

# Contacting your GP practice

## 1. Why this survey?

Thank you for completing this survey. If you need the survey in another format or language, please [contact us](#).

We know it is important to people to be able to contact their GP practice when they need to and in a way that works for them. We want to hear about your experience of contacting your GP practice in the past year, good and not as good. At the end of the survey there is a chance for you to share any comments which you feel haven't been covered in the questions.

We will use the responses we receive in a report which we'll publish and share with GP practices, commissioners (who plan and buy GP services for all of us) and the Care Quality Commission (CQC). This will help us make the case for positive changes, by learning what patients think works well, and what needs improving.

As well as your feedback, we ask you to volunteer some personal information. This helps us understand how people are affected, and supports our focus on improving equality, diversity and inclusion. These additional questions are voluntary. We won't share any information that might identify you. Find out more about how we handle your information in our [privacy statement](#)

### 1. First part of your postcode (e.g. L3, L8, L24):

### 2. Name of your GP practice (please give the name of the GP practice, not the building it is in as there may be several GP practices in the same building):

### 3. Have you contacted or tried to contact your GP practice in the past year?

- Yes
- No
- Don't know

**4. What is your preferred way to contact your GP practice (please tick all that apply)?**

- By phoning
- Online (E-consult)
- I go to the surgery in person
- I ask someone to contact the surgery on my behalf
- Other (please specify):

Why in that way?

5. Thinking of the last time you tried to contact your GP practice, how easy was it to contact the practice overall?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

**6. Please explain why you think it was easy or difficult for you to contact the practice?**

**7. Did you contact the practice because you wanted to (please tick all that apply):**

- Register with the practice
- Get an appointment to be seen in person
- Get a phone appointment
- Get a video/ online appointment
- Get a repeat prescription
- Get a sick note
- Get advice
- Other (please specify):

**8. Did the response from the practice meet your expectations?**

- Yes
- Partly
- No
- Don't know

**9. If you used E-Consult, how easy did you find it?**

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

**10. Again if you used E-Consult**

	Yes	Partly	No
Was it available at the time you wanted to use it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you get the outcome you expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. If the GP practice contacted you by phone:**

	Yes	No	Don't know
a) Were you given a time slot for when to expect a call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Were you given a call at a time that was convenient for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. What do you think worked well when contacting your GP practice?**

**13. What could be improved when contacting your GP practice?**

**14. Are you aware of the following schemes where you can get help?**

	Yes	No	Don't know
Pharmacy First (get prescription-only medication for minor conditions from a pharmacy without needing a GP appointment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced access (GP appointments between 6.30-8pm weekdays, 9-5 Saturdays. This probably would not be at your usual practice, but one from the same neighbourhood network)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. In the past year, have you contacted or visited another service because you could not get through to your GP practice or not get an appointment (please tick all that apply)?**

- Pharmacy
- Walk In Centre
- NHS 111/ Out of Hours Doctors
- Accident & Emergency Department (A&E) in hospital
- None
- Other (please specify):

**16. How well can you understand, speak, read and write English?**

	Not at all well	Not well	Well	Very well	Unsure/ Don't know
I understand spoken English	<input type="checkbox"/>				
I speak English	<input type="checkbox"/>				
I read English	<input type="checkbox"/>				
I write English	<input type="checkbox"/>				

**17. Do you have access to the internet on a regular basis (please tick all that apply)**

- Yes, on home wifi/ broadband
- Yes, on public wifi (e.g. in a cafe)
- Yes, at work
- Yes, on a mobile network with a SIM (smartphone or tablet)
- No, I don't have access to the internet



**21. Is there anything else you would like to tell us?**

**22. We will also arrange some focus groups about contacting GP practices between December and early February. These will be held in person and online via Zoom. Alternatively if you would like to tell us more we can arrange a phone call with you.**

**If you are interested in taking part please leave your name, phone number and/or email here, or contact us at [engagement@healthwatchliverpool.co.uk](mailto:engagement@healthwatchliverpool.co.uk) or call us on 0300 77 77 007 and we will contact you. We will not pass your details on to anyone else.**

## **2. Some questions about you**

The following questions are more personal questions about your background,. We ask these questions because it helps us to understand how your life circumstances impact your experience with health services.

23. Please select your age category

- 16 to 17 years
- 18 to 24 years
- 25 to 49 years
- 50 to 64 years
- 65 to 79 years
- 80+ years
- Prefer not to say

**24. Are you....?**

- A woman
- A man
- Non binary
- Prefer not to say
- Other (please specify):

**25. Is your gender identity the same as your sex recorded at birth?**

- Yes
- No
- Prefer not to say

**26. Please select your sexual orientation**

- Asexual
- Bisexual
- Gay / Lesbian
- Heterosexual / Straight
- Pansexual
- Prefer to self-describe

- 
- Prefer not to say

**27. Please select your ethnicity**

- Arab
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: Any other Asian / Asian British background
- Black / Black British: African
- Black / Black British: Caribbean
- Black / Black British: Any other Black / Black British background
- Mixed / Multiple ethnic groups: Asian and White
- Mixed / Multiple ethnic groups: Black African and White
- Mixed / Multiple ethnic groups: Black Caribbean and White
- Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background
- White: British / English / Northern Irish / Scottish / Welsh
- White: Irish
- White: Gypsy, Traveller or Irish Traveller
- White: Roma
- White: Any other White background

**28. Do you have a disability?**

- Yes
- No
- Prefer not to say

**29. Which of the following disabilities apply to you?**

- Physical or mobility impairment
- Sensory impairment
- Learning disability or difficulties
- Mental health condition
- Long term condition
- Prefer not to say
- Other (please specify):

**30. Do you have a long-term condition?**

- Yes
- No
- Prefer not to say

**31. Which of the following long-term conditions apply to you?**

- Asthma, COPD or respiratory condition
- Blindness or severe visual impairment
- Cancer
- Cardiovascular condition (including stroke)
- Chronic kidney disease
- Deafness or severe hearing impairment
- Dementia
- Diabetes
- Epilepsy
- Hypertension (high blood pressure)
- Learning disability

- Mental health condition
- Musculoskeletal condition
- Prefer not to say
- Other (please specify):

**32. Are you a carer?**

- Yes
- No
- Prefer not to say

**33. Which of the following best describes your current financial situation?**

- I have more than enough money for basic necessities, and a lot spare that I can save or spend on extras or leisure
- I have more than enough money for basic necessities, and a little spare that I can save or spend on extras or leisure
- I have just enough money for basic necessities, and little else
- I don't have enough money for basic necessities, and sometimes or often run out of money
- Prefer not to say
- Other (please specify):