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| **GP SERVICES** | | | |
| 1a. | What is the name of your GP practice? |  | |
| 1b. | What is your age range? (circle appropriate) | <17 18 – 34 35 – 50 50 – 70 70> | |
| 1c. | Have you ever used any of the online services available from your practice? (tick appropriate) | Appointment booking |  |
| Repeat prescriptions |  |
| Accessing medical records |  |
| Electronic consultation |  |
| 1d. | Please rank in order from 1-5 (1 being your highest preference) how you would like to consult with the doctors or nurses at your GP surgery | Online |  |
| Via e-mail or text |  |
| Face to Face |  |
| Skype/video consultation |  |
| Telephone |  |

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| **ONLINE SERVICES** | | | | |
| 2a. | Are you aware there are a number of online services available to you? | Yes | No | |
| 2b. | If yes, what services have you accessed? | | | |
| 2c. | Which of the on-line services would you use more? | Ordering prescriptions | |  |
| Book/cancel appointments | |  |
| View parts of your GP record, including information about allergies, vaccinations, previous illnesses | |  |
| Viewing blood results | |  |
| 2d. | Do you keep self-care medicines? | Yes | No | |
| 2e. | Do you know what pharmacies can offer? | Yes | No | |
| 2f. | Would you access your local pharmacy for health advice? | Yes | No | |
| 2g. | Where would you access information to find out self-care information for your child? |  | | |
| 2h. | Where would the first point of contact be when requiring access to health services for your child? |  | | |

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| **USING HEALTH SERVICES** | | | | |
| 3a. | How confident do you feel about which health services to use in what situation in Portsmouth? (for example, A&E or the St Marys Minor Injury Unit)(tick appropriate) | Very confident | |  |
| Quite confident | |  |
| Neutral | |  |
| Unconfident | |  |
| 3b. | Do you feel confident that you would know how to access information about the services available in the city? | Yes | No | |
|  | If ‘Yes’ Where would you get that information from? (please detail) |  | | |
| 3c. | Which services would you like or need more information on? (please detail) |  | | |
| 3d. | If you wanted advice and support to stop smoking, reduce alcohol intake or drug use, or to lose weight where would you prefer to access that support? (tick appropriate) | GP surgery | |  |
| Portsmouth City Council Wellbeing service | |  |
| Online/national services | |  |
| Pharmacy | |  |
| NHS Choices | |  |
| 3e. | What online sources do you use to access health information and/or to support self-care (tick appropriate) | GP practice website | |  |
| University website | |  |
| Social media | |  |
| Other | |  |
| 3f. | Please share anything else you would like to say about accessing health services and information (please give details below) | | | |
| 3g. | Do you know about the NHS app? | Yes | No | |
| 3h. | Do you find the leaflets/notice boards in the surgery helpful? | Yes | No | |