

**SADDLEWORTH MEDICAL PRACTICE**

**ANALYSIS OF THE SURVEY CONDUCTED UNDER THE DIRECT  
ENHANCED SERVICES GUIDANCE  
AND AUDIT REQUIREMENTS 2013**

**20<sup>th</sup> March 2014**

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## 1.0 Background

1.1 The Saddleworth Medical Practice is located on 2 sites; the larger in Uppermill and a much smaller provision in Delph. On 11<sup>th</sup> June the Delph surgery closed and was re-placed by a temporary building later that month. A re-modelled and slightly larger facility is scheduled to re-open in July, 2014.

1.2 The practice has 9 doctors. 4 are full-time giving a total of 7.76 full time equivalent, (fte). In addition, the practice is a training practice and has two GP Registrars each year. There are 14,150 patients.

1.3 In the last 2½ years there have been some modifications to the Uppermill surgery. It is not anticipated these alterations, coupled with an enlarged Delph building will give the practice sufficient freedom to work on site within the community to the extent it would prefer. This lack of space, coupled with the location of the practice's main surgery 6 miles from Oldham's centre, mean an above average number of patients have to travel greater distances for treatment away from Uppermill to elsewhere in the Borough.

1.3 The last 2 submissions under the Direct Enhanced Services (D.E.S.) Patients' Survey have concentrated on communication and the identification of carers. Action plans have been prepared which are still on going. The 2011 paper looked at communication with the whole of the practice's patient population. Only 3% of respondents were from the under 25 age group, so to compensate for this, the 2012 paper focussed on all those in this younger age bracket.

1.4 Although males who responded did feature in the first year's survey, they were in the minority - 37% and it is well-known<sup>1</sup> that men are more reluctant to seek medical advice compared with their female counterparts.

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<sup>1</sup> Witty K, White A, (2010) The Tackling Men's Health Evaluation Study: Final Report; Leeds Metropolitan University

A Policy Briefing Paper (2009) Challenges & Choices: Improving health services to save men's lives, Men's Health Forum

## 2.0 The 2013-4 Survey

2.1 After discussions in the Patient Participation Group (P.P.G.) and with the agreement of the Practice, it was decided the 2013 survey should look at males with long term conditions; how they viewed their treatment and importantly whether they now feel they should have gone to see a doctor earlier. It was felt it was also necessary to know whether those to be surveyed knew of all the relevant support groups which already existed. A lack of knowledge of current provision was a feature of both previous D.E.S. surveys.

2.2 Out of the 14,150 patients the practice has 5,553 who have conditions which could have been included in the survey. It was decided only those on multiple registers should be eligible.

2.3 The long term conditions identified were: arterial problems; blood pressure; diabetes; heart conditions; memory problems; rheumatoid arthritis; asthma; chronic obstructive pulmonary disease; epilepsy; kidney conditions; prostate cancer and stroke.

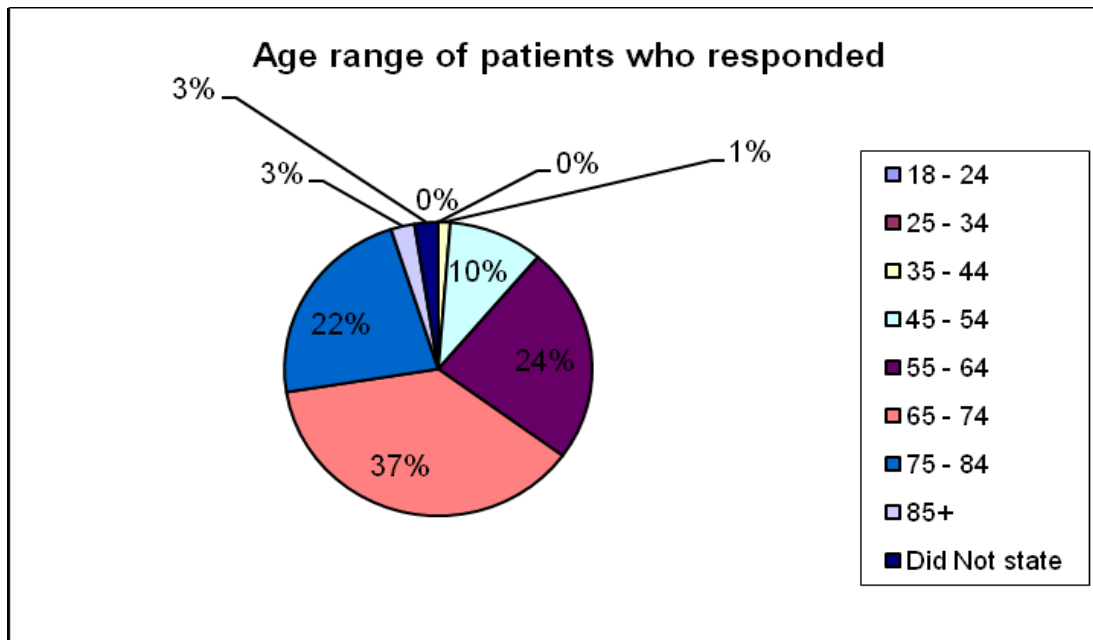
2.4 The questionnaire is attached, see appendix A. On reflection there could have been an advantage in asking whether the respondent was retired. It is well-known that a patient's attitude to life is very much affected by retirement. In some instances it is a positive, others a negative.

2.4 The survey was conducted from November 2013 with a closing date of 13<sup>th</sup> December, 2013. There are 1,226 male patients in the practice with multiple long term conditions. The Practice has a total of 1,400 patients' e mail addresses; as some e mail addresses are not readily-identified by the person, it was not possible to distinguish which were amongst the targeted group. It was therefore necessary to send out the survey to all 1,400 patients on e mail in order to capture the relevant patients. Other survey forms were given out in clinic settings and by leaving copies on the counter at the Uppermill surgery. Very prominent notices were placed on the P.P.G. Notice Board in the Uppermill waiting room: *'Are you male with a long term condition? Have you completed the practice's survey?'* To maximise publicity for the project these notices were displayed no less than 9 times at the same time and on the same P.P.G. notice board

2.5 Although the main aim of the survey was to look at those with long term conditions because of the extent of the e mail contact and the completion by patients who had collected forms from the surgery, some of the respondents did not have multiple long term conditions. These replies have been included, where considered relevant. See especially the responses about making an appointment.

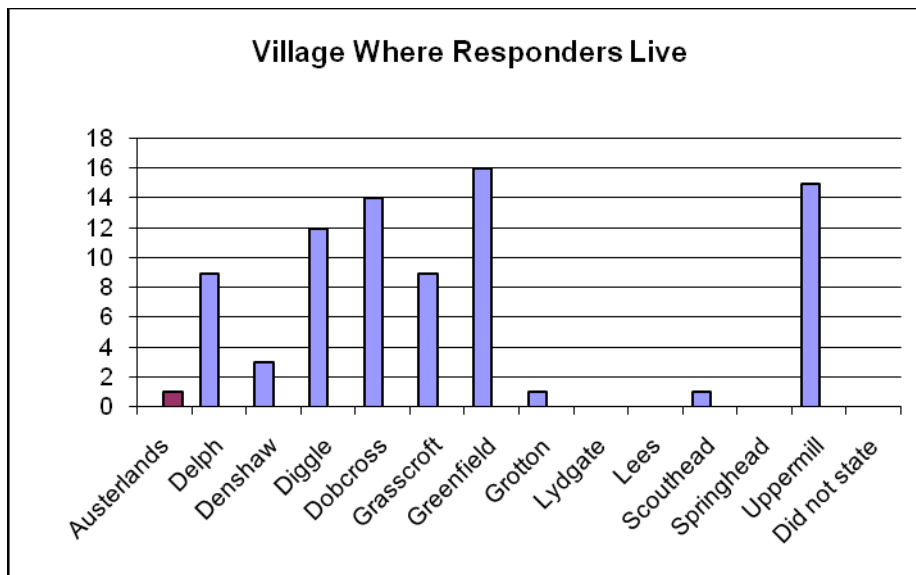
2.6 Altogether 80 responses were received and after discussion in the P.P.G. meeting this was felt by both the Practice and the P.P.G. to give a sufficient number of answers.

### 3.0 Age of Patients Who Responded



3.1 It is hardly surprising the highest number of the respondents were in the 65-74 range followed by the 55-64 and 75-84 virtually neck-and-neck.

### 4.0 Village Where Respondents Live



4.1 Greenfield is the most heavily-populated village followed by Uppermill. This is reflected in the number of respondents. With 14,150 patients the Saddleworth practice has nearly 50% of the whole of Saddleworth's population on its books.

## 5.0 Most important Health Issues (Q3 & Q7)

5.1 Questions 3 and 7 both related to this issue. The former was an open question: 'What are the most important health issues for you right now? If so please tell us what they are'. In question 3, it was entirely up to the patient to determine the answer. Question 7 was a response to a list and it was not surprising therefore that the responses were fuller.

5.2 From the list supplied to patients in question 7 the responses below are:

Disease/Issue	Number	Disease/Issue	Number	Disease/Issue	Number
<i>Blood Pressure</i>	61	<i>Cholesterol</i>	55	<i>Diet</i>	45
<i>Weight</i>	45	<b>Risk of Heart Attack/Stroke</b>	<b>44</b>	<b>Cancer</b>	<b>42</b>
<b>Prostate Check</b>	<b>41</b>	<i>Exercise</i>	40	<b>Risk of Diabetes</b>	<b>25</b>
Depression	10	Sexual Health	10	<i>Alcohol</i>	7
<i>Smoking</i>	2	None of the above	1		

5.3 Those in italics indicate issues where the patient himself can play a preventive positive part in looking after his own health. To have blood pressure and cholesterol checked regularly is a positive feature. Diet, weight control, stopping smoking and the level of alcohol consumed are in the same category. The diagnosis of those in red will mostly be after a medical examination.

5.4 With the increased emphasis on self-care and self-management it is re-assuring the preventative elements are to the fore in some instances for over 75% of patients.

5.5 A quote relating to questions 3 and 7:

*'Maintaining a healthy lifestyle with regular medical check-ups'* Delph 65-74. This man said he did feel he consulted with his doctor promptly. He has a heart condition and said he would welcome 10 minutes with a doctor (Q6) to discuss this illness and any future possible issues.

## 6.0 Promptness of Consultation with Doctor (Q4)

6.1 The presumption here was that men did not consult with their doctor soon enough. From this survey that is not the case. Only 15 of the 80 gave an emphatic 'no' although 13 either did not answer the question or the reply was unclear. If the 13 were ignored, 15 out of 67 said 'no' - 22%. Arguably, that is still too many.

6.2 Whilst the figures go against the original belief it is interesting to examine some of the replies from patients. Where relevant, the response to Question 6 (10 minutes with a doctor) has been included in the responses below:

6.2.1 *'Possibly not for either condition (asthma and hypertension) I just hoped they would go away'.*

6.2.2 *'Denial about the possible condition, ignored partner's advice. Did not appreciate the significance of the symptoms'.* 45-54 age range with heart condition; back pain, mild depression and stress at work.

6.2.3 *'No, my male ego'.* 55-64 age range. Q8 (Anything putting off coming to the surgery) *'Yes, a general feeling of not wanting to waste the doctor's time. When I eventually go to see G.P. I am thinking 'I was only here a few months ago. They must think I am a hypochondriac'.*

6.2.4 *'No, lack of knowledge'* 65-74 age range. Cited bladder problem as his issue but also had diabetes. Wanted Wellman's clinic which would include prostate cancer check and memory problem test.

6.2.5 *'My condition was diagnosed on the day I joined the practice'* Man aged 75-84 with type 2 diabetes. Went on to say he believed: *'he would not be slow to contact a doctor'.*

6.2.6 *'An M.O.T. when I was in my early 50s picked up the issue of cholesterol/B.P. so I have to thank the practice for that. Prior to that I had no concerns and was called for the M.O.T.'* Aged 55-64 with B.P and cholesterol problem and type 2 diabetes.

6.2.7 *'It has been difficult to avoid feeling that there is little (or no) continuity of care for older men particularly. So that one is reluctant to raise concerns, as and when they occur. Knowing that each G.P. is probably busy and their time is valuable. General reviews seem sketchy at best'.* Uppermill man in the 65-74 age range. This man gave a neutral answer about whether he saw his doctor soon enough. He continued: *'Again the general feeling is that G.P. is not really interested/involved with a patient's worries in the 10 minutes you have available. You leave with a feeling that perhaps you've been a nuisance – or one of the 'worried well'.'* This man referred to continuity of care and suggested a weekend surgery rota in answer to 10 minutes with a doctor (Q6).

## **7.0 10 Minutes' Consultation with a Doctor (Q6)**

7.1 23 of the 80 either made no reply to this question or gave a definitive no. Quotes from 3 who said no:

7.1.1 Despite the complexities of his condition – heart attack 2007; stroke 2013; prostate ongoing) and lumbar laminectomy 2012. Man in the 75-84 age range.

7.1.2 A second with type 2 diabetes and control of cholesterol in the same age group had not seen the necessity.

7.1.3 The third (65-74) with Parkinson's; hip and knee problems and carer for his wife. This man saw the Parkinson's nurse.

7.2 A further 7 felt they were already in the system but did not always see a doctor. One indicated he saw the nurse twice per year for a diabetes check up (55-64)

7.2.1 What comes out here is the patient to see the right health care professional which will not always be the doctor.

7.3 From the remaining 50 the main issues were: cancer including prostate 7; need for health check 6; with 4 for C.O.P.D. and ageing generally.

## **8.0 Is there anything which puts you off coming to the surgery? (Q8)**

8.1 This has to be paired with question 15, the open-ended all-embracing question at the end of the questionnaire.

8.2. 67.5% (54) of respondents either said there was nothing which put them off coming to the surgery or did not answer. A no reply was taken as a 'no'. 11 of these made very positive remarks about the practice in their answers to question 15. A selection of the complementary replies is given below:

8.2.1 *'Actually I am very happy with the support I get from the practice.'* Man in the 65-74 age range with heart condition and ageing problems.

8.2.2 *'I have always had excellent care and treatment from everyone I have seen at the surgery. Many many thanks.'* Man aged 65-74 with pacemaker fitted; bowel cancer (May 2013) side effects of chemotherapy and large hernias from bowel operation site.

8.2.3 *'Very happy with existing situation (doctors and nurses)'* Man aged 75-84 with prostate cancer; arterial fibrillation; blood pressure and leg amputee (6 years ago).

8.3 Of the remaining 26. Four had said no to question 8 but had then gone on to make negative remarks under question 15 about the appointments' system.

8.4 Here are some of the responses:

8.4.1 *'Very difficult to contact surgery by phone to arrange things'* Man aged 45-54 with back pain stretching back 33 years.

8.4.2 *'Phone access is impossible. When appointment is arranged the service is excellent but the time from asking to visit is too long'*. 65-75 age range with weight problem; erectile dysfunction; mucus collection in throat and blood pressure.

8.5 Here are some of the other comments:

8.5.1. *'It can be difficult to be seen by a GP within 3 days when one feels ill. As a middle-aged man I tend not to phone for an appointment at the first sniffle, I try and see if the issue clears up on its own or by visiting the pharmacy before contacting the surgery. The process of trying to book an appointment 'on the day' by phoning at 9 a.m. is ludicrous. The phone is*



*constantly engaged.*' This man was felt that the appointment system could be better run so as to benefit patients. (45-54 age range). He also referred to 'Wellman' clinics for certain risk groups e.g. bowel cancer for the over 50s.

8.5.2 *'The rigmarole and difficulty making an appointment obstructive reception staff. Unable to make appointment more than 4-5 weeks ahead and being told to keep calling back. Booking and waiting to see a specific Dr. only to be told you are seeing someone else on the day....The surgery is too busy i.e. seems like too many patients. Have to wait weeks to see a doctor (specific doctor) causing continuity issues with ongoing medical conditions.'* Man in 65-74 age range with diabetes, weight, joint and respiratory problems.

8.5.3 *'I find it hard to get to see the Dr of my choice within a reasonable time. I can't be bothered and before I know it, the issue gets pushed to the back of my mind. Another obstacle is actually getting through to the surgery. The other week after attending a nurse's clinic, she suggested I see a G.P. there was a queue at the desk, so I left. My mobile phone call register later showed I had called Uppermill surgery 36 times without getting through. I never made the appointment in the end.'* Man in the 55-64 range with ageing and weight problems.

8.5.4 *'The biggest issue is waiting for appointment once you have made up your mind to go if you have to wait 3-4 weeks you could be dead anyway!!!... Not acceptable'* Self-employed man in 55-64 age range with blood pressure, cholesterol and leg pain.....'

8.5.5 *'Length of timescale to get an appointment to see a practitioner. At the present one feels as if you become ill or have a problem to fit in with an appointment – it needs to be the other way round.'* Man 55-64 with blood pressure and rhinitis.

8.5.6 *'First getting an appointment and then the restrictive opening hours.'* This man in the 55-64 age range went on to say he wanted appointments either at 6.30 a.m. to 7 a.m. or after 5 p.m.

8.5.7 *'The surgery and waiting times give the impression that there is no time to see patient on what might seem trivial matters.....continuously busy line.'* 65-74 age range with diabetes.

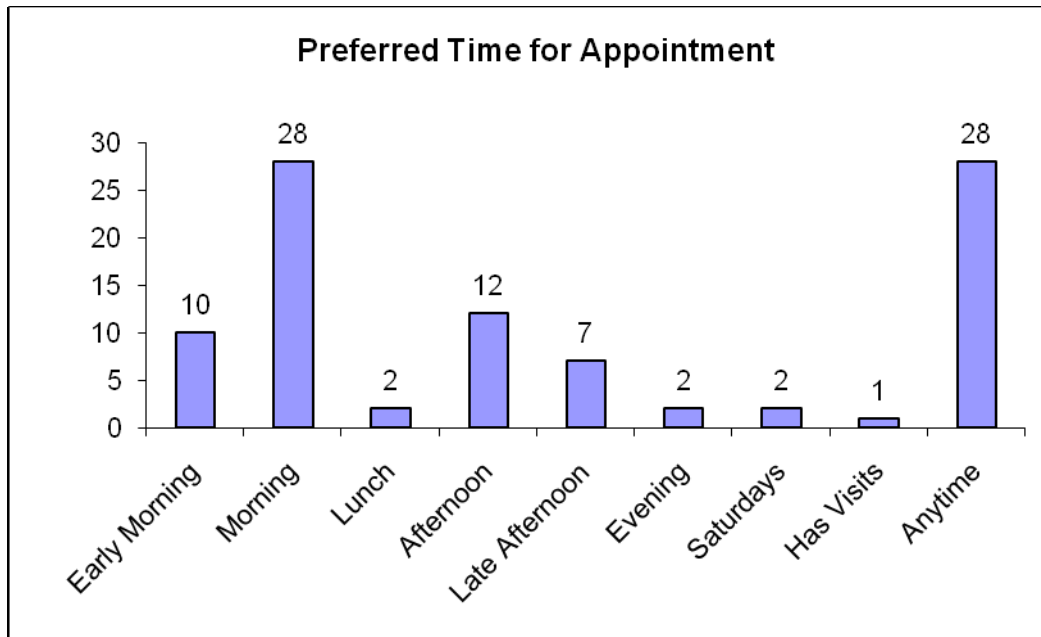
## **9.0 Most Convenient Time to Come to the Surgery (Q9)**

9.1 The responses to this question did not throw any light about any adjustments although 2 specified both evenings and Saturdays. Only 64 patients replied.

9.2 The main responses related to the problems of getting an appointment in the first place rather than the timing. At the time of writing discussions about implementing an appointment system through e mail was at a late stage. This should relieve at least some of the pressure on appointments by telephone. There was only one reference to the contact by telephone with a doctor through the appointments' system. With 14,150 patients there is an inevitability of congestion at certain times but contact tried through a mobile telephone 36 times (see para.8.5.3) is unacceptable. Four mentioned quite specific times - 10.30 a.m.

for three (14, 26 and 8) and a fourth – 12.15 to 12.45 or 17.00 to 17.30. 2 specified both evenings and Saturdays.

9.3 The full list of responses:



## 10.0 Finding Out about Men's Health (Q10 & Q11)

10.1 This question was designed to see where men felt they had some support through discussion which might be seen as compensation for any absence of consultations with doctors. The figures below confound this belief; the dominant pillar of support was seen as the doctor. Those who see the nurse are already in the system. The influence of the internet is also worthy of note with an age group where social media feature less than with youngsters.

10.2 The answers given were as follows:

Friends	Internet	Magazines	Groups Sessions	Men health Drop In	G.P	Nurse	Family Member	media	Don't research men's health
16	26	15	2	10	67	38	15	2	1

10.3 On the one hand, it is re-assuring over 83% of patients saw the doctor as the person from whom they would get support, yet this may not be in the best interests of the Health Service as a whole where the population has to adopt a more versatile approach to ailments e.g. go to the pharmacist. On reflection pharmacist should have been included on the list above. Only one mentioned going to a pharmacist without this prompt (see para.8.5.1). This is at a time when the pharmacist needs to be seen as part of the whole system of health provision; in some instances the first port of call to avoid clogging up doctors' appointments.

10.4 Despite the varied avenues used by patients to learn about men's health 29 of the 80 said they would be interested in a drop in session at the surgery about men's health (Q11).

10.5 3 of the group who would like a drop in session mentioned the need for a Wellman's Clinic. A fourth mentioned such a clinic but in his case he would only 'possibly attend a drop in session'. A fifth mentioned maintaining a lifestyle with regular medical check-ups but did not want a drop in session.

10.6 It is probably safe to assume the frames of reference for a drop in session would be closely-aligned to that of a Wellman's Clinic. I have linked the Wellman's Clinic to the drop in session by including this additional paragraph.

10.7 Some of the replies to question 11:

10.7.1 *'Very interested – ideal project to produce real changes.'* Man age range 65-74 with blood pressure; potential diabetes and obesity.

10.7.2 *'I have a low mobility without pain at the moment. It is slow to do anything. I would try but hard for me. Can't guarantee well at x clock for instance.'* Man 55-64 who had had cancer.

10.7.3 *'Not unless it was individual - one to one.'* 55-64 range with blood pressure and weight problem. This answer was taken as a 'no'.

## **11.0 If you are a Carer, how could the practice help to improve your quality of life in terms of your health?**

11.1 Only 3 identified themselves as a carer. Because responses are anonymous, it cannot be confirmed that any of these patients are on the practice's carers' register. Nonetheless the following quotes are worthy of note:

11.1.1 *'I am a carer, but am fine thanks.'* Man 55-64 age range with early signs of cancer, asthma and undergoing urology checks.

11.1.2 *'Annual M.O.T.?'* Man with blood pressure and moles on skin. Age 55-64. Outside the frame of reference but clearly felt the need to communicate with the practice.

11.1.3 *'Nothing comes to mind presently, but being a carer is extremely wearing!!'* Man did not give age. His major concerns are being a carer for his disabled wife. He is anxious to stay fit and able to continue to care for her.

11.1.4 A fourth man identified himself as a previous carer. He made reference to getting the doctor to ask as his second question *'how are you coping with your caring duties?'* Third question *'How Can I help today?'* Clearly this man felt his status as a carer was not recognised fully by the practice when he had fulfilled that role. He went on to say he wanted to maintain a healthy lifestyle.

## 12.0 Other Issues identified from the Questionnaire

### 12.1 Issues mentioned:

- 1 man wanted blood test and blood pressure results to be sent by e mail.
- 5 mentioned the use of the Greenfield gymnasium.
- 1 mentioned dignity in dying.
- *'Stop smoking' and 'why weight?'* mentioned by same man.
- *'congrats on introducing e mail contact (not for appointments) and also phone consultations with doctor save wasted time and effective for both parties.'*
- *'The communications systems within the surgery which only discovered by chance e.g. triage emergency appointments, phone call with G.P. A leaflet explaining all the surgery's services would be useful.'*

## 13.0 Summary

13.1 The possibility of having long term conditions for the D.E.S. survey for 2013 arose when one man approached a member of the P.P.G. about the support he felt he was not getting.

13.2 Two major issues arose from this piece of research. Firstly, the inadequacies of the appointments' system which clearly generates a great deal of feeling and secondly, the perceived benefits of having a drop in session/Wellman's Clinic for males.

13.3 The pressure on the appointments' system is not confined to the Saddleworth Practice; it is a universal issue, discussed *ad nauseum* in the media. A lack of appointments leads to over-referral to the accident and emergency departments nationally although that issue was not mentioned within this survey.

13.4 From this limited survey it is not possible to measure whether the right health care professional is seen for whatever the issue is. Whilst it is re-assuring that 67 out of 80 (83.75%) saw the doctor as one of the persons whom they would approach to talk about their health, there remains an argument that doctors have become the place for social support which in earlier days would have been given by relatives who live around the corner.

13.5 38 out of 80 (47.75%) mentioned the nurse with whom they would talk for support. Clearly these respondents would already be in the system. The challenge would be to ensure that all men are comfortable accessing the right health professional.<sup>2</sup>

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<sup>2</sup> A Policy Briefing Paper (2009) Challenges & Choices: Improving health services to save men's lives, Men's Health Forum.

13.6 The detection of a diabetic patient by a doctor when first joining the practice is also worthy of note.

13.7 During 2013 the government announced what was called a major initiative that patients with an identifiable long term condition should be 'registered' with a specific doctor. The aim was to give better continuity of care. This has not yet been implemented by central government.

13.8 It is clear there is not the depth of understanding amongst patients about what can reasonably be expected from the practice; e.g. expecting an appointment at a specific time.

13.9 One patient mentioned the benefits of having a leaflet which detailed the accessibility to the appointments' system through triage.

13.10 The use of the local gymnasium was mentioned by only 5 in answer to the knowledge of groups by respondents. This low number might reflect its actual use or it could merely be an interpretation by the respondents that the gymnasium does not fall into that category.

## 14.0 Recommendations

14.1 In collaboration with the Saddleworth and Lees Health and Wellbeing Sub-committee, the practice looks at the provision of a drop in session/Wellman's Clinic. Such a provision would fall within the Health Promotion mandate financed by the Local Authority from where moneys would have to be found. It could be located within the cluster.

14.2 Through the Health and Wellbeing sub-committee, funding is found to produce a leaflet which informs men patients of facilities around and the '*Five Health symptoms Men shouldn't Ignore*' listed by NHS Choices. These are

- A lump on our testicle
- Moles
- Feeling depressed
- Trouble urinating
- Impotence.

The leaflet should also include guidance about when it might not be necessary to see a doctor for a problem; thus releasing the doctor's time for patients who have a more complex need. The leaflet to include issues which are practice specific in part one e.g. appointments' system and part two support from outside the practice. The second part could include issues as broadly based as felt appropriate e.g. Greenfield Gymnasium mentioned by five in the responses.

14.3 The practice's website is developed further to raise men's awareness of local groups and where they can go for health advice, e.g. NHS choices, the Men's Health Forum website and issues raised through the annual '*National Men's Health Week*'<sup>3</sup>

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<sup>3</sup> National Men's Health Week 9<sup>th</sup> to 15<sup>th</sup> June 2014

- 14.4 Consideration is given to the provision of a notice board specifically aimed at men's health and periodic attention is given to men's health issues in the practice's quarterly newsletter.
- 14.5 The practice's quest to book an appointment on line is expedited as quickly as possible.
- 14.6 Telephone consultations to be more widely publicised.

**SADDLEWORTH MEDICAL PRACTICE**



09 November 2014

**This survey is a joint venture between the Practice and Saddleworth Medical  
Practice Patient Participation Group (SMPPPG)**

**and is confidential**

**Closing date: Friday 13<sup>th</sup> December 2013**

## MENS HEALTH AND LONG TERM CONDITIONS

It is well known that men are more reluctant than women to seek medical advice. It is equally well known that many illnesses diagnosed at an early stage can be contained if there are prompt consultations with a doctor. Cancer is a good example but it is by no means the only one.

Saddleworth Medical Practice is aware of this issue and with your help wants to consider the best way forward.

The Practice believes there is no better way of doing this than hearing from patients about their concerns and, most importantly as far as men are concerned, why there is a reticence amongst males to seek medical advice at any earlier opportunity. We need to learn together medical professions and patients alike.

The Practice is now conducting a survey for men with long term conditions as listed:

Arterial Problems	Asthma
Blood Pressure	COPD
Diabetes	Epilepsy
Heart Conditions	Kidney Conditions
Memory Problems	Prostate Cancer
Rheumatoid Arthritis	Stroke / TIA

To enable the Practice to improve the health of men in Saddleworth we should be grateful if you would complete the following survey.

The survey should take at most 15 minutes to complete. We want to note especially how we could consider rectifying any situation which you may have found unsatisfactory.

Please could you return your completed survey to Saddleworth Medical Practice reception?



**Q1. What is your age, (please tick)?**

> 18 – 24

> 25 - 34

> 35 - 44

> 45 – 54

> 55 – 64

> 65 - 74

> 75 – 84

> 85 +

**Q2. In which village do you live? \_\_\_\_\_**

**Q3. What are the most important health issues for you right now? If so please tell us what they are?**

**Q4. With hindsight, do you feel you consulted with your doctor at the earliest opportunity for your condition? If the answer is no, what prevented you from doing so?**

**Q5. Are there any health issues which you talk about with your friends or which you hear other men talking about?**

PTO

**Q6. If you could spend 10 minutes with a doctor or nurse to discuss any health issues what would you like to discuss?**

**Q7. Which of the following health issues do you feel are important to you, (Please tick all IMPORTANT to you)?**

- > Cholesterol
- > Diet
- > Exercise
- > Weight
- > Blood pressure
- > Risk of diabetes
- > Risk of heart attacks or strokes
- > Cancer
- > Smoking
- > Alcohol
- > Sexual health
- > Prostate check
- > Depression

**Q8. Is there anything which puts you off coming to see a doctor or nurse at the surgery?**

PTO

**Q9. What would be the easiest time for you to come to the surgery if you needed to?**

**Q10. How do you prefer to find out about men's health issues, (please tick all that apply to you)?**

- > From friends
- > From the internet
- > From magazines
- > From group sessions
- > From men's health drop in session at the surgery
- > From your doctor
- > From your nurse
- > From your wife, girlfriend, mother, partner

**Q11. Would you be interested in a drop in session at the surgery about men's health?**

**Q12. If you are a Carer, how could the practice help to improve your quality of life in terms of your health?**

PTO

**Q13. Are you aware of support groups or facilities/activities in the Saddleworth area that you feel may be of benefit to you in maintaining your health? If so, which ones?**

**Q14. If you have listed any groups/facilities at question 13, what prevents you from accessing these services if you are not using them?**

**Q15. Is there anything else you would like to tell us about regarding men's health issues or the surgery?**

**THANK YOU**