

A survey to inform the future of Birtle View, Kingsway, Kirkholt and Middleton Health Centre GP Practices

**Birtle View, Kingsway, Kirkholt and Middleton Health Centre GP Practice**

**NHS England (NHSE) and Heywood, Middleton and Rochdale CCG recommend a list dispersal for Birtle View Medical Practice and a procurement for Kingsway, Kirkholt and Middleton Health Centre..**

**NHSE and HMR CCG believe these recommendations are in the best interest of patients and the wider population of HMR.**

**List dispersal for Birtle View would mean when the contract expires registered patients would be directed to re-register with another local GP practice.**

**Procurement for the remaining services would recognise the need for a GP practice for this particular population and would see the service continue allowing a procurement process.**

**It is important to understand patient's views and so we want to hear from as many people as possible about the future of these services. Thank you for taking the time to let us know your views. It would help us if you could fill in the following information, as appropriate.**

**1. When you complete this survey which of the practices below are you thinking about?**

- Birtle View
- Kingsway
- Kirkholt
- Middleton Health centre

2. Please tell us why you prefer to use the current service? Tick any box that applies.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> The longer midweek opening times     | <input type="checkbox"/> The service has a good reputation           | <input type="checkbox"/> I can book appointments in advance                      |
| <input type="checkbox"/> Weekend access                       | <input type="checkbox"/> I trust the GPs at the practice             | <input type="checkbox"/> The practice has an active Practice Participation Group |
| <input type="checkbox"/> The location is near to where I live | <input type="checkbox"/> I can choose a male or female doctor        | <input type="checkbox"/> Long Term conditions support                            |
| <input type="checkbox"/> The location is near to where I work | <input type="checkbox"/> I can get same day access for urgent issues | <input type="checkbox"/> Carers support  |
| <input type="checkbox"/> Parking is good                      | <input type="checkbox"/> I can get a consultation by telephone       |  |
| <input type="checkbox"/> Public transport links are good      | <input type="checkbox"/> I can book appointments on line             |  |
| <input type="checkbox"/> Other (please specify)               |  |  |

3. Thinking about the recommendations to disperse the list at Birtle View Practice and the re-procurement of Kingsway, and Kirkholt medical practices and Middleton Health Centre (registered patients) please use the box below to provide us with any further views/comments you may have.

4. Are you responding as a.... (Please tick any box that applies to you)

- |   |   |
|---|---|
| <input type="checkbox"/> Patient        | <input type="checkbox"/> Member of staff              |
| <input type="checkbox"/> Carer          | <input type="checkbox"/> On Behalf of an organisation |
| <input type="checkbox"/> Local Resident |   |

Please tell us which organisation or any other capacity in which you have responded

5. If you had to register with another local practice, how far would you be prepared to travel?

- Up to a mile
- between 1 and 3 miles
- More than 3 miles

6. Do you have your own transport?

- Yes
- No

Please enter any comments here.

7. Do you use public transport?

- Yes
- No

Please use this space for any comments

8. How old are you?

- Under 16
- 17 to 20
- 21 to 30
- 31 to 40
- 41 to 50
- 51 to 60
- 61 to 70
- Over 70

9. What gender are you?

- Male
- Female
- Transgender
- Unsure
- I would rather not say

10. What do you consider to be your sexuality?

- Heterosexual/straight
- Homosexual/gay man
- Lesbian/gay woman
- Bi sexual
- I would rather not say

11. Please tell us what you consider to be your ethnic background (e.g. White British, Pakistani, British Pakistani)

12. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

If yes, what disability?

13. Do you consider yourself to have a long term health condition

- Yes
- No
- Prefer not to say

If yes, what is the condition?

14. Please tell us the first part of your postcode (e.g. OL12, M24)

**Thank you for taking time to complete this questionnaire.**  
**If you have completed the questionnaire on a paper copy please hand it to the**  
**reception staff at your GP Practice or post it to;**  
**Freepost RTGA-LJBY-SYAB, NHS HMR Clinical Commissioning Group, PO Box**  
**100, Rochdale, OL16 9NP**  
**Othrwise just click the "Done" button.**