. How satisfied are you that the right information is shared in a timely manner between Safe Haven and the referring practice?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

What worked well and what could be improved?

### 2. Please tell us about information given to the patient about the referral

We want patients to have the information they need about their transfer. How satisfied are you that patients are given the information they need about their referral?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

What worked well and what could be improved?

### 3. Please tell us about support given to the patient to enable them to return to their local GP practice

We want patients to return to their local GP practice when it is safe to do so. How satisfied are you that patients are given the information and support they need to make the changes needed to return to their local practice?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

What worked well and what could be improved?

### 4. Is there anything else you'd like to tell us about the Safe Haven service?

We deliver a wide range of services and we need to know who is benefiting from our services and who might be missing out. We would really appreciate you answering the questions below by ticking the boxes that you feel most describes you. Some questions may feel personal, but the information we collect will be kept confidential, secure and kept separately from any personal information you might have provided elsewhere.

Please tick here if you would prefer not to answer any of the equality monitoring questions

- I would prefer not to answer any of the equality monitoring questions

What is your postcode?

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

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 affect on a person's ability to carry out normal day to day activities'.)*

- Yes    No    Prefer not to answer

If yes, what type of impairment? *(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  
 Other (please specify):

What is your ethnic background?

- Prefer not to say

White

- British (English/ Welsh/Scottish/Northern Irish)  
 Irish  
 Gypsy or Traveller  
 European  
 Any other white background *(please state)*

Mixed or Multiple ethnic groups

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed or Multiple ethnic *(please state)*

Asian or Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other Asian background *(please state)*

Black, African, Caribbean or Black British

- African/  
 Caribbean  
 Any other Black, African or Caribbean background *(please state)*

Other ethnic group

- Arab  
 Any other ethnic group *(please state)*

### 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 say

#### Have you recently given birth (within a 26 week period)?

- Yes  No  Prefer not to say

#### Are you a parent or carer of a child or children under the age of five years old

- Yes  No

#### What is your religion or belief?

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

#### What is your sexual orientation?

- Bisexual (both sexes)  
 Gay man (same-sex)  
 Lesbian/gay woman (same-sex)  
 Heterosexual/straight (opposite sex)  
 Prefer not to say  
 Other (please specify):

#### What is your relationship status?

- Civil Partnership  
 Co-habiting (live with partner)  
 Divorced  
 Married  
 Widowed  
 Prefer not to say  
 Other (please specify):

#### What is your employment status? (please tick all that apply)

- Student  At college  At university  
 Employed - Full time  
 Employed - Part time  
 In receipt of state benefits  
*(e.g. Personal Independence Payment, Universal Credit)*  
 Unemployed – Looking for work  
 Unemployed – Unable to work  
 Unemployed – Not looking for work  
 Apprenticeship/training  
 Retired  
 Prefer not to answer  
 Other (please specify):

#### Are you a carer?

*(A carer is someone who provides unpaid support/care for a family member, friend, etc. who needs help with their day to day life; because they are disabled, have a long-term illness or they are elderly.)*

- Yes  No  Prefer not to say

#### Do you have unpaid responsibilities for children as a parent/grandparent/guardian?

- Yes  No  Prefer not to say

#### Would you describe yourself as homeless?

- Yes  No  Prefer not to say

#### What is your gender?

- Female  Male  Prefer not to say  
 Other (please state):

#### Are you transgender?

*(Is your gender different to the gender you were given at birth?)*

- Yes  No  Prefer not to say

Please share your contact details below if you would like to receive a copy of the engagement report and see what people have said. Your details will be stored in our system securely for one year and will only be used for the above purpose and any updates regarding this project.

Your personal information will be kept separate from the answers and your response to the questions will be anonymous.

Please be aware that if you provide us with personal information in your survey responses it may mean that your survey answers are no longer anonymous.

What are your contact details? Please note that you do not have to fill in your personal details to complete this survey.

Name

Address

Email

Telephone

GP practice

If you would like to find out more about any future changes to your local health services please tick this box to join our community network (if you tick the box below, we will be in contact with you shortly after the engagement has closed).

I would like to find out more about future changes to my local health services

How did you hear about this survey (please select one option)?

Social media

NHS Trust

CCG website

At an event (such as a drop-in event)

Voluntary sector organisation

Other (please state)

For office use only

VAL

You can return this form in the post to (you don't need a stamp):

Safe Haven Engagement  
FREEPOST  
RTEG-JRZR-CLZG,  
NHS Leeds CCG,  
Suites 2-5 Wira House,  
Wira Business Park,  
West Park Ring Road,  
Leeds,  
LS16 6EB

If you have any queries regarding this survey please contact Gemma Kierczuk on 0113 843 5470, or email [gemma.kierczuk@nhs.net](mailto:gemma.kierczuk@nhs.net)

### Alternative formats:

This survey is available on line here <http://www.smartsurvey.co.uk/s/safehaven>

If you need this information in another language or format please contact us by telephone on 0113 84 35470 or by email on [leedscg.comms@nhs.net](mailto:leedscg.comms@nhs.net)

'Jeśli w celu zrozumienia tych informacji potrzebuje Pan(i) pomocy w innym języku lub innej formie, prosimy o kontakt pod numerem tel.: 0113 84 35470 lub poprzez email na adres: [leedscg.comms@nhs.net](mailto:leedscg.comms@nhs.net)

بہ رائے تو ہوں درکار میں صورت یا زبان اور کسی یہ لہ پائے کے سمجھنے کے و معلومات ان کے و اگر آپ  
بہ کھیں میل ای پر پر تہ اس یا 8435470 0113 کے ریں رابطہ کے کے فون پر رزم بر اس سے مہربانی  
[leedscg.comms@nhs.net](mailto:leedscg.comms@nhs.net)

