**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.**