



# How was your appointment

## at your Salford based GP Practice?

### About Healthwatch Salford

Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need. Our service is free, simple to use and can make a real difference to people in Salford and beyond.

### About this project

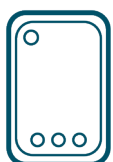
Following feedback received from the public, we want to understand patients' experiences with Salford based GP services (Doctors, Nurses etc) over the last 18 months.

We want you to tell us in your own words, how using these services has been for you. Tell us the things that have been **good**, the things you feel **could have been better** and share your **ideas for improving** overall patient experience.

All your answers will be kept anonymous and may be used to help us spot themes and trends.

To learn more about this project, please visit: [www.healthwatchsalford.co.uk/GP2022](http://www.healthwatchsalford.co.uk/GP2022) or call us in the office on: 0330 355 0300.

**Survey closes: 31st May 2022**



**Give us a call in the office** and tell us your answers:

**0330 355 0300**



**Complete the survey online:**  
[www.smartsurvey.co.uk/s/GP2022](http://www.smartsurvey.co.uk/s/GP2022)



**Complete this survey** and post back to us:

Freepost RTXT-ZTBY-XZJK  
Healthwatch Salford  
The Old Town Hall  
5 Irwell Place, Eccles  
MANCHESTER  
M30 0FN

For these first questions we would like you to tell us what your experience has been like with your Salford based GP practice during the last 18 months and welcome your ideas for how this experience may be improved.

**1. What is the name of your Salford GP practice?**

**2. When did you last visit this GP practice?**

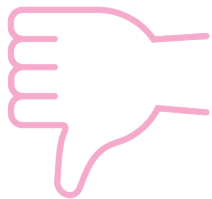
**3. Tell us about the good things at your GP practice**

For example, any adjustments the practice has made to accommodate you



#### 4. Tell us about the things that need to be improved at your GP practice

For example, any barriers that you may have faced when using your GP practice



**5. Tell us what (if anything) could be done to improve your experience**



## 6. Tell us a bit about you – your background/characteristics

At Healthwatch Salford, we want to ensure people's differences are reflected throughout our work, taking into account Salford's diverse population. For this project about GP services, we are particularly keen to understand the experiences of people from different kinds of backgrounds and identify any barriers people may have encountered because of their age, gender, whether they have a disability and/or other factors. **The following questions on these next 2 pages are optional.** Your answers will be used to advance equality of opportunity between people, helping us to identify significant trends and differences, and explore why they exist. Please help us by answering each question. Your response will be treated in confidence, and you do not need to identify yourself.

### Age

- |  |                                      |                                      |                                      |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-12 years        | <input type="checkbox"/> 16-17 years | <input type="checkbox"/> 25-49 years | <input type="checkbox"/> 65-79 years |
| <input type="checkbox"/> 13-15 years       | <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 50-64 years | <input type="checkbox"/> 80+ years   |
| <input type="checkbox"/> Prefer not to say |                                      |                                      |                                      |

### Disability

Do you have a physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out day to day activities?

- Yes**
- |  |   |
|--|---|
| <input type="checkbox"/> Physical or mobility impairment     | <input type="checkbox"/> Mental health condition          |
| <input type="checkbox"/> Sensory impairment                  | <input type="checkbox"/> Long term condition              |
| <input type="checkbox"/> Learning disability or difficulties | <input type="checkbox"/> Something else (Please describe) |
- No**
- Prefer not to say

### Long term conditions

Do you have a long-term health condition?

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma, COPD or respiratory condition       | <input type="checkbox"/> Diabetes                          |
| <input type="checkbox"/> Blindness or severe visual impairment       | <input type="checkbox"/> Epilepsy                          |
| <input type="checkbox"/> Cancer                                      | <input type="checkbox"/> Hypertension                      |
| <input type="checkbox"/> Cardiovascular condition (including stroke) | <input type="checkbox"/> Learning disability               |
| <input type="checkbox"/> Chronic kidney disease                      | <input type="checkbox"/> Mental health condition           |
| <input type="checkbox"/> Deafness or severe hearing impairment       | <input type="checkbox"/> Musculoskeletal condition         |
| <input type="checkbox"/> Dementia                                    | <input type="checkbox"/> Something else (please describe): |
| <input type="checkbox"/> No long-term condition                      |  |
| <input type="checkbox"/> Prefer not to say                           |  |

### Carer

- Are you a carer?  Yes  No
- Prefer not to say

### Gender

What gender best describes you?

- |   |                              |                                     |                                |
|---|------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Intersex                                   | <input type="checkbox"/> Man | <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Woman |
| <input type="checkbox"/> Prefer to self-describe (please describe): |                              |                                     |                                |
| <input type="checkbox"/> Prefer not to say                          |                              |                                     |                                |

## Gender Reassignment

Is your gender different from the one you were assigned with at birth?

- No                       Yes                       Undergoing reassignment  
 Prefer not to say

## Race

Which race do you identify as? (Including colour, nationality and ethnic or national origin)

### Arab

- Arab

### Asian

- Bangladeshi               Chinese               Indian               Pakistani  
 Any other Asian background (please describe):

### Black/African/Black British/Caribbean

- African                       Caribbean  
 Any other Black background (please describe):

### Mixed/multiple ethnicity

- Asian and White       Black African and White       Black Caribbean and White  
 Any other Mixed/Multiple Ethnic background (please describe):

### White

- British, English, Northern Irish, Scottish and Welsh                       Irish  
 Gypsy, Traveller, or Irish Traveller                       Roma  
 Any other White background (please describe):

### Other

- Any other ethnic or national group (please describe):  
 Prefer not to say

## Religion or Belief System

Which religion or belief system do you identify with?

- Buddhist                       Hindu                       Muslim                       None  
 Christian                       Jewish                       Sikh  
 Other Religion or Belief System (please describe):  
 Prefer not to say

## Sexual orientation

What your sexual orientation?

- Asexual                       Gay man                       Lesbian/Gay woman  
 Bisexual                       Heterosexual (straight)                       Pansexual  
 Prefer to self-describe:  
 Prefer not to say

## Pregnancy and maternity

What is your pregnancy and maternity status?

- Not applicable                       Currently pregnant                       Currently breastfeeding  
 Given birth in the last 26 weeks  
 Prefer not to say

Please post your completed survey to:  
Freepost RTXT-ZTBY-XZJK, Healthwatch Salford,  
The Old Town Hall, 5 Irwell Place, Eccles, MANCHESTER, M30 0FN