



Local Patient Participation Report **March 2012**

1. Introduction

In 2011 the Valentine Health Partnership, made up of Shooters Hill Road Surgery, Ferryview Health Centre and Frances Street Surgery in South East London, set about creating a Patient Reference Group (PRG), as part of its commitment to improving the health of the communities it serves.

This report outlines how that group was established, and its involvement in creating and running a survey of the local patient population, to inform the creation of an action plan that would help to improve health and wellbeing in partnership with the community.

2. The vision for the group

Keen to move beyond the basics of patient consultation to a more meaningful level of engagement and participation, the Valentine group was established with a number of principles in mind:

1. Patients can be our greatest asset, but their experience needs to be understood
2. One-way communication does not make people feel involved or motivated; two-way dialogue is necessary and can positively influence services as well as informing communities and individuals
3. We will not spend time duplicating work that has already been done, but will capitalise on the engagement that already exists and build on this
4. Engagement brings about improvements to health and this can be positively built on
5. We will strive to move beyond traditional concepts of 'patient surveys' and 'patient reference groups' that often fizzle out and are not built to be self-sustaining
6. We will recognise the need for fluidity and flexibility in the group, allowing people to get involved in whatever ways and through whatever means they feel able to

Against this background, our approach involves a number of stages: initial scoping to agree the vision for the group with both staff and patients, early engagement, bringing people together to formulate a plan and embedding it within the practice and the community. This report focuses on the progress made in the first stages, up to the point of embedding the group.




3. Forming the group

The Patient Reference Group was created in its first form with a meeting held at the practice on Thursday 19 January. Patients and wider stakeholders were recruited to take part in this first meeting through a variety of means:

- Posters in the practice waiting rooms
- Leaflets on reception and in treatment rooms
- Invitations supplied with all repeat prescriptions
- Direct conversations with doctors and nurses during appointments
- Leaflets distributed to local community groups
- The presence of an involved patient, Tina, in the waiting room, speaking directly to other patients to explain the purpose of the group and encourage involvement

HAVE YOUR SAY
Join the Patient Reference Group today



What?
We are setting up a new Patient Reference Group. It's an opportunity for you to help improve the health of the local community.

Who?
Anyone who is a Patient of a Valentine Health Partnership Surgery can join:
+ Shooters Hill Road Surgery
+ Ferryview Health Centre
+ Frances Street Surgery

Why?
We know our patients have great ideas about how they could help themselves and others, so we're keen to hear how you might be able to contribute to the health of our community.

How?
If you would like further information please email: gre-pct.ValentinePMS@nhs.net or telephone: 020 8319 5400. Alternatively you can leave your details at reception

In this way we were able to ensure we did our best to reach out to a representative mix of the patient population, by communicating with those visiting the practice, those receiving regular medication, and those beyond the practice who are engaged with community groups in the local area. The groups targeted are listed in appendix one.

With all those who indicated they would attend and supplied a phone number, we telephoned or sent a text message to them on the day before, to provide a reminder of the session.



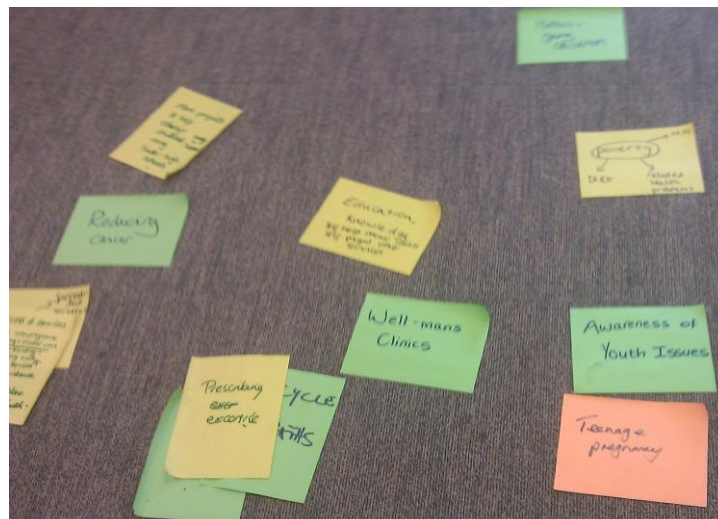
4. Establishing the group

At the first meeting, held from 12pm – 3pm on Thursday 19th January 2012 at Ferryview Health Centre, the group was made up of:

- Six patients from a range of backgrounds, including ethnic minority patients, retired older patients, professionals and mothers of young children
- An interpreter working for the practice
- A support worker from Welcare, a local charity supporting parents and carers
- A worker from Greenwich Community College focused on education, unemployment and training
- Three local pharmacists
- Three workers from the local mental health service, Oxleas
- Seven practice staff, including doctors and management staff

Within this group a wide range of patient perspectives were contributed, both directly and via the local stakeholders who held great insight into the needs and priorities of different groups in the local area.

The format for the meeting was kept informal and open. Lunch was provided and after some mingling and introductions, the group separated into individual groups of four to discuss what participants felt were the most important health and wellbeing issues for people who come to this practice and live in this area. The feedback from each group was discussed with the whole room and was clustered under broad topics, allowing us to identify some priorities.

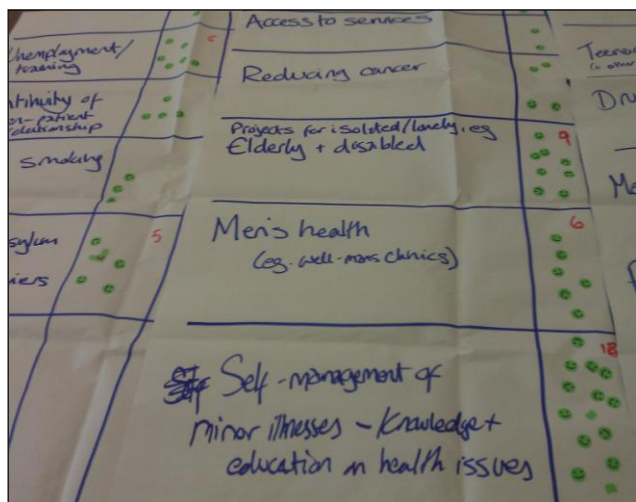
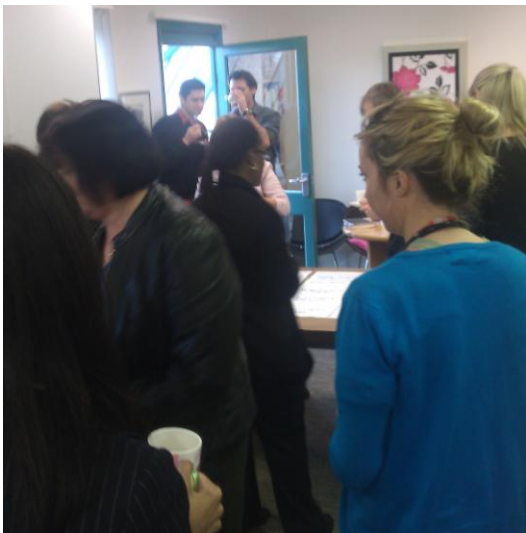




These were:

- Teenage pregnancy
- Drug & alcohol misuse
- Mental and emotional health
- Poverty-related health issues
- Mothers and young children
- Access to services
- Reducing cancer
- Projects for those who are isolated/lonely, e.g. disabled or elderly patients
- Men's health
- Self-management of conditions and knowledge of health issues
- Unemployment and training
- Continuity of the clinician-patient relationship
- Stopping smoking
- Refugees and asylum seekers – the cultural barriers

The group then identified, as individuals, which of these topics they felt were most important. They were able to choose up to three each, using dots to make their selection on flipchart sheets.





5. Planning the survey

This exercise highlighted the following topics as the priorities for the patient survey:

- Unemployment and training
- Mental health issues
- Mothers with young children
- Self-management of minor illnesses/ chronic conditions
- Support for those who are isolated/ lonely

The group then went on to discuss the best way to approach the patient survey, thinking about issues such as the number of questions, the length and format, and the best ways to distribute it. It was decided that an incentive would be important in encouraging a range of responses, so the practice agreed to offer an opportunity to win one of three £50 Sainsbury's vouchers for taking part. This was deemed the most appropriate and appealing offer for the local population.

The group felt strongly that open questions should form the majority of the survey, allowing patients to express themselves in their own words rather than in pre-coded answers or yes/no responses. Attendees also felt the survey should be about more than establishing what should be improved on, and what the practice should do for people – rather, it should explore what people can do for themselves and for others in the area, to contribute to the community's health and wellbeing, and should highlight the things that are working well.

Draft questions around the key topics were debated before the session closed.

At the close of the first meeting everyone took a moment to share their thoughts on the group and the process so far. Comments included:

"It has been great to see people here from different backgrounds. It's nice to see us all coming together" – patient

"It's been great to share ideas on how to improve" – practice staff member

"I'm looking forward to the results of the survey" – a patient

"It has been good to come in and see what different parts of the community are doing – I'm keen to start signposting everything that's going on" – a local pharmacist

"We need to recruit more patients – it would be good if all patients here could go out and talk about what we're doing, to get more involved" – practice staff member

"The work done today is really good. It'll be interesting to see how the group builds momentum over the next year" – patient



The group agreed to arrange a meeting in early March to discuss the findings of the survey and establish what actions should be taken in response to them.

6. Developing and distributing the survey

Following the first meeting, survey questions were written up in consultation with one of the patient attendees who volunteered to help in the creation of the survey. A draft version was then piloted in the practice waiting room with seven patients. This process resulted in some questions being combined in order to reduce the length of the survey and ensure it could be done quickly. The final survey was then created in paper form and online using surveymonkey.com, and distributed to patients in the following ways:

- The survey was signposted at reception and by all practice staff
- Leaflets were made available in all rooms, signposting the online survey and the paper copies available from reception
- All those who had previously expressed an interest in the PRG and had provided an email address were sent a message with the survey attached and a link to the online version

Based on the success of the approach in recruiting people to the group in the first place, one of the patient members – Tina - also volunteered to come into the waiting room and sit with people while they filled out the survey. This proved incredibly successful.

The survey ran from 22nd February 2012 until 2nd March 2012.

In total, 81 surveys were completed on paper – all gathered in the waiting room with our patient volunteer. One additional survey was completed online – a disappointingly low figure considering how widely the survey had been promoted.

The full paper survey can be seen in appendix two.

7. Analysing the response

The second PRG meeting was held at the Ferryview practice on Thursday 8th March 2012, from 2:30pm – 4:30pm.

Eighteen patients had indicated on the survey and through follow up conversations that they would attend the session. Unfortunately on the day six patients came along. Three of these were patients that had been involved in the group before, and three were new additions, who had been engaged through the practice's Expert Patient Programme on diabetes. In addition to the patients, two pharmacists attended, and three practice staff.

At this meeting the group went through the results of the survey, which are provided in full in a spreadsheet with this report. The key points discussed by the group are outlined below.



Survey findings

Respondents were very appreciative of the Valentine Health Partnership, highlighting

- Friendly and helpful staff
- Good location
- Good service and surroundings

The most frequently suggested improvements included:

- Reduced waiting times
- Improved booking system
- Greater availability of appointments
- Waiting area facilities and cleanliness, including a tea/ soft drinks machine in reception

Rating your health

18% of patients rated their physical health as excellent, and more than three quarters rated it as average or better. Only 2% rated their health as poor.

More than three quarters rated their mental health and wellbeing as average or better, with 18% describing it as excellent and only 2% as poor.

The factors most highlighted as having made a difference to participants' health and wellbeing in the past year included, on the positive side:

- Receiving good medical attention
- Diet & exercise
- Seeing the same doctor regularly

And in a negative sense:

- A health condition
- Pregnancy/ children

Participants made many suggestions about what has the most impact on people's health and wellbeing in the local area. Unemployment and money were mentioned most often, as well as the environment, diet, and family and friends.

Several people suggested that free physical activities or classes would be of benefit to them or others.



Managing your health

Over two thirds (35%) of participants said they have a chronic health condition. The most common were:

- Arthritis
- Asthma
- Back problems
- Diabetes
- High blood pressure

The vast majority (74%) said they feel able to manage their own illness or chronic condition, and a further 5% said they feel able to do so with medication. There was no real demand for greater information on managing illnesses.

Only 13% of participants attend groups to help them improve or manage their health, and most said they wouldn't want to attend a group. Only one said they would particularly like to attend a group, for advice on diabetes.

Isolation and loneliness

2% of respondents said they felt very lonely or isolated, and 18% in total rated their levels of loneliness as above average.

Suggestions for identifying people who are lonely or isolated included:

- Groups or clubs for people to find someone to talk to
- Home visits
- Taking time with people in appointments and really listening to what they have to say
- Observing behaviour

Supporting others

A handful of people said they could offer support to people with an illness or chronic condition, by offering their time, spiritual or emotional support, and specific support for disabled people or those dealing with depression.

More generally, patients suggested they would be willing to help improve the health and wellbeing of people in the area by offering:

- Advice/ someone to talk to
- Help with children
- Voluntary work
- Taking people out for walks
- Help for the elderly

18 people also indicated they would like to join the PRG, which is great news for the future of the group.



The demographic mix of survey respondents was noted by the group as being varied and fairly representative of the area.

Ethnicity:

58% White	6% Mixed ethnicity
27% Black	3% 'Other'
5% Asian	

Gender:

65% female	35% male
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Age:

16-24 = 6%	50-64 = 21%
25-34 = 28%	65+ = 9%
35-49 = 36%	

Employment:

21% unemployed	11% self-employed
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43% in full or part-time employment

Children:

28% had children under the age of five

Carers:

18% were full or part-time carers

Tina, the patient involved in helping to get the surveys filled out did, however, highlight the fact that the survey respondents were predominantly those who were visiting the practice for some reason, suggesting it will have been weighed heavily in favour of those seeking treatment or experiencing ongoing health issues, rather than members of the patient population who are currently healthy and have no need to see a doctor. This was noted as an area to consider in the future of the group, and particularly for future patient surveys.



8. Discussing the findings and forming an action plan

Having reviewed the key findings, the group then proceeded to discuss their reactions to these points and talk about the ways in which it can help to address them. These discussions were focused around six key topics.

Exercise

Exercise was highlighted in the survey findings as providing great benefit to people's health and wellbeing, and the group agreed this should be a priority. Many of the patients involved in the PRG had personal experience of the positive impact exercise could have on their lives, and the role it could play in helping manage long term conditions.

It was felt that people in the local area would benefit from recommendations on the type of exercise available, and what would be suitable for them. The practice agreed to help promote the programmes that are currently running more widely, such as the Greenwich Healthy Living Service and the GP health-wise referral scheme to ensure people know about them.

It was also mentioned that ladies gym and swimming sessions in the local area sometimes have male staff. The group agreed that it could communicate with the centres offering these, and the local authority, to ensure these sessions cater for those who need the assurance that they really are women-only.

The group also talked about the need to promote success stories. It was suggested that patients could video local walks to be screened on the TV in the waiting room. This footage would be pleasant and relaxing for those who are waiting to be seen, as well as providing a positive message about exercise in the local area and some motivation. Barbara - one of the patient members of the group – suggested she will contact the local college to see if their media studies students may be interested in helping with this, and George, another of the patients, indicated he would be happy to be involved in filming one of his now regular walks. The group felt this will work particularly well as the survey indicated people are not that keen on joining health groups, but the screen in reception is easy for all to view, and walking is something people can do on their own or with others.

Tina volunteered to work on bringing the information on local exercise opportunities and sessions together, to be shared within the practice, ready for wider promotion within waiting areas.

It was also agreed that this report will be shared not only with the PCT and on the practice website but also with the local authority, given its responsibilities and interests in local activities and exercise provision.



Mental health and isolation

Despite the limited numbers in the survey who said they would be interested in joining groups, the PRG agreed that patient-led groups need to be established. These will work best for people with very specific needs – e.g. not just ‘mental health’ or ‘men’s health’, but for specific conditions. This is already working very well in the form of the practice’s Expert Patient Programmes for conditions such as diabetes, and it was felt that a focus on conditions, which in themselves can create issues of loneliness and isolation, and can have an impact on mental health and wellbeing, would be most appropriate. The members of the PRG who are involved in an Expert Patient Programme provided first-hand accounts of the benefits this has brought to them in terms of meeting other people and forming new friendships, with regular social opportunities being organised as a result. The group will also work closely with the Oxleas service to explore how groups can be established with their input.

The practice manager pointed out that even if only 2% or 3% of the practice want to join a group, that is still a significant number and we need to make sure they are catered for. The focus will be on building these with patients and promoting them via the practice and wider networks. Initially this will be done through Expert Patient Programmes to get a few groups off the ground.

Health promotion

In the course of discussion around the survey findings, the importance of promoting health-related messages as widely as possible was also identified as a theme the PRG wanted to take forward. The pharmacists involved in the group were particularly keen to help on this by volunteering to come into the practice to run informal sessions on health issues in the waiting room. Flu clinics were also identified as an opportunity for the practice to provide wider health education messages.

The group also felt a newsletter would be of great value to patients. This would be produced with the input of the PRG, led by patients and supported by the practice, and could highlight particular events, health conditions and advice on a regular basis. It would tie in with the points made in relation to promoting exercise schemes, as well as the patient-led groups to be set up from the Expert Patient Programmes. It would also help to reach out to patients not visiting the practice regularly.

The PRG will explore this opportunity in more detail, to agree possible content, format, and roles and responsibilities.



Self management and ongoing conditions

The survey highlighted the importance of patients with ongoing conditions being able to see the same doctor and getting a high level of continuity in their care. The practice already has continuity groups in place to ensure good cover if the patient's usual doctor is not available. This has been running for a year now and will continue to be a focus. It can perhaps be better communicated to patients, and to reception staff, so that people are aware this is the way things work, so the practice will take this forward as an action.

The role of pharmacists in helping people manage their own health was raised, along with the need to educate people so they don't feel they need to go to the top of the 'health hierarchy' by visiting their GP every time. Greater awareness of the role pharmacists can play in assessing people's health and supporting them with ongoing conditions will help reduce the pressures on the practice and also lead to better relationships with the pharmacy team. Again, the pharmacists volunteered to come in and run informal sessions in the practice waiting room to talk to people about how pharmacists can help them, particularly in managing their medication and making sure they are using medicines in the correct way. These sessions are to be set up in the near future.

Practice improvement

While the feedback on the practice was highly positive, some respondents referenced waiting times. In light of this, the practice will look at the data on waiting times, clinics and doctors, so it can identify where improvements need to be made and ensure consistency across the service. It was noted by the group that this needs to be balanced with the need for staff to have time in appointments to really listen to patients.

The points raised in the survey about the provision of drinks machines in the waiting room were discussed by the group, but the health and safety issues associated with hot drinks, and the need to ensure only healthy drinks and snacks are provided in order to fit with health messages, led to a decision that this cannot be taken forward.

Tina mentioned that in doing the survey with people in the waiting room, many had said they had ideas about small things in the practice but didn't feel that they wanted to raise them as significant issues. While there is a complaints procedure at the practice, patients with more general ideas and comments don't feel this is the right channel to put them through. In light of this, the practice agreed to reinstate a suggestion box, which used to be provided but had been withdrawn. This will be used as a means to open up these lines of communication.



What people can offer

Those people who indicated in the survey that they would be willing to play a role in improving the health and wellbeing of people in the area will be contacted by the PRG to explore their offers in more detail.

The PRG indicated it would like to explore running another survey focused on what people can do, working with local community groups to ensure it goes beyond those visiting the practice. The practice has volunteered to help put this together with the group, and patients will help in promoting it as widely as possible.

The practice also reiterated its willingness to offer facilities for patient groups and activities, and help with contacting people and sharing information.

In addition, Tina volunteered to maintain her presence in the waiting room on a longer term basis, to talk to people informally about what they can offer and what they need. In the short term this will focus on getting people to become involved in the PRG, either through a virtual group (to be contacted on relevant issues via email) or through attendance at future meetings.



Summary of actions and responsibilities:

Action	Responsibility
Promote existing exercise schemes including Greenwich Healthy Living Service and the GP health-wise referral scheme	Valentine Health Partnership
Communicate with leisure centres running women-only sessions to ensure male staff are not present	PRG – responsibility TBC
Send PRG report to local authority as well as PCT	Valentine Health Partnership
Contact local college to discuss media studies students getting involved in filming local walks with patients	Barbara and George
Start compiling information on local exercise opportunities and groups	Tina
Create more patient-led support groups through the Expert Patient Programme	Valentine Health Partnership – Expert Patient Programme staff
Run informal information and advice sessions in the waiting room	Local pharmacists – to be discussed as a group, to share the role across different pharmacies
Use flu clinics as an opportunity to promote wider health messages	Valentine Health Partnership
Communicate the continuity groups more effectively to patients with ongoing conditions	Valentine Health Partnership
Look at data on waiting times to identify any improvements that can be made	Valentine Health Partnership
Contact survey respondents who said they'd be interested in helping others	PRG – responsibility TBC
Re-establish the suggestion box	Valentine Health Partnership
Maintain a patient presence in the waiting room to recruit more PRG members and explore how people can get involved	Tina

It is intended that some initial progress will be made on as many of these actions as possible before the next meeting.



In addition to these, there are a couple of possible actions and ideas to be discussed further at that next meeting:

1. Explore the creation of a PRG newsletter
2. Discuss running another survey to establish how people can help others

At the end of the second meeting we again went round the group to share some closing thoughts and comments:

"We have lots of ideas. People just need to take responsibility for putting them into action now"

"There are some really easy things that can be done, but we need more patient involvement to make them happen. There is a lot of interest, but we need commitment"

"We need to involve healthy patients, not just those coming into the waiting room"

"There are some great ideas here. Even if we just push forward on one or two in the coming months, we'll be doing well. Perhaps we should focus on the exercise element, given the nicer weather is starting"

9. Future plans for the PRG

The group is keen to maintain the momentum it has built up in these early stages, and to focus on greater engagement with those outside the practice (i.e. those not in the waiting room). It will work with community groups, pharmacists and other local stakeholders to reach out as widely as possible, and the current patient members will work to recruit others via family, friends and local groups.

In addition to the face-to-face meetings, the group is also keen to establish virtual groups for specific discussions, as a means of gaining input on individual health conditions or from people who cannot attend the sessions easily but would be happy to share their views and be involved via the phone and on email.



Appendix one: building a representative PRG Greenwich health & community groups

This document sets out a number of health and community groups in Greenwich, along with their contact details and a view on how representation from this group on the PRG may be of mutual benefit to the GP practice and the patients.

This list was been prepared using the following sources of information:

- Initial information on patient profiles provided by the practice
- Greenwich Public Health Report 2008¹
- Greenwich Health Profile²
- National Centre for Health Outcomes Development(NCHOD) data³
- Anecdotal conversations with General Practice Nurse (GPN) colleagues
- Desk research on community groups

¹ NHS Greenwich, Whiteman, S and Guite, H. 'Building Health into the Future: A report on health inequalities in Greenwich'. 2008

² DH Health Profile 2011 Greenwich

³ NCHOD 2001 census data released 2011



Group name	Fit with local priorities	Comment
Greenwich LINK	<p>One of Greenwich Public Health Priorities is improving mental health in the area</p> <p>Valentine Health Partnership (VHP) has 3x higher number of patients with schizophrenia</p> <p>VHP shares one of its premises with Oxleas mental health trust</p>	<p>Has a mental health task group and pulls in a number of local people and organisations in Greenwich.</p> <p>Also has task groups for maternity and stroke.</p>
Greenwich MIND	As above	Likely to be important stakeholders in view of the high number of patients with enduring mental health issues
Greenwich Carers Centre Carers Support Greenwich		An important link to harder to reach/ time poor patients
Alzheimer's services in Greenwich and Lewisham		
Breathe Easy Greenwich	<p>VHP have run expert patient groups for COPD</p> <p>Greenwich has a higher than average level of adult smoking</p> <p>One of Greenwich's Public Health Priorities is to reduce cancers especially lung, bowel, prostate and breast</p>	
Greenwich Leisure Ltd (GLL)	<p>One of Greenwich Public Health Priorities is reduce cardiovascular disease</p> <p>VHP has health trainers running health checks and other sessions so they could introduce info on the PRG as part of these</p>	<p>GLL has specialist teams working in a number of Boroughs dedicated to offering a specific programme, Healthwise, for those with health conditions where physical activity can improve their well being.</p> <p>GLL delivers a wide range of health initiatives in partnership with a number of agencies. Programmes include:</p> <p>Cardiac rehabilitation, healthy walks weight management courses, musculoskeletal & back care courses, smoking cessation</p>



DESMOND- a group run by Diabetic Specialist Nursing	VHP have run expert patient groups for diabetes Woolwich ward populations have 14-16% Black Africans and 13.3% Asian therefore diabetes is likely to be of high prevalence	Groups are run in Woolwich Arsenal, Eltham, Woolwich, Greenwich and Thamesmead
Homeless and Asylum Seekers Health Visiting Service	As above VHP report high Somali and West African patient population, some of whom will be in this group	
Youth Reach	Levels of teenage pregnancy and GSCE attainment in Greenwich are worse than national average	
Greenwich Maternity Services Liaison Service(MSLC)	Mothers with young children are high users of GP services HV runs a breastfeeding cafe at VHP	
Greenwich NCT	As above	
Sunbury midwives team	As above	
Age Concern Greenwich	Whilst VHP reports a lower than average number of elderly patients, this group are likely to be high users of the service	
Royal Docks Learning and Activity Centre		Runs youth club three evenings a week as well as regular workshops and discussions on current issues Runs a 50+ group and a Health Promotion Project



The TRYangle Project		Support programme for men/ women who are either being abusive/ violent or are suffering from abuse. May be difficult to recruit users but workers registered with VHP could add valuable insight in relation to the health needs of people they support
Welcare Parents and Children Centre	Link to teenage pregnancy and maternal health	Christian charity helping parents and families with problems they may be facing
Harbour Trust		Working with people affected by HIV and AIDS through support groups and an activity programme for children who've been bereaved or are living with an affected parent
Her Centre	Levels of teenage pregnancy and GSCE attainment in Greenwich are worse than national average Link to maternity services	Held at six locations in Greenwich and two in Woolwich. Advice and support sessions for local women
YMCA Thames Gateway	Link to youth services – connection to teenage pregnancy and other issues	
Mama African Women's Association	Woolwich ward populations have 14-16% Black Africans	
Emmaus Greenwich		Provides formerly homeless people with an opportunity to achieve a structured life within the community
Greenwich Action for Voluntary Service		Supports voluntary, community and faith organisations in Greenwich
Woolwich Simba Project	Woolwich ward populations have 14-16% Black Africans	Resource centre providing a range of community services for African and Caribbean people in the community



Appendix two: the patient survey

This short survey has been created by the Valentine Health Partnership's Patient Reference Group – a new group of patients, practice staff and local community members to help improve health and wellbeing across the local area. At the group's first meeting we identified five priority areas which are explored in this survey;

- unemployment and training
- mental health issues
- mothers with young children
- self-management of minor illnesses/ chronic conditions
- support for those who are isolated/ lonely

We'll also be looking at other, wider issues as the group continues.

By taking part in this survey you will be helping us to improve services within your community and explore new opportunities. This isn't just about what health professionals can do for you – it's also about how you might be able to improve your own health, and the health and wellbeing of others.

All the information you provide will be handled in the strictest confidence. If there are any questions you'd prefer not to answer, please leave them blank.

You can also complete this survey online, at <http://www.surveymonkey.com/s/PLSC5G7>

The survey will run until **Friday 2nd March 2012** so please let us have your responses before then.

WIN

Every completed survey will be entered into a prize draw to win one of three
£50 Sainsbury's vouchers

Thank you for your support.

The Valentine Patient Reference Group



Section 1: About the practice

1. What do you appreciate about the Valentine Health Partnership?

2. What needs improving?

3. What else would you like to see the practice offering its patients?



Section 2: Health and wellbeing

1. How would you rate your own physical health on a scale of 1-10, 1 being poor, and 10 being excellent?

2. How would you rate your own mental health and wellbeing?

3. What has made the most difference to your health and wellbeing in the past year?

4...Do you have a chronic health condition?

- No
- Yes (if yes, please state what the condition is)

5. Are you a full or part-time carer for a friend or family member?

- Yes
- No

If you answered yes, please tell us how long you've been a carer for

6. Do you attend any groups that help you improve or manage your health and wellbeing?

- Yes
- No

If you answered yes, please tell us about the group you attend and how it helps you



7. Do you feel able to manage your own illnesses/ chronic conditions?

- Yes
- No

8. On a scale of 1-10 how isolated and lonely would you say you feel? 1 being very lonely or isolated, and 10 not lonely/ isolated at all

9. If you do feel lonely or isolated at all, what's the one thing that would change that?

10. How do you think we could best identify those who are isolated and lonely?

11. What do you think has the most impact on people's health and wellbeing in the local area?

12. Are there any services, activities or forms of support you would benefit from that don't currently exist?

- No
- Yes (if yes, what are they?)



13. What can you offer to help improve health and wellbeing of people in your local area? For example, could you help support people with an illness or a chronic condition, or help parents with young children?

14. Would you be interested in joining the next meeting to be held in March? We will be looking at the results of this questionnaire to identify priorities and to discuss how people can work together to improve health and wellbeing locally. If you'd like to take part, please provide your contact details below so we can provide you with more information.

Contact details:

Mobile number: _____

Alternative phone number: _____

Email: _____

Address: _____



Section 3: About you

Name:

Ethnicity:

- White
- Mixed ethnicity
- Asian
- Black
- Chinese
- Other

Gender:

Age:

- Under 16 (please tell us how old you are) _____
- 16-24
- 25-34
- 35-49
- 50-64
- 65+

Employment status:

- Employed full-time
- Employed part-time
- Unemployed
- Self employed
- In full-time education
- in part-time education

Do you have children under the age of 5?

- No
- Yes (if yes, please tell us how many and how old they are)

Thank you for taking part in this survey. You can return completed surveys to any Valentine Health Partnership reception desk or any member of staff. Alternatively post them to:

Laura Snow, IM&T Manager Valentine Health Partnership
Ferryview Health Centre
25 John Wilson Street
Woolwich SE18 6PZ



Appendix three:

About the practice – opening hours and accessibility

Opening hours at the Valentine practices are as follows:

Ferryview: Monday-Thursday 8am-8pm and Friday 8am-6:30pm

Frances Street: Monday – Friday – 8am – 1:00pm

Shooters Hill: Monday – Friday 8am – 6:30pm

We have a duty doctor on call between 8am-6:30pm each day who provides telephone advice in the first instance and calls patients into a 'duty to see' slot should they require an on the day appointment following their telephone assessment. At 6:30pm the phones are turned over and patients who call after this time get diverted to Grabadoc, a local out of hours GP service. Between 6:30pm-8pm patients attend the surgery for pre-booked doctor/nurse appointments only and may pop down to collect prescriptions / register, etc.

All sites share the same phone lines so the duty system remains the same for all.