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| **Horne Street Surgery Merger**  |
| **Proposed merger**The practice would like to apply to NHS Calderdale Clinical Commissioning Group (CCG) who buy (commission) health care for local people to merge with Boulevard Medical Practice**What is a merger?**A merger would mean that two GP practices would work as one. The GPs of both practices would work together and share the same staff and possibly the same building. The patients from both practices will still be able to stay registered with the practice. **Why do we think we need to merge?** The practice believes that a merger will improve services for both patients and staff The planned merger will allow patients registered at both practices to see clinicians of their choice and benefit from a wider range of services and skill mix. The Boulevard Medical Practice operates from a purpose built modern building and has four GPs, two of whom are female. All GPs are multilingual and can speak English, Urdu, Punjabi, and Hindi. The proposed merger will also enable patients access to more healthcare professionals including; GP registrars, Advanced Practitioners, Practice Nurses, Health Care Assistants and Pharmacists. Both practices share the same passion for providing high-quality services and have a forward-thinking approach to primary care.. **We need your views**The practice would like your view on the merger. Your views will be considered by the practice and Calderdale CCG. We would like you to tell us your views by filling out the short survey below.  Once you have completed the survey, please hand it in or return it to the practice. The survey is also available online at:<http://www.hornestreetsurgery.co.uk> **For more information** Please go to the practice website for more information. Thank you for taking the time to complete this survey, your views are important to us. |

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| 1. **Please tell us the first part of your postcode e.g. HD2**
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| 1. **I am answering this survey as**
 |
| A patient |  |
| A carer |  |
| Other (please tell us) |

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| **3. Do you feel you have had all the information you need about the merger?** |
| Yes  |  |
| No |  |
| Don’t know |  |
| Other (please tell us) |

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| **4a. Do you think that a merger with Boulevard Medical Practice would have an impact on you?** |
| Yes  |  |
| No |  |
| Don’t know |  |
| Other (please tell us) |

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| **4b. Please tell us more about your answer?**  |
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| **4. Is there anything else you would like to tell us? (This can include any worries, concerns or questions)** |
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**Equality Monitoring Form**

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and 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

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| **1. What is the first part of your postcode?**

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| **Example** | **HD6** |
| **Yours** |  |

**[ ]** Prefer not to say**2. What sex are you?**[ ]  Male [ ]  Female**[ ]** Prefer not to say**3. How old are you?**

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| **Example** | **42** |
| **Yours** |  |

**[ ]** Prefer not to say**4. Which country were you born in?**

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**[ ]** Prefer not to say**5. Do you belong to any religion?**[ ]  Buddhism[ ]  Christianity[ ]  Hinduism[ ]  Islam[ ]  Judaism[ ]  Sikhism[ ]  No religion [ ]  Other (Please specify in the box below)

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**[ ]** Prefer not to say | **6. What is your ethnic group?****Asian or Asian British:**[ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Other Asian background (please specify)

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**Black or Black British:**[ ]  Caribbean[ ]  African[ ]  Other Black background (please specify)

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**Mixed or multiple ethnic groups:**[ ]  White and Black Caribbean[ ]  White and Black African[ ]  White and Asian[ ]  Other mixed background (please specify)

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**White:**[ ]  English/Welsh/Scottish/Northern Irish/British[ ]  Irish[ ]  Gypsy or Irish Traveller [ ]  Other White background (please specify)

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**Other ethnic groups:**[ ]  Arab[ ]  Any other ethnic group (please specify)

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| **7. Do you consider yourself to be disabled?**[ ]  Yes [ ]  No **[ ]** Prefer not to say**Type of impairment:** Please tick all 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 / having a serious visual impairment or being deaf / having a serious hearing impairment)[ ]  **Mental health condition**(such as depression or schizophrenia)[ ]  **Learning disability**(such as Downs syndrome or dyslexia) or 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**8. 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 | **9. Are you pregnant?**[ ]  Yes [ ]  No**[ ]** Prefer not to say**10. Have you given birth in the last 6 months?**[ ]  Yes [ ]  No **[ ]** Prefer not to say**11. Please select the option that best describes your sexual orientation.**[ ]  Bisexual (both sexes)[ ]  Gay (same sex)[ ]  Heterosexual/straight (opposite sex)[ ]  Lesbian (same sex)[ ]  Other**[ ]** Prefer not to say**12.** **Is your gender identity the same as the sex you were assigned at birth?**[ ]  Yes [ ]  No **[ ]** Prefer not to say |

Thank you for taking the time to complete this form.

Please hand this questionnaire to the practice or post to the following address:

Horne Street Surgery

Horne Street

Halifax

HX1 5UA

**Please return this form by 03/01/2019**