**Derwent Crescent**

**Patient Survey**

**Your views**

Wentworth Medical Centre partners current arrangement with Derwent Medical Practice landlords ends in March 2024. This means that Derwent Crescent premises will no longer be available for primary care services after this date. Until then, you can continue to be seen at both the practice sites at Wentworth Branch at Derwent Crescent, 20 Derwent Cres, London N20 0QQ and the main site at Wentworth Medical Practice main site: 38 Wentworth Ave, London N3 1YL.

We are also writing to you as we are required to seek your views on the potential closure of the Derwent site and to ensure that we address any of your needs, specifically with distance to travel, transport routes, parking and access to GP appointments.

Wentworth Medical Practice is approximately 1.5 miles from Derwent Crescent about 6 minutes by car, approximately 21 minutes by bus served by bus route 125, it is roughly a 33 minutes’ walk. The nearest tube is West Finchley tube station (Northern Line). There is also parking available at Wentworth Medical Practice and close to Wentworth practice.

We wanted to take this opportunity to reassure you that all the GPs and staff will remain the same, and all the services you currently receive from the GPs and Nurses will continue.

You can give your feedback by completing the online patient survey below.

Or you can complete a paper survey, please request a copy at the practice reception. Once completed if you can hand them back to the reception staff at the surgery.

Further information is provided on the practice website [https://www.wentworthmedical.nhs.uk/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wentworthmedical.nhs.uk%2F&data=05%7C01%7Csaro.dsouza%40nhs.net%7C0af2f9b1d2d94de88a1b08dbd9304c4a%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638342573683088446%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=hAdOo9GMIUG14CnVHO9LOZx5NIvJXJtFu0%2FXib0%2FqF0%3D&reserved=0)

If you have any queries, please contact: Katrina Collins, Practice Manager.

**The deadline to submit your views is by 30 November 2023.**

1. Currently from which surgery site do you access your GP services?

*Please only confirm one option*

Derwent Crescent branch site

Wentworth Medical Practice

1. How often do you come to the Derwent Crescent branch site now?

*Please only confirm one option*

More than once a month

Every month

Every six months

Once a year

Less than once a year

Never

1. How do you travel to Derwent Crescent branch site now?

*Please only confirm one option*

Walk

By car

Public Transport

Bike

Other - please provide details below:

1. How long does it currently take for you to travel from your home to Derwent Crescent branch site?

*Please only confirm one option*

Up to 10 minutes

Up to 20 minutes

Unto 30 minutes

More than 30 minutes

1. How easy is your travel journey to Derwent Crescent branch site?

*Please only confirm one option*

Very easy

Fairly easy

Fairly difficult

Very difficult

1. In the event your GP services at Derwent Crescent branch site closing, how would you access GP services (Please select one option from those provided below which applies most to you)

*Please only confirm one option*

I would continue to access services from Wentworth Medical Practice

It would make it harder for me to travel to appointments.

I would register with another practice

Other (Please state here)

Prefer not to say

If you have said other, please provide more information.

1. Have you used the Wentworth Medical Practice for accessing GP services?

*Please only confirm one option*

Yes

No

1. How easy or difficult is your journey to Wentworth Medical practice?

*Please only confirm one option*

Very Easy

Easy

Difficult

Very Difficult

Other – please give details

Prefer not to say

If you have said other, please provide more information.

1. In the event of the branch site at Derwent Crescent does close, how would you travel to Wentworth Medical Practice?

*Please only confirm one option*

Walk

By car

Public Transport

Bike

Other

If you have said other, please provide more information.

1. How long would it take for you to travel from your home to Wentworth Medical Practice?

*Please only confirm one option*

Up to 10 minutes

Up to 20 minutes

Unto 30 minutes

More than 30 minutes

If you have said other, please provide more information.

1. Generally, how easy is it to get through to someone at your current GP practice on the phone?

*Please only confirm one option*

Very easy

Fairly easy

Not very easy

Not at all easy

Haven’t tried

1. Generally, can you receive an appointment within two weeks?

*Please only confirm one option*

Always

Almost always

Sometimes

Rarely

Never

1. For urgent needs, can you receive an appointment on the same or next day?

*Please only confirm one option*

Always

Almost always

Sometimes

Rarely

Never

1. How satisfied are you with the general practice appointment times that are available to you?

*Please only confirm one option*

Very satisfied

Fairly satisfied

Neither satisfied nor dissatisfied

Fairly dissatisfied

Very dissatisfied

I’m not sure when I get an appointment

1. How easy is it to get a face-to-face appointment at your practice when you need one?

*Please only confirm one option*

Very easy

Fairly Easy

Not very easy

Not at all easy

Haven’t tried

16. Do you have any other comments you would like us to consider?

17.What is your postcode? This will help us to understand how far you live from the

practice.

*(Required)*

**Some questions about you**

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential, and they will not be linked to your medical records.

**18. Which of the following best describes you?**

*Please only confirm one option*

Female

Male

Non-binary

Prefer not to say

Prefer to self describe

**19. Is your gender identity the same as the sex you were registered at birth?**

*Please only confirm one option*

☐ Yes

☐ No

Prefer not to say

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

*Please only confirm one option*

White: Welsh/English/Scottish/Northern Irish/British

White: Irish

White: Gypsy or Irish Traveller

White: Any other White background

Mixed: White and Black Caribbean

Mixed: White and Black African

Mixed: White and Asian

Mixed: Any other mixed background

Asian/Asian British: Indian

Asian/Asian British: Pakistani

Asian/Asian British: Bangladeshi

Asian/Asian British: Any other Asian background

Black or Black British: Black - Caribbean

Black or Black British: Black - African

Black or Black British: Any other Black background

Other ethnic background: Chinese

Other ethnic background: Any other ethnic group

Prefer not to say

**21. Do you consider yourself to have a disability?**

*Please only confirm one option*

Yes

No

Prefer not to say

**22. If you have said yes to the above, what type of disability do you have?**

*(Tick all those that apply)*

Learning disability

Long-standing illness or health condition

Mental Health condition

Physical Mobility

Hearing

Visual

Prefer not to say

Other

If you have said other, please provide more information.

**23. If consider yourself to have a disability, do you need support to see, to hear, to speak, to read or understand what is being said?**

I do not have a long-term condition.

Prefer not to say.

Yes, I do have a long-term condition

If you said yes, please let us know which long-term condition you have below:

**24. Do you get information from the doctors in a way you can understand? For example, easy read, braille, audio?**

*Please only confirm one option*

Always

Most of the time

Sometimes

Not very often

Never

Prefer not to say

**25. Do you consider yourself to have a long-term condition?**

*Please only confirm one option*

I do not have a long-term condition.

Prefer not to say.

Yes, I do have a long-term condition

If you said yes, please let us know which long-term condition you have below:

**26. How old are you?**

*Please only confirm one option*

Under 16

16 to 17

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 to 84

85 or over

**27. Which of this best describes what you are doing at present? If more than one of these applies to you, please select the main one only.**

*Please only confirm one option*

In full-time paid work (30 hours or more each week)

In part-time paid work (under 30 hours each week)

In full-time education at school, college or university

Unemployed

Permanently sick or disabled

Fully retired from work

Looking after the family or home

Doing something else

**28. Do you look after, or give any help or support to family members, friends, neighbours, or others because of either:**

* **long-term physical or mental ill health / disability**
* **problems related to old age**

**Don’t count anything you do as part of your paid employment.**

*Please only confirm one option*

No

Yes, 1 to 9 hours a week

Yes, 10 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

**29. Are you a parent of or a legal guardian for any children aged under 16living in your home?**

*Please only confirm one option*

Yes

No

**30. Are you a deaf person who uses sign language?**

*Please only confirm one option*

Yes

No

**31. Which of the following best describes how you think of yourself?**

*Please only confirm one option*

Heterosexual or straight

Gay or lesbian

Bisexual

Other

I would prefer not to say

**32. Which, if any, of the following best describes your religion?**

*Please only confirm one option*

No religion

Buddhist

Christian (including Church of England, Catholic, Protestant, and other Christian denominations)

Hindu

Jewish

Muslim

Sikh

Other

I would prefer not to say

**Thank you for completing this survey. Your feedback will help us make the best decisions for patients.**