



North Somerset

**Consultation on the future delivery
of primary care services for the patients of
Wrington Vale Medical Practice**

Feedback Form

**Please read the Consultation Document before you
complete this form**

**Consultation Period:
11th November 2009 to 13th March 2010**

The information in this first section is required for written submissions and to enable NHS North Somerset (the PCT) to contact you, if needed, to clarify points made in your submission. Please refer to the 'Privacy Statement' below.

Your Name				
Your Gender				
Your Address (Home or Organisation)				
Your Daytime Telephone Number				
Your E-mail Address				
Your Age Group (please tick <input checked="" type="checkbox"/>)	18 - 24	<input type="checkbox"/>	25 - 34	<input type="checkbox"/>
	35 - 44	<input type="checkbox"/>	45 - 54	<input type="checkbox"/>
	55 - 64	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>
	75 - 84	<input type="checkbox"/>	85 and over	<input type="checkbox"/>
Which surgery do you currently use? (if both, please tick <input checked="" type="checkbox"/> both)	Churchill	<input type="checkbox"/>	Wrington	<input type="checkbox"/>

Privacy Statement

NHS North Somerset (the PCT) is committed to the privacy principles as prescribed in its Information Governance Policies and all current NHS and national legal frameworks.

The personal information requested on this form is being collected by NHS North Somerset (the PCT) for feedback on the Consultation on the future delivery of primary care services for the patients of Wrington Vale Medical Practice. It will be used solely for these purposes or directly related purpose.

NHS North Somerset (the PCT) may disclose this information to other NHS North Somerset (the PCT) staff solely for the purpose of contacting named individuals in relation to their feedback on the Consultation on the future delivery of primary care services for the patients of Wrington Vale Medical Practice.

1. How do you travel to the surgery / surgeries? (Please tick <input checked="" type="checkbox"/> as many as apply to you)			
1.1 Churchill		1.2 Wrington	
Walking		Walking	
Cycling		Cycling	
Driving own vehicle		Driving own vehicle	
Passenger in own vehicle		Passenger in own vehicle	
Passenger in another person's vehicle		Passenger in another person's vehicle	
Taxi		Taxi	
Public transport - Bus		Public transport - Bus	
Voluntary Community Transport		Voluntary Community Transport	
Other (please state)		Other (please state)	
2. When did you last see a Doctor at your GP Surgery? (Please tick <input checked="" type="checkbox"/>)			
In the past 3 months			
Between 3 and 6 months ago			
More than 6 months ago			
Never			
3. Have you seen a Practice Nurse at your GP Surgery in the past 6 months? (Please tick <input checked="" type="checkbox"/>)			
Yes		No	

4. About the current surgery facilities at both Churchill and Wrington:

Do you feel that they need to be improved?

If your answer is **'Yes'**, please tell us how and why:

If your answer is **'No'**, please tell us why not:

5. Additional Services that are currently provided in hospitals that could be provided locally

We would like you to tell us which of the following services you would like to see provided at Wrington Vale Medical Practice if there was sufficient space.

Please tell us which are important to you by numbering your choices from 1 – 7 (1 being ‘most important’ and 7 being ‘least important’)

Service:	Please score from 1 – 7 (1 being ‘most important’ and 7 being ‘least important’)
Child and Adolescent Mental Health Service	
Local ‘Out-patient Clinics’ (i.e. away from the hospital) for, amongst other services, Urology, Dermatology, Respiratory, Diabetes	
Mental Health Counselling Service	
Oral Health Clinic	
Physiotherapy	
Podiatry (foot health) Clinic	
Teenage Health Clinic	
Other: Please tell us any you feel are missing and would like to see provided locally	

6. Evaluating the final list of options.

This formal consultation process may generate, in addition to those already on the table, other options for extending and improving the facilities at Wrington Vale Medical Practice.

We would like you to tell us how important you feel that each of the following criteria is in the evaluation of the final list of options.

Please tell us which are important to you by numbering your choices from 1 – 9 (1 being ‘most important’ and 9 being ‘least important’)

Proposed criterion for evaluating each option:	Please score from 1 – 9 (1 being ‘most important’ and 9 being ‘least important’)
Enables Compliance with Modern Statutory and Regulatory Standards: <ul style="list-style-type: none">• Disability Discrimination Act Standards• Infection Control Standards	
Future-proofing Provision of Local Services: <ul style="list-style-type: none">• Improving the attractiveness of the Practice as they seek to secure the services of high quality clinical and non-clinical staff	
Improves Productivity and Value for Money for the NHS: <ul style="list-style-type: none">• Reduced costs to the NHS of running premises (e.g. heating and lighting, waste disposal, business rates), rental in line with District Valuer recommendations	
Improves Patient and Staff Safety: <ul style="list-style-type: none">• Minimises health and safety risks	

Proposed criterion for evaluating each option:	Please score from 1 – 9 (1 being ‘most important’ and 9 being ‘least important’)
<p>Improves Quality of Patient Experience:</p> <ul style="list-style-type: none"> • Enables privacy and dignity standards to be met and protect patient confidentiality at all times 	
<p>Improves Working Lives of Staff:</p> <ul style="list-style-type: none"> • Light, airy and spacious working environment 	
<p>Minimises Environmental Impact:</p> <ul style="list-style-type: none"> • Reduces carbon footprint • Minimises impact on green space within the Practice area 	
<p>More Services for Patients:</p> <ul style="list-style-type: none"> • Enables wider range of services to be provided by Practice • Enables wider range of services currently hospital-based to be provided locally 	
<p>Optimises Ease of Access:</p> <ul style="list-style-type: none"> • Proximity to major access routes and public transport routes to maximise ease of access • Encourages people to walk or cycle 	
<p>Other criteria that you feel should be included (please state):</p>	

7. Your views on the options currently under consideration plus any others which you would like to put forward:

Current options are contained within the attached consultation document.

Option:	What do you think of these ideas?	How would they affect you?
Option 1: Do nothing or do minimum		
Option 2: The two site option		

<p>Option 3: Sell Wrington and Churchill sites and bring services together on one site in new purpose built facility</p>		
<p>Option 4: As Option 3 PLUS purchase or rental of space in Wrington to provide a small branch surgery</p>		

Option 5: As Option 3 PLUS satellite clinics out of local facilities, e.g. Local businesses and/or Village Halls		
Other option(s) that you feel should be included (please state):		

8. Do you have any additional feedback for NHS North Somerset about this Consultation on the future delivery of primary care services for the patients of Wrington Vale Medical Practice ?

For example:

Is it user-friendly, readable, and easily understandable?

Does it address the right things?


Are there any gaps?

Please continue on a separate sheet if necessary

Thank you very much for your feedback. We will get back to you with the outcomes of this consultation once all views and feedback have been taken into account

Please return this form by 13 March 2010

 **By post to: Wrington Vale Consultation Team,
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Old Church Road, Clevedon
BS21 6NN**

 **By fax. to: 01275 546769**

 **By e-mail to:
consultation@nsomerset-pct.nhs.uk**

 **Enquiries to:**

**Wrington Vale Consultation Team on
01275 546887**