

# HAVE YOUR SAY

## GP and pharmacy services during COVID-19

As part of our response to help minimise the spread of COVID-19 and keep the people of Cornwall and the Isles of Scilly safe, there have been changes made to GP and pharmacy services during the pandemic.

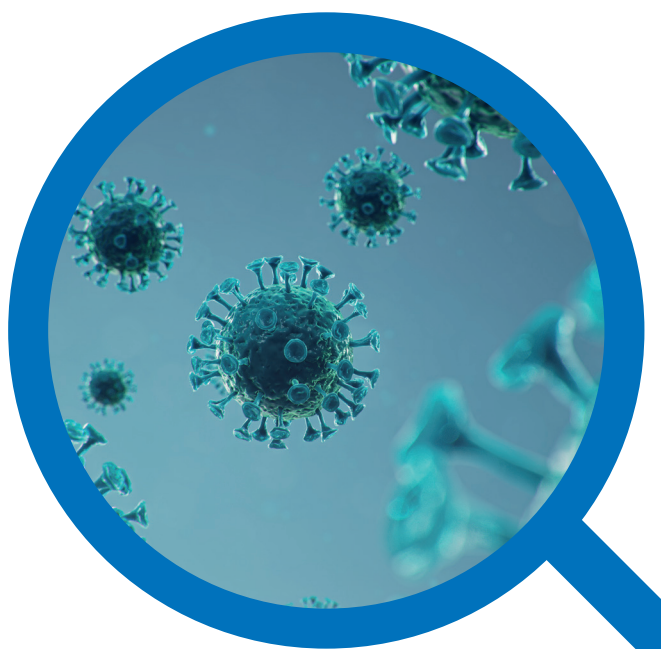
If you have used GP or pharmacy services during the pandemic, we would like to know which changes have worked well and which you feel could be made better, and how.

If you have purposely avoided accessing GP or pharmacy services during the pandemic, we want to understand your concerns and ask that you please still fill out this survey by skipping or answering N/A to questions that are not applicable to you.

Your feedback is essential to enabling us to better understand what changes to GP and pharmacy services in Cornwall and the Isles of Scilly have worked well and where improvements can be made.

Please take some time to complete this short survey. It should take around 15 minutes to fill in. There is extra space to write comments on page 15 and 16 if you need it.

If you require this survey in easy read format please email [kccg.engagement@nhs.net](mailto:kccg.engagement@nhs.net) or call 07788 492652. You can also submit your responses online: [www.kernowccg.nhs.uk/get-involved/consultation](http://www.kernowccg.nhs.uk/get-involved/consultation)



# A bit about you

## 1. Who are you completing this survey on behalf of?

- ☐ You ☐ Someone else, please specify your relationship below:

## 2. Do you consider yourself to be a carer, have a disability or a long term health condition? Tick all that apply.

- ☐ Yes, I consider myself to be a carer  
☐ Yes, I consider myself to have a disability  
☐ Yes, I consider myself to have a long term condition  
☐ No  
☐ I'd prefer not to say  
☐ Other, please specify:

## 3. Please tell us your post code or the first half:

## 4. Please tell us which GP practice you are registered with:

## Information and advice

### 5. How easy have you found it to get the information that you need about how to keep yourself and others safe during the coronavirus pandemic?

Very easy	Easy	Neither easy or difficult	Difficult	Very difficult	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 6. Where have you found information or advice about the coronavirus pandemic? Tick all that apply.

- ☐ Online - national organisations' websites (e.g. Government, NHS)
- ☐ Online - local organisations' website (e.g. NHS Kernow website, council, local hospital, voluntary/community organisations, Healthwatch)
- ☐ Online - your local GP surgery website or social media
- ☐ Online - social media more widely
- ☐ Media (e.g. television, radio or newspaper)
- ☐ Received by email or text message
- ☐ From family or friends
- ☐ N/A
- ☐ Other, please specify:

### 7. Where have you found information about how to contact your local GP? Tick all that apply.

- ☐ Online - national organisations' websites (e.g. Government, NHS)
- ☐ Online - local organisations' website (e.g. NHS Kernow website, council, local hospital, voluntary/community organisations, Healthwatch)
- ☐ Online - your local GP surgery website or social media
- ☐ Online - social media more widely
- ☐ Media (e.g. television, radio or newspaper)
- ☐ Received by email or text message
- ☐ From family or friends
- ☐ Already had the information
- ☐ N/A
- ☐ Other, please specify:

## Information and advice

8. Have you found information about how to access GP and pharmacy services during the pandemic difficult to understand?

☐

Yes

☐

No, go to question 10.

9. If yes, please explain further:

## Using your local GP

### 10. Have you needed to contact your GP surgery during the coronavirus pandemic?

☐

Yes

☐

No, go to question 21.

### 11. Was this for a new or ongoing health issue?

☐

New

☐

Ongoing

☐

Both

### 12. How would you compare the surgery's response time to their response time before the pandemic?

Quicker

☐

About the same

☐

Slower

☐

Don't know

☐

N/A

☐

### 13. Please tell us more about this if you can

### 14. How was the consultation?

	Very good	Good	Satisfactory	Poor	N/A
e-consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face consultation at (or outside of) my usual local surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face consultation at (or outside of) an alternative surgery or special clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Using your local GP

15. It would be really helpful to know more about why you felt this way, please can you explain a bit more about your experience.

16. If seen face to face, did you feel safe with the social distancing in place and the use of personal protective equipment (PPE)?

Yes I felt safe

☐

Could have felt safer

☐

I didn't feel safe or unsafe

☐

No I did not feel safe

☐

N/A

☐

17. If you did not feel safe, please explain your reason(s) for this.

18. Is there anything more you would like to share about your experience?

## Using your local GP

19. Is there anything that you think worked well about your appointment or could have been better? If so, please tell us what it was and why.

20. Which changes to GP services would you like to see continued and which changes have not worked well? Are there other changes that you feel could be made?

21. Have you on any occasion purposely avoided contacting your GP during the pandemic?

☐ Yes ☐ No, go to question 23

22. If yes, please indicate your reasons for this and whether this was despite having worrying symptoms, scheduled immunisations for yourself or family members or any other reason for needing to see a GP?

- ☐ Unsure or unable to use technology  
☐ Unsure how to access the new system in place  
☐ Didn't want to be a burden to the NHS  
☐ Other, please specify:

## Using your local GP

**23. Was there anything that stopped or made it difficult for you to contact your GP about symptoms which could be linked to a serious condition e.g. cancer?**

☐

Yes

☐

No, go to question 25.

**24. If yes, please explain further:**



# Using your pharmacy

25. Have you used pharmacy services during the pandemic?

☐

Yes

☐

No

26. Do you know how to get healthcare and advice from a pharmacy during the pandemic?

☐

Yes

☐

No

☐

Don't know

27. How do you feel about using pharmacy services if you need to during the pandemic?

Very happy to use a pharmacy

☐

Happy to use pharmacy

☐

No different

☐

Unhappy to use pharmacy

☐

Very unhappy to use pharmacy

☐

N/A

☐

28. If your answer to the above has changed over time please tell us more about this:

29. Have you ordered a repeat prescription during the pandemic?

☐

Yes

☐

No, go to question 35.

30. If you have a repeat prescription, how have you ordered this during the pandemic? Tick all that apply.

☐

Online

☐

App

☐

Drop off

☐

Repeat prescription line (dispensing practice)

☐

Other, please specify:

31. Is this different to how you ordered your repeat prescription before to the pandemic?

☐

Yes

☐

No, go to question 33.

## Using your pharmacy

**32. If yes, please can you explain what about ordering your repeat prescription was different during the pandemic?**

**33. Have you had to wait longer than normal for your prescription to be issued?**

☐

Yes

☐

No, go to question 35.

☐

Don't know, go to question 35.

**34. If yes, please tell us your reason for this, if known?**

**35. Have you on any occasion purposely avoided attending your pharmacy during the pandemic?**

☐

Yes

☐

No, go to question 37.

**36. If yes, please indicate your reasons for this and whether this was despite having worrying symptoms or concerns about your health.**

**37. Which changes to pharmacy services would you like to see continued and which changes have not worked well? Are there other changes that you feel could be made?**

## Finally

**38. Do you, or the person you care for, have one or more long term conditions that require regular contact with your GP surgery or pharmacy?**

☐

Yes

☐

No, go to question 40.

**39. If yes, has the management of your condition been affected by the changes made to GP and pharmacy services during the pandemic in any way?**

**40. Have you been unable to access any GP or pharmacy services during the pandemic?**

☐

Yes

☐

No, go to question 42.

**41. If yes, please can you specify**

**42. Do you know of any individuals, groups or communities that you feel may be disadvantaged by the current changes to GP and pharmacy services? If so, please tell us.**

**43. Please provide us with any other comments you wish to make about GP and pharmacy services.**

# Equality and diversity

This section is optional. The information provided will be confidential. You do not have to complete and return this form if you do not wish to.

We are concerned that there should be no unfair discrimination against any group or individual. We want to make sure we understand what our population says, to enable NHS Kernow to make informed decisions. By completing this form, you will help us to understand whether we are talking to all members of the community, and will highlight where additional work may need to take place, to enable specific groups to access the engagement process.

## 1. Age

- |                                |                                |  |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 0-1   | <input type="checkbox"/> 50-64 | <input type="checkbox"/> 85+               |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 25-49 | <input type="checkbox"/> 75-84 |  |

## 2. How do you describe your gender?

- |  |  |
|--|--|
| <input type="checkbox"/> Female                | <input type="checkbox"/> Male              |
| <input type="checkbox"/> Gender fluid          | <input type="checkbox"/> Gender neutral    |
| <input type="checkbox"/> Intersex              | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other, please specify |  |

## 3. Is your gender identity the same as the sex you were assigned at birth?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

## 4. What is your marital status?

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widow/widower     |

## 5. Are you pregnant?

- |                              |                             |                              |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|------------------------------|

# Equality and diversity

## 6. Do you consider your sexual orientation to be:

- |   |  |
|---|--|
| <input type="checkbox"/> Heterosexual/Straight  | <input type="checkbox"/> Lesbian/Gay woman |
| <input type="checkbox"/> Gay man                | <input type="checkbox"/> Bisexual          |
| <input type="checkbox"/> Asexual                | <input type="checkbox"/> Pansexual         |
| <input type="checkbox"/> Other, please specify: | <input type="checkbox"/> Prefer not to say |

## 7. How do you describe your religion or belief (if any)?

- |   |   |
|---|---|
| <input type="checkbox"/> Agnostic               | <input type="checkbox"/> Atheist            |
| <input type="checkbox"/> Buddhist               | <input type="checkbox"/> Christian          |
| <input type="checkbox"/> Hindu                  | <input type="checkbox"/> Jewish             |
| <input type="checkbox"/> Muslim                 | <input type="checkbox"/> Pagan              |
| <input type="checkbox"/> Sikh                   | <input type="checkbox"/> No religion/belief |
| <input type="checkbox"/> Other, please specify: | <input type="checkbox"/> Prefer not to say  |

## 8. How do you describe your ethnic origin? Please read through carefully before selecting the ethnic group that you feel most closely reflects your background.

- |  |  |
|--|--|
| <input type="checkbox"/> White English, Welsh, Scottish, Northern Irish, British |  |
| <input type="checkbox"/> White Cornish   | <input type="checkbox"/> White Irish                 |
| <input type="checkbox"/> White & Asian   | <input type="checkbox"/> White & Black African       |
| <input type="checkbox"/> White & Black Caribbean                                 | <input type="checkbox"/> Mixed Cornish               |
| <input type="checkbox"/> Bangladeshi   | <input type="checkbox"/> Indian                      |
| <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Asian Cornish               |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> African                     |
| <input type="checkbox"/> Caribbean   | <input type="checkbox"/> Black Cornish               |
| <input type="checkbox"/> Gypsy/Roma  | <input type="checkbox"/> Traveller of Irish Heritage |
| <input type="checkbox"/> Other, please specify:                                  | <input type="checkbox"/> Prefer not to say           |

# Equality and diversity

The Equality Act 2010 describes disability as “A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.”

## 1. Do you have a disability, as defined by the Equality Act?

☐

Yes

☐

No

## 2. If you have answered yes, please select the definition/s from the list below that best describes your impairment:

☐

Physical or mobility impairment

☐

Mental health condition

☐

Long standing illness or health condition (cancer, HIV, diabetes, chronic heart disease or epilepsy)

☐

Sensory impairment

☐

Learning disability / difficulty

☐

Other, please specify:

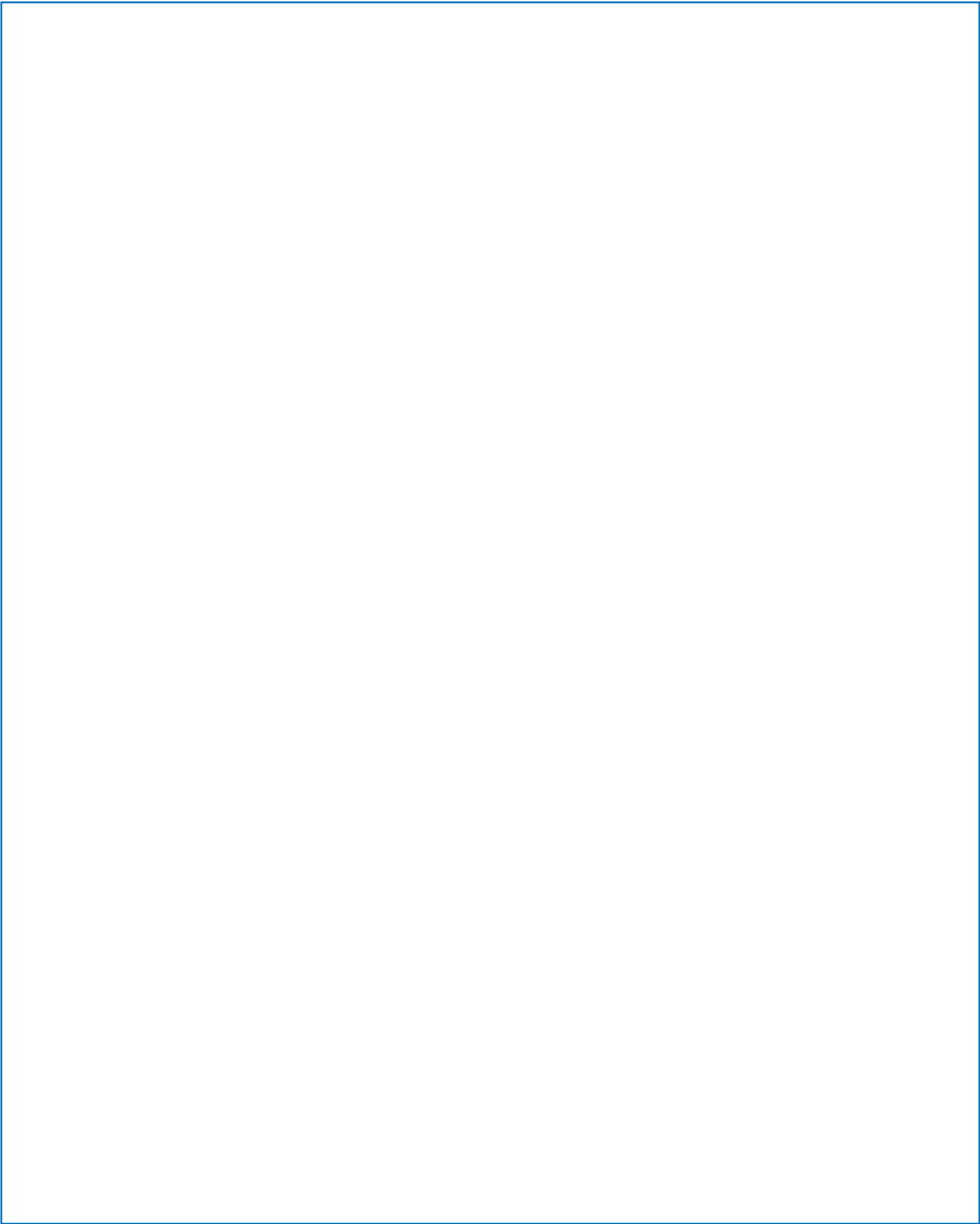
## 3. Do you give help or support to family members, friends, neighbours or others because of a long-term physical or mental health or disability, or problems related to old age? Do not count anything you do as part of paid employment.

☐

Yes

☐

No



Thank you for completing this survey.

All responses must be submitted by 18 September 2020.

You can return this survey free to:

**FREEPOST RTES-UZ XK-SHBG**  
C/O Louise Moore  
NHS Kernow Clinical Commissioning Group  
Sedgemoor Centre, Priory Road  
St Austell  
PL25 5AS

If you would like to get involved in surveys and discussions on local NHS services that matter to you in an ongoing way, please email NHS Kernow's engagement team at [kccg.engagement@nhs.net](mailto:kccg.engagement@nhs.net) to be kept up to date on our latest surveys and engagement work.