**Enhanced Access Survey**

GP practices in your local area are working together as part of Chelmer Primary care Network. This includes:

**Chelmer Village Surgery**

**Rivermead Gate Medical Centre**

**North Chelmsford Healthcare Centre**

**Sutherland Lodge Surgery**

We are looking at how we can best deliver evening and weekend GP services in a way to meet local needs. These appointments will not affect the appointments that are offered at your local surgery Monday-Friday during the day. You will also still be able to access NHS 111 service that is available out of hours, seven days a week.

These appointments will be a mix of face-to-face and telephone appointments with a range of healthcare professionals. These appointments will be available to book through your own surgery.

Thank you for your time to answer the below questions**.**

**Question 1.**

**Which is your GP practice? (Please Tick)**

Chelmer Village Surgery

Rivermead Gate Medical Centre

North Chelmsford Healthcare Centre

Sutherland Lodge Surgery

**Question 2.**

**Would you be willing to travel to any of the above GP practices listed above for an appointment outside of normal Monday-Friday daytime hours? (Please Tick)**

Yes

No

Maybe

Don’t know

*If the answer to Question 2 is No*, what would you find most difficult about accessing services at an alternative GP practice?

**Question 3.**

**What would be your preferred option for appointment days/times?**

**Please rank in order of preference, from most to least preferred.**

* Weekday mornings (7am to 8am)
* Weekday evenings (6.30pm to 8pm)
* Saturdays (9am to 5pm)

**Question 4.**

Are there any types of appointments that would like to see other than GP appointments introduced at these times?

Yes

No

Other

Please State

**Question 5.**

If you would be interested in joining a local group to be part of future conversations and discussions about shaping local health and care services to meet local needs across Chelmsford area, please email: **mseicb-me.NCHC@nhs.net**

**Equality Monitoring Questions:**

**Please provide us with some information about yourself. We do this to make sure that our services are being accessed by everyone who is entitled to use them. It is not compulsory to do so, but you can be assured that all the information you do provide will be kept completely confidential. No identifiable information about you will be passed on to any other bodies, members of the public or press.**

1. **Who are you completing the survey on behalf of? (Please Tick)**

Myself (patient)

On behalf of the patient (family/friend/carer)

On behalf of the patient (member of staff)

1. **Are you**

Male

Female

Transgender

Would rather not say

Other

1. **Which age group applies to you?**

16-24

25-34

35-44

45-54

55-64

65 and over

I would rather not say

1. **Are you a disabled person as defined by the Equality Act 2010?**

The Equality Act 2010 defines a disabled person as “someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”.

Yes

No

Don’t know

I would rather not say

If yes, please specify

1. **What is your ethnic group?**

This is about the ethnic group to which you feel you belong and not about citizenship or nationality. If you feel you belong to more than one ethnic group, please choose the one you feel you most belong to or choose the ‘Mixed/multiple ethnic background’ option.

Please State Ethnicity

Thank you for completing the questionnaire and Equality Monitoring questions. If you have any further queries, please email **mseicb-me.NCHC@nhs.net**