Friday 23 June 2017

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

Tel: 01707 685 140
Email: engagement@enhertsccg.nhs.uk
Website: www.enhertsccg.nhs.uk

To Patients and Carers of patients registered with GP Practices in Welwyn and Hatfield except for Spring House Medical Centre

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 the Welwyn and Hatfield area.

Currently most GP practices in Welwyn and Hatfield are open between 8am and 6.30pm Monday to Friday. These are referred to as "core contracted hours". Most practices are also open for longer hours on one or two weekdays and some Saturday mornings. These are referred to as "extended hours appointments".

We aim to provide a service to start in April 2018 whereby these "extended hours appointments" are offered every weekday evening and at weekends depending on local demand for ALL patients regardless of which surgery they are registered at.

This "extended hours service" could mean visiting a nearby practice other than your registered practice and seeing a clinician from another practice rather than one from your own surgery.

In the Welwyn and Hatfield area, the Urgent Care Centre at the New QEII hospital will continue to provide urgent medical care 24 hours a day, seven days a week.

Any new arrangements would come into effect from April 2018.

Giving your views

Enclosed with this letter is a survey which seeks your views around the proposals for extending the hours service across the whole of Welwyn and Hatfield.

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

Alternatively you can complete the survey online at:
https://www.surveymonkey.co.uk/r/extendedhoursWelHat

You can request further copies of the survey for additional members of your household by emailing: engagement@enhertsccg.nhs.uk or calling: 01707 685 140

The survey will close at 5pm on Friday 18th August 2017 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 685 140 or email: engagement@enhertsccg.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 Welwyn and Hatfield District

Hatfield

- Burvill House Surgery
- Lister House Surgery
- Wrafton House Surgery

North Mymms

- Potterells Medical Centre

Welwyn

- Bridge Cottage Surgery

Welwyn Garden City

- The Garden City Practice
- Hall Grove Surgery
- Peartree Lane Surgery
- Spring House Medical Centre

EXTENDED HOURS SURVEY

1. **What type of appointments do you usually want to book at your GP Practice? (Please select only ONE answer)**

☐ 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 'emergency' appointments

☐ Same day 'routine' appointments

☐ Other (please specify below)

2. **Please consider the following statement?:**
   '*Extended opening hours for GP services should be available to ALL patients registered with a GP Practice in Welwyn Hatfield*.'

☐ Yes, I agree with the above statement

☐ No, I do not agree with the above statement

☐ Don't know/Not sure

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

☐ Yes ☐ No ☐ Don't know/Not sure

4. **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

5. **Would you use an extended hours GP service over the weekend?**

☐ Yes ☐ No ☐ Don't know/Not sure

6. **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

__ Saturday, 12pm-4pm

__ Saturday, 4pm-8pm

__ Sunday, 8am-12pm

__ Sunday, 12pm-4pm

__ Sunday, 4pm-8pm

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

☐ A face to face appointment with a member of staff

☐ A telephone appointment

☐ An online appointment using technology such as 'Skype'

☐ Don't know/Not sure

☐ Other, please specify below:

8. **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, travel immunisation, 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:

9. **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

10. **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

11. **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.

1. **Please provide the first four characters of your postcode (eg AL8 6)**

2. **Which GP Practice are you currently registered with?**

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

☐ Male ☐ Female ☐ Prefer not to say

☐ Other (if you would like to, please state)

4. **How old are you?**

☐ Under 16 ☐ 16-25 ☐ 26-40 ☐ 41-65

☐ 66-74 ☐ 75 or over ☐ Prefer not to say

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

☐ No ☐ Prefer not to say

☐ Yes (if yes please specify below)

6. **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)

7. **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)

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

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

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

☐ Yes ☐ No ☐ Prefer not to say

10. **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