

Friday 23 February 2018

NHS England  
East and North Hertfordshire Clinical Commissioning Group  
Charter House  
Parkway  
Welwyn Garden City  
AL8 6JL

Tel: 01707 685 140  
Email: [engagement@enhertscg.nhs.uk](mailto:engagement@enhertscg.nhs.uk)  
Website: [www.enhertscg.nhs.uk](http://www.enhertscg.nhs.uk)

**To Patients and Carers of patients registered with GP Practices in Broxbourne, Buntingford, Hertford, Hoddesdon, Ware, Watton and surrounding areas**

Dear Patient

We at East and North Herts Clinical Commissioning Group and NHS England are writing to you to seek your views about extending the opening hours of GP practices in Broxbourne, Buntingford, Hertford, Hoddesdon, Ware, Watton and surrounding areas, known as Upper Lea Valley.

GP practices in this area are currently open between 8am and 6.30pm Monday to Friday, with some practices open for longer hours on one or two weekdays and some Saturday mornings. These are called “extended hours appointments”.

The new proposal is to offer extended hours appointments every weekday evening and at weekends/early mornings depending on local demand by October 2018. These appointments will be offered from a central surgery hub, which is different to the surgery that you are registered with. The service will be run by Generating Healthcare Ltd which is a collaboration of all GPs in the area.

Everyone registered with a GP practice in the area is asked to give their opinion on these proposals.

**Giving your views**

To ensure best use of NHS resources patients are asked to complete the survey online at: <https://www.surveymonkey.co.uk/r/ULVExAccess>

Alternatively patients who do not have access or are unable to complete the online survey, a paper version of the questionnaire is attached.

To ensure your views are considered please complete the survey and return it to the following address:

**Public Engagement Team, East and North Hertfordshire CCG,  
Charter House, Parkway, Welwyn Garden City, AL8 6JL**

You can request further copies of the survey for additional members of your household by emailing: [engagement@enhertscg.nhs.uk](mailto:engagement@enhertscg.nhs.uk) or calling: 01707 685 397

**The survey will close at 5pm on Friday 20 April 2018 and your responses will be kept confidential and anonymous.**

Following the close of the survey, we will look at all of the responses and use your feedback to see how we can ensure services continue to meet your needs.

If you have any questions about the content of this letter, would like to request a copy in an alternative format (such as easy read), or require support in completing the survey please call: 01707 685 397 or email: [engagement@enhertscg.nhs.uk](mailto:engagement@enhertscg.nhs.uk)

Yours faithfully



Dominic Cox  
Locality Director  
NHS England – Central Midlands



Beverley Flowers  
Chief Executive  
East and North Hertfordshire CCG

#### **List of GP Practices in Upper Lea Valley**

##### **Broxbourne**

- > Park Lane Surgery

##### **Buntingford**

- > Buntingford Medical Centre
- > Orchard Surgery

##### **Hertford**

- > Castlegate Surgery
- > Hanscombe House Surgery
- > Wallace House Surgery
- > Ware Road Surgery

##### **Hertford Heath**

- > Haileybury College Surgery

##### **Hoddesdon**

- > Amwell Street Surgery
- > Hailey View Surgery
- > The Limes Surgery

##### **Puckeridge**

- > Puckeridge Surgery

##### **Ware**

- > Church Street Surgery
- > Dolphin House & Maltings Surgery

##### **Watton at Stone**

- > Watton Place Surgery

# EXTENDED ACCESS TO GP PRACTICE SURVEY

1. Which GP Practice are you currently registered with?

2. Please rank the type of appointments you look to make with your GP Practice, with 1 being the most frequently needed appointment for you, and 3 the least.

\_\_\_ Appointments I can arrange in advance with a particular GP or practice nurse

\_\_\_ Appointments I can arrange in advance with **ANY** GP or practice nurse

\_\_\_ Same day appointments for 'urgent' matters

3. Would you be happy to have an appointment outside of core hours at a different GP Practice in your area and with a different clinician? With your consent the GP or Nurse will be able to access your medical records in the same way as your own GP.

Yes, I would be happy to have an appointment with a clinician at a different GP Practice in my local area

No, I would only want an appointment with clinicians at my own GP Practice

Don't know/Not sure

4. Would you use an extended hours GP service between 6.30pm and 8pm on weekday evenings?

Yes

No

Don't know/Not sure

5. If you ticked 'Yes' please select the weekday evenings you are most likely to use, Please rank your choices in order of preference, with '1' being your most preferred and '5' your least preferred

\_\_\_ Monday    \_\_\_ Tuesday    \_\_\_ Wednesday    \_\_\_ Thursday    \_\_\_ Friday

6. Would you use an extended hours GP service between 7am and 8.30am in the morning, during the week?

Yes

No

Don't know/Not sure

**7. If you ticked 'Yes' please select the weekday evenings you are most likely to use, Please rank your choices in order of preference, with '1' being your most preferred and '5' your least preferred**

\_\_ Monday    \_\_ Tuesday    \_\_ Wednesday    \_\_ Thursday    \_\_ Friday

**8. Would you use an extended access GP service over the weekend?**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes, but on a Saturday only         | <input type="checkbox"/> No, I would not use an extended access service over the weekend |
| <input type="checkbox"/> Yes, but on a Sunday only           | <input type="checkbox"/> Don't know/Not sure   |
| <input type="checkbox"/> Yes, on either a Saturday or Sunday |  |

**9. If you ticked 'Yes' please select the times below you are most likely to use, rank your choices in order of preference, with '1' being your most preferred and '6' your least preferred**

__ Saturday, 8am-12pm	__ Sunday, 8am-12pm
__ Saturday, 12pm-4pm	__ Sunday, 12pm-4pm
__ Saturday, 4pm-8pm	__ Sunday, 4pm-8pm

**10. During the extended hours periods, what sort of appointment would you like to have at a GP Practice?**

- |  |   |
|--|---|
| <input type="checkbox"/> A face to face appointment with a member of staff | <input type="checkbox"/> An online appointment using technology such as 'Skype' |
| <input type="checkbox"/> A telephone appointment                           | <input type="checkbox"/> Don't know/Not sure                                    |
| <input type="checkbox"/> Other, please specify below:                      |   |

**11. What services would you like to be able to access during the extended hours period? Please rank your choices in order of preference, with '1' being your most preferred and '5' your least preferred**

\_\_\_ Appointment with a Health Care Assistant (e.g. blood tests, smoking cessation service etc)

\_\_\_ Appointment with the General Practice Nurse (e.g. support for long-term conditions, wound dressing, sexual health and contraception, cervical screening etc)

\_\_\_ Appointment with a GP

\_\_\_ Appointment with a Pharmacist for health advice

\_\_\_ Other service, please specify below:

**12. If necessary, how far would you be willing to travel to get to an appointment at a GP Practice during the extended hours period?**

0-2 miles    2-5 miles    5-10 miles

**13. Is there anything else which you think is important for us to consider in terms of extending hours for GP Practices in your area?**

## ABOUT YOU

We would find it useful if you could answer these questions so we can see what type of people are responding, whether they think differently from other groups and if any groups are not represented. All information will be kept strictly confidential and in accordance with the Data Protection Act.

**14. Please provide the first four characters of your postcode (eg SG14)**

**15. What gender do you identify yourself as?**

- Male                       Female                       Prefer not to say  
 Other (if you would like to, please state)

**16. How old are you?**

- Under 16     16-25     26-40     41-65  
 66-74     75 or over     Prefer not to say

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

- No                       Prefer not to say  
 Yes (if yes please specify below)

**18. Which of the following best describes your sexual orientation? Only answer this question if you are aged 16 years or over.**

- Heterosexual                       Gay Man                       Gay Woman / Lesbian  
 Bisexual                       Prefer not to say  
 Other (please specify below)

**19. How would you describe your ethnic origin?**

- Asian / Asian British – (Bangladeshi, Chinese, Indian, Pakistani); Asian other
- Black / Black British – (Black African, Black Caribbean); other black
- Mixed background / Dual heritage
- Roma / Traveller
- White British (English, Scottish, Welsh, Northern Irish; White other)
- Prefer not to say
- Other (please specify below)

**20. What is your religion or belief?**

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- No religion or belief
- Sikh
- Prefer not to say
- Other (please specify):

**21. Do you, unpaid, look after someone who cannot manage without your support?**

- Yes
- No
- Prefer not to say

**22. Are you currently pregnant, have you given birth within the last two weeks or are you on maternity leave?**

- Yes
- No
- Rather not say / Not applicable

## KEEPING IN TOUCH

If you would like to find out about the results of this survey and be informed of future surveys in relation to health matters in east and north Hertfordshire then please give your details below:

*Email address* \_\_\_\_\_

*Telephone number* \_\_\_\_\_

*Would you like to be contacted by your GP Practice's patient group about joining in future engagement activities?*

Yes

No

*Thank you for completing the survey*