

**Pelham Medical Practice**

Proposed New Surgery Survey

**1. Introduction**

Pelham Medical Practice is planning for the future and is proposing the relocation of all GP services to a new purpose built medical centre. The reason for this proposal is that both our current surgeries at Pelham Road (17 Pelham Road, Gravesend, DA11 0HN) and St Gregory’s (116 St Gregory’s Crescent, Gravesend, DA12 4JW) are now working at full capacity and the facilities and buildings are no longer fit for purpose. These surgeries are not fully compliant with the current NHS contract standards. We have very few options to expand our work force or services further and the current facilities do not allow the practice to provide GP services in the most efficient and modern working manner.

Pelham Medical Practice has spent a number of years looking at possible options and alternatives. We have considered expanding and refurbishing both current sites but on investigating this option it was quickly evident that this would not be practical or financially viable for a variety of reasons. It became clear that we would need to build a new surgery if we were to continue providing safe quality services and to meet the increasing demand for these services. Pelham Medical Practice has therefore been searching for potential sites on which to build a new medical centre and after a long and difficult search, looking at a number of potential sites both within and on the outskirts of Gravesham, we believe we have finally found a viable site in a good location which will not unfairly disadvantage patients who visit either of our current surgeries. The new proposed site sits in the centre of our patient catchment area. The new proposed location for the development of a medical centre is the former site of St Joseph’s Convent Preparatory School, 46 Old Road East, Gravesend, DA12 INR. The project not only secures a long term sustainable future for our practice, it also provides a response to local population growth, enables us to increase our workforce and the services we provide, caring and working for our patients in clean, safe and modern facilities.

Pelham Medical Practice GP Partners and Management Team have not worked in isolation on this project and we have fully involved the practice’s Patient Participation Group (PPG) members, discussing the various options, taking on their feedback and working with them to agree and put forward this proposal. We have created a patient information pack to explain the proposal in full which will be included with this survey, if you don’t have a copy of the patient pack then please visit our website https://www.pelhammedicalpractice.co.uk/, ask for a copy at reception or email kmicb.pelhammp@nhs.net and a copy will be sent to you.

Your feedback via this survey is vitally important and will help us to address any concerns raised, to include your opinions and thoughts into the design and final decision on this proposed development.

**This survey will close on Sunday 31st March 2024**, after which we will look to publish the feedback and address any major concerns raised.

 **If you are completing a paper copy, please post it or return to either of our surgeries at Pelham Medical Practice, 17 Pelham Road, Gravesend, Kent, DA11 0HN or St Gregory’s Surgery, 116 St Gregory’s Crescent, Gravesend, Kent DA12 4JW**
**Thank you very much for taking the time to answer these questions.**

**2. Current Services**

Please tell us about your experience of being a patient at Pelham Medical Practice.

 **1. Which surgery are you registered with?**

|  |  |
| --- | --- |
| [ ]    | Pelham Road |
| [ ]    | St Gregory’s Crescent |
| [ ]    | Don’t know |

**2. Do you visit the other surgery when required for vaccinations, to see a specific clinician or to receive a certain treatment / service (family planning, minor ops etc)?**

|  |  |
| --- | --- |
| [ ]    | Yes |
| [ ]    | No |

**3. What is your most common reason for visiting the surgery?**

|  |  |
| --- | --- |
| [ ]     | To see a GP |
| [ ]     | To see a Practice Nurse |
| [ ]     | To see another Clinician – Please specify: |
| [ ]     | Collect or order prescriptions |
| [ ]     | Other - Please specify:  |

**4. In the last 12 months how often did you use services at your GP Surgery?**

|  |  |
| --- | --- |
| [ ]    | I did not use any GP services |
| [ ]    | One or two times in the year |
| [ ]    | One time every month |
| [ ]    | Two times every month |

|  |  |
| --- | --- |
| [ ]    | One time every week |
| [ ]    | More than one time every week |
| [ ]    | Other (please specify):

|  |
| --- |
|   |

 |

**5. Overall, how satisfied are you with the GP services you receive now? Please tick one answer:**

|  |  |
| --- | --- |
| [ ]    | Very satisfied |
| [ ]    | Satisfied |
| [ ]    | Neutral |
| [ ]    | Dissatisfied |
| [ ]    | Very dissatisfied |

Comments:

|  |
| --- |
|   |

**6. Please tell us about your current experience of appointments at the practice.**

|  | Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied | Not used |
| --- | --- | --- | --- | --- | --- | --- |
| * Face to face appointments
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * Telephone appointments
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * Video call appointments
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * Appointment via eConsult
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |

**7. What would improve the GP service you use?**

|  |
| --- |
|   |

**8. How would you or a family member that you care for, usually get to your GP Surgery?**

|  |  |
| --- | --- |
| [ ]    | I drive myself or someone drives me |
| [ ]    | I get a taxi |
| [ ]    | I use the bus |
| [ ]    | I walk |
| [ ]    | I cycle |
| [ ]    | I use community transport (for example volunteer drivers or a minibus service) |
| [ ]    | Other (please specify):

|  |
| --- |
|   |

 |

**9. How long does it usually take you to travel from your home to the surgery?**

|  |  |
| --- | --- |
| [ ]    | 0 - 10 mins |
| [ ]    | 11 - 20 mins |
| [ ]    | 21 - 30 mins  |
| [ ]    | More than 30 mins |
|    |  |
|    | Other Travel Comments (please specify):

|  |
| --- |
|   |

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**10. Please tell us anything else about the GP service which you think is important?**

|  |
| --- |
|   |

**3. New purpose built medical centre and relocation**

As described in the introduction, your GP Practice is proposing to move to the former site of St Joseph’s Convent Preparatory School, 46 Old Road East, Gravesend, DA12 INR.

**11. Will the new location be harder or easier for you to get to?**

|  |  |
| --- | --- |
| [ ]    | Considerably harder |
| [ ]    | A little harder |
| [ ]    | No different |
| [ ]    | A little easier |
| [ ]    | Considerably easier |

Comments:

|  |
| --- |
|   |

**12. How long will it take you to travel from your home to the new proposed GP Surgery?**

|  |  |
| --- | --- |
| [ ]    | 0 - 10 mins |
| [ ]    | 11 - 20 mins |
| [ ]    | 21 - 30 mins  |
| [ ]    | More than 30 mins |
|    |  |
|    | Other Travel Comments (please specify):

|  |
| --- |
|   |

 |
|  |  |

**13. How would you get to the new location?**

|  |  |
| --- | --- |
| [ ]    | Drive myself or someone drives me |
| [ ]    | Taxi |
| [ ]    | Bus |
| [ ]    | Walk |
| [ ]    | Cycle |
| [ ]    | Community transport (for example volunteer drivers or a minibus service) |
| [ ]    | Other (please specify):

|  |
| --- |
|   |

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**14. The relocation will allow the practice to expand and offer more appointments. Which of the following would you say were positives about the move? Please tick all that apply.**

|  |  |
| --- | --- |
| [ ]    | Bigger reception and waiting areas with wider corridors which allow easier movement around the surgery and better social distancing |
| [ ]    | More clinicians on site at the same time |
| [ ]    | Less waiting time for an appointment |
| [ ]    | Larger and better equipped consulting and treatment rooms that are easier to maintain and clean  |
| [ ]    | Quicker call answering times with improved care navigation to the most appropriate clinician  |
| [ ]    | Other (please specify):

|  |
| --- |
|   |

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**15. If you think there will be any problems with the proposed move for you and your family please tell us what they are, and if there is anything you think we could do to make things easier for you.**

|  |
| --- |
|   |

**16. Do you feel the proposed move will affect you more than other people?**

|  |  |
| --- | --- |
| [ ]    | Yes |
| [ ]    | No |
|  | If yes, please explain why:

|  |
| --- |
|   |

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|  |  |

**17. If the practice did move would you continue to be registered with us, or would you choose to register with a different GP practice?**

|  |  |
| --- | --- |
| [ ]    | I would continue to use Pelham Medical Practice |
| [ ]    | I would move to an alternative practice |

If you would look to move to an alternative GP practice please explain why and which GP practice you would probably look to register with?

|  |
| --- |
|   |

**4. Planning for future improvements**

**18. Please tell us which of the following services is important for you in a GP practice? Those roles marked with \* are already provided within Pelham Medical Practice**

|  | Extremely important | Very important | Somewhat important | Not so important | Not at all important |
| --- | --- | --- | --- | --- | --- |
| * **\*GP** face to face appointments
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **\*GP** telephone or video call appointments
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **\*Advance Nurse Practitioners** appointments (can prescribe and run clinics for minor ops, respiratory, diabetics etc)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **\*Practice Nurses** (cervical smears, contraception, wound care, vaccinations, ECGs, health checks)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **\*HCAs & Phlebotomists** (bloods, vaccinations, health checks, ECGs, wound care)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **\*Clinical Pharmacists** (Carry out medication reviews, assist in prescription renewals and resolves prescription enquiries/issues)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **\*Physician Associates** (manage undiagnosed illnesses by examination to diagnose and agree care plan. Do not prescribe but prepare prescriptions for GP review and authorisation)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **\*Paramedics** (Assess and triage minor illnesses, care home and home visits needing urgent assessment. Do not prescribe but prepare prescriptions for GP review and authorisation)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **\*First Contact Physiotherapist** (Assesses, diagnoses, treats and manages musculoskeletal problems, refers to secondary care and offers injection therapy)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **\*Adult Mental Health Practitioners** (Supports patients with complex mental health needs)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **Child Mental Health Practitioners** (Supports young people and their families with complex mental health needs)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **Dieticians** (Provides specialist advice and educates for diabetics, weight management, food allergies, coeliac gastrointestinal or metabolic diseases)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **Health & Wellbeing Coaches** (Support patients to make conscious and informed health choices, change behaviour and encourage proactive management and prevention of illness)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **Podiatrists** (Diagnoses, treats and manages foot problems and performs minor ops e.g. in-growing nails and verrucae)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
| * **Care Co-Ordinators** (Provide co-ordination and navigation through the health care system, make referrals to other health and care professionals and help co-ordinate patient care between the surgery and other community services)
 | [ ]    | [ ]    | [ ]    | [ ]    | [ ]    |
|  |  |  |  |  |  |

 **19. Please tell us anything else about your GP service which you think is important and you would want to see in a new medical centre?**

|  |
| --- |
|   |

**5. About You**

Please tell us a little about yourself or the person for whom you are filling in this survey.

**20. Please can you provide your home post code or the home address post code for the person you are completing this survey?**

 **Home Address Post Code:**

**21. What age are you or the person you care for?**

|  |  |
| --- | --- |
| [ ]    | Under 18 |
| [ ]    | 18-24 |
| [ ]    | 25-34 |
| [ ]    | 35-44 |
| [ ]    | 45-54 |

|  |  |
| --- | --- |
| [ ]    | 55-64 |
| [ ]    | 65-74 |
| [ ]    | 75-84 |
| [ ]    | 85+ |

**22. What gender do you identify as?**

|  |  |
| --- | --- |
| [ ]     | Male (including trans male) |
| [ ]     | Female (including trans female) |
| [ ]     | Other – Please state:  |
| [ ]     | Prefer not to say |

**23. Do you, or the person you are filling in this survey for, have a disability?**

|  |  |
| --- | --- |
| [ ]     | Yes |
| [ ]     | No |
| [ ]     | Prefer not to say |

|  |
| --- |
| **24. If you answered yes to having a disability then please confirm type of disability you have? (Tick all that apply)** |
| [ ]   | Learning disability |
| [ ]    | Visually impaired or blind |
| [ ]    | Physical or mobility |
| [ ]    | Hearing |
| [ ]   | Mental Health condition |
| [ ]    | Prefer not to say |
| [ ]    | Other – Please specify:  |
|  |  |

**25. Please choose the answer that best describes your/their ethnicity**

|  |
| --- |
| **White** |
| [ ]    | British |
| [ ]    | Irish |
| [ ]    | Gypsy or Traveller |
| [ ]    | Other |
| **Asian or Asian British** |
| [ ]    | Indian |
| [ ]    | Pakistani |
| [ ]    | Bangladeshi |
| [ ]    | Any other Asian background |
| **Mixed** |
| [ ]    | White and Black Caribbean |

|  |  |
| --- | --- |
| [ ]    | White and black African |
| [ ]    | White and Asian |
| [ ]    | Any other mixed background |
| **Black or Black British** |
| [ ]    | Caribbean |
| [ ]    | African |
| [ ]    | Any other black background |
| **Other Ethnic Group** |
| [ ]    | Chinese |
| [ ]    | Any other Ethnic Group |
| [ ]    | I do not wish to disclose my ethnic origin |

**26. Are you, or the person you are filling in this survey for:**

|  |  |
| --- | --- |
| [ ]    | Heterosexual (straight) |
| [ ]    | Gay or Lesbian |
| [ ]    | Bisexual |
| [ ]    | Asexual |
| [ ]    | Pansexual |
| [ ]    | Prefer not to say |
| [ ]    | If not listed, please specify:

|  |
| --- |
|   |

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