



Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Are you under 25 and living in Kirklees? If the answer is YES then this survey is for you!

Help us to review your experience at your doctors

Going to your doctors is important, right?

We are interested in finding out about **your** experience at the doctors. We are gathering as much information as we can. This will help us understand **what works well**, what **doesn't work so well**. This will help us identify if any improvements need to be made.

Please take **5 minutes** to complete this survey. It is anonymous, which means that we do not know who is taking the survey. We will just collect all the results so we can get a good picture of what young people's experience of going to the doctors is like in Kirklees.

Some of the questions **just need** a tick, other questions ask you to write an answer. Please give these questions careful thought and answer as **honestly** as possible.

Even if you hardly ever, or don't go to the doctors, we still **want to hear** from **you!**

Let's work together to make a difference.

If you need support to give your view or prefer to tell us your story please contact:

Matt Thompson at NHS North Kirklees and Greater Huddersfield CCGs
Matt.Thompson@northkirkleesccg.nhs.uk

You can also complete the survey online at
<http://www.smartsurvey.co.uk/s/YoungPeopleGPPpractice/>

The closing date for all responses is **midday on Monday 2 March 2020**.

Thank you for taking the time to share your views and completing this survey!

Survey questions

1. Please tell us the first part of your postcode e.g. HD2

2. If you don't know your postcode, please tell us the area you live in.

3. If you were worried about your health, what would you do? Please tick all that apply.

- Ring your doctors surgery
- Go to a Walk-in Centre
- Go to Accident & Emergency (A&E)
- Go your local chemist
- Ring 111
- Google it
- Check an online website or app (like NHS Choices)
- Speak to your school nurse
- Discuss it with a family member
- Discuss it with a friend
- Ignore it and hope it goes away
- Something else (please tell us below)

4. When did you last go to the doctors?

- In the last month
- In the last 2- 6 months
- In the last 6-12 months
- Over a year ago
- Can't remember

5. Who normally books your appointment?

- Me
- Parent or carer
- Other (please tell us who below):

6. Please tell us what method is used to book your appointments.

- Telephone
- Online
- Face to face
- I'm not sure as I don't book the appointment

7. What type of appointment did you have the last time you went?

- Went to see doctor
- Spoke to doctor over the phone
- Saw Nurse/Nurse practitioner
- Saw Health Care Assistant
- Saw another service
- Saw someone but don't know what their role was

8. Do you have any problems getting in to, or getting information from, your surgery?

This might include: physically getting in to and moving around the building; using the toilets; getting appointments or letters in the best format for you; or any other difficulty. Please give more details.

9. How important is it for your doctors to use your preferred name/nickname? 1 being not important and 5 being very important - please rate.

- Not important 1 2 3 4 5 Very important
-

10. Did you understand the words your doctor or other health professional used?

- Yes
- No
- Sometimes

If you can, please explain your response

11. Did you feel that the doctor or other health professional understood your needs?

- Yes
- No
- Not sure

What made you think like this?

12. Did you feel you could ask your doctor or other health professional questions?

- Yes
- No
- Not sure

13. Do you worry that your doctor or other health professional will discuss your personal issues with your family/carer?

- Yes
- No
- Not sure

14. What do you expect from your doctor or other health professional? Please tick all that apply.

- Respect
- Confidentiality
- Good listener
- Kind
- Caring
- Good knowledge of local services
- Understanding
- Non-judgemental
- Good at explaining
- Other (please explain):

15. How was your overall experience at the doctors surgery?

- Fantastic
- Good
- OK
- Rubbish
- Confusing
- Made me angry

If you can, please explain your response:

16. Can you suggest any improvements your doctors surgery could make to their service?

17. What is the name of your doctors surgery?

18. Do you identify as LGBT+? If yes, please continue to complete questions below. If no/not sure, please go to Q27 (equality monitoring form).

- Yes
- No
- Not sure

19. Do you feel comfortable discussing your gender/sexual orientation with your doctor or other health professional?

- Yes
- No
- Only if it's relevant
- I haven't needed to yet

20. Does your doctor or other health professional use your preferred pronoun?

- Yes, but I did not tell them/they did not ask
- No, they do not know my preferred pronoun
- Yes, I asked/I told them
- No, but I have told them my preferred pronoun
- I don't know what this means
- Doesn't apply to me

21. Do you think your doctor has a good understanding of your gender and/or sexual identity?

- Yes
- No
- Not sure

22. Do you think your doctors surgery has a good understanding of LGBT+ needs?

- Yes
- No
- Not sure
- Some but not all

23. Do you feel your doctors surgery (for example, the waiting area) and staff are welcoming to LGBT+ people?

- Yes
- No
- Not sure

Please can you tell us how this could be improved

24. Do you feel the staff at your doctors surgery are aware of other local LGBT+ services that may be able to support you?

- Yes
- No
- I haven't asked them

25. If appropriate have you been referred to a different service (LGBT+ service) by your doctor or other health professional? If yes, which service?

Equality monitoring form

In order to make sure we provide the right services and make sure we avoid discriminating against any groups in our community, it is important for us to ask you the following information. No personal information will be released when reporting statistical data and your data will be protected and stored securely in line with data protection rules. This information will be kept confidential. Please try to answer all the questions. If you would like help to complete this form or would like a form in a different format please email: matt.thompson@northkirkleescq.nhs.uk or call: 01484 464000

If you would like to know how we use this data please visit our [privacy notice](#)

26. Who is this form about?

- Me
- Someone else - using their information

27. What is your gender?

- Male
- Female
- Prefer not to say
- I describe my gender in another way (please tell us)

28. How old are you?

29. Which country were you born in?

30. Do you belong to any religion?

- Buddhism
- Christianity (all denominations)
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Prefer not to say
- Other (please tell us)

31. What is your ethnic group?

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background (please tell us)

Black or Black British:

- Caribbean
- African
- Other Black background (please tell us)

Mixed or multiple ethnic groups:

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background (please tell us)

White:

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Other White background (please tell us)

Other ethnic groups

- Arab
- Prefer not to say
- Any other ethnic group (please tell us)

32. Are you disabled?

- Yes
- No
- Prefer not to say

33. Do you have any long-term conditions, impairments or ailments? (If YES please tick any that apply)

- Physical or mobility impairment**
(such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment**
(such as being blind / partially sighted or deaf / hard of hearing)
- Mental health**
(such as depression or schizophrenia)
- Learning Disability**
(such as having Downs syndrome or dyslexia or a cognitive impairment such as autism or head-injury)
- Long term condition**
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say
- Other (please tell us)

34. Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes
- No
- Prefer not to say

35. Which of the following best describes your sexual orientation?

- Bi / Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Prefer not to say
- Prefer to use another term (please tell us)

36. Do you consider yourself to be a Trans* person? *Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

- Yes
- No
- Prefer not to say

37. Are you pregnant or have you given birth in the last 6 months?

- Yes
- No
- Prefer not to say

38. Are you a parent/primary carer of a child or children who live with you, if yes, how old are they? (Tick any that apply)

- 0-4
- 5-9
- 10-14
- 15-19
- Prefer not to say

Thank you for taking the time to share your views and completing this survey!

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**NHS Greater Huddersfield and North Kirklees CCGs
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