

Proposed Merger of Amicus Health and Mid Devon Medical Practice

You can also complete this survey online at: www.middevonmedicalpractice.co.uk

Introduction

We are undertaking some engagement with our patients about the possibility of merging our two GP practices - Amicus Health in Tiverton and Mid Devon Medical Practice in Witheridge. This will create one combined practice with five sites: Tiverton, Bampton, Cheriton Fitzpaine, Morchard Bishop and Witheridge. The new practice's main site will be Clare House Surgery in Tiverton, with branch sites operating out of the other areas. It is our intention to keep all four branch sites open as part of this merger.

More details about the proposals are outlined in the attached document.

Frequently asked questions (FAQs) are available from your practice and on your practice website. We are seeking your views on this proposal and invite you to complete this short survey to share your thoughts. Please share your views by the closing date of 31st January 2024. We will then update the FAQ's.

1. Which GP practice are you registered with?	
Clare House Surgery, Tiverton	
Witheridge Medical Centre	
Morchard Bishop Surgery	
Bampton Surgery	
Cheriton Fitzpaine Surgery	

2. Approximately how far do you live from your practice?			
Less than 1 mile	1 – 2 miles	2 – 5 miles	More than 5 miles

3. To what extent do you understand the reasons for the practices to merge?	
Fully understand	
Partially understand	
Do not understand at all	

Do you have any questions or comments. about the merger that you feel hasn't been explained in the information provided. Questions will be answered and added to our frequently asked questions document.

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4. What is important to you when accessing a GP Practice? Please rank your top five. (1 being the most important)	
Distance from home	
Mix of male and female GPs	
Range of services available	
Access such as free parking or disabled access	
Recommendations from NHS websites, or friend or relative	
Telephone access	
Online access	
Longer opening hours	
Appointments available at convenient times	
Any other factors? Please state below:	

5. Please tell us below what you feel the advantages of this merger could be?

6. Please tell us below if there is anything about this merger that would cause you concern and, if so, how can we help to reassure you??

Please tell us below if there is any service you would like the merged practices to offer, or changes to existing services that you would like to see?

We are committed to providing our patients with the best service possible. Please also complete the survey below and place it in the box in our reception area. This will enable us to understand how well we are doing pre-merger and ensure service is maintained (or improved) post-merger. Thank you.

1. To ensure we have reached a wide range of our patient demographic , please could you let us know your age range?

18-24 25-34 35-44 45-54 55-64 65 & over
I am the parent/carer of a child who is a patient at the surgery Prefer not to say

2.

a) How satisfied are you with the different options available to book an appointment? Please tick below scale

Very Unsatisfied Unsatisfied Neither Unsatisfied or Satisfied Satisfied Very Satisfied

b) Currently we provide 'same day' appointments for new urgent problems via the telephone first, with the possibility of this becoming a face to face appointment if appropriate, how satisfied are you with this system?

Very Unsatisfied Unsatisfied Neither Unsatisfied or Satisfied Satisfied Very Satisfied

~ If you are 'very unsatisfied' or wish to add any further comment, please do so at the end of this survey ~

3. Did you arrange your most recent appointment via phone or in person?

NHS App Online Access Phone in person

4. For routine appointments, patients have the choice between a face to face or telephone appointment when they book. How satisfied are you with this system?

~ If you are 'very unsatisfied' or wish to add any further comment, please do so at the end of this survey ~

Very Unsatisfied Unsatisfied Neither Unsatisfied or Satisfied Satisfied Very Satisfied

5. For routine follow up appointments, how important to you is seeing the same GP again?

Please tick below scale

Very Important Important unsure Not important

6. Do you know who your named GP is?

Yes No

6. What is your preferred method of communication with the practice?

Text Email Phone In Person

8. Both practices have active Patient Participation Groups (PPG). These groups aim to improve communications between the Practice and patients, pinpoint areas of concern and support and give feedback on development.

Were you aware we have patient participation groups (PPG)?

Yes No

If you would like to know more about these groups and are happy to provide your details, please leave your contact information below, thank you.

Name.....

Telephone.....

Email.....

Alternatively, you can find out further information about how to join here www.amicushealth.nhs.uk/have-your-say/ppg

9. Do you have any further comments, recommendations, or concerns?

Thank you for your feedback.

Equalities Monitoring: Under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair, and that they are not discriminating or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Please help us to monitor how well we engage with the population we serve, by completing the monitoring section below. Your answers will be kept strictly confidential in line with the Data Protection Act 1998 and you will not be personally identifiable through your answers.

Please indicate your age range

16-30 yrs 31-40 yrs 41-50 yrs 51-60 yrs 60+ Prefer not to say

Please indicate your gender Male Female Other Prefer not to say

Does your gender identity match your sex as registered at birth?

Yes No Prefer not to say

Please indicate your marital status

Married Single Civil partnership Legally separated Divorced Widowed Prefer not to say

Please indicate your ethnic origin

White:

English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller
Any other white background

Mixed/multiple ethnic groups:

White and Black Caribbean White and Black African White and Asian
Any other mixed/multiple ethnic background

Asian/Asian British:

Indian Pakistani Bangladeshi Chinese Any other Asian background

Black/African/Caribbean/Black British:

African Caribbean Any other Black/African/Caribbean background

Other ethnic group:

Arab

Any other ethnic group

Prefer not to say

Please indicate your religion or belief

Atheism Buddhism Christianity Hinduism Islam Jainism Judaism Sikhism Other

Prefer not to say

Do you consider yourself to have a disability?

Yes No Prefer not to say

Please tell us the type of disability you have (tick all that apply):

Physical impairment Sensory impairment Mental health condition Learning disability/difficulty

Long-standing illness Other

Please indicate your sexual orientation

Which of the following best describes how you think of yourself:

Heterosexual or straight Gay or lesbian Bisexual Undecided

Other sexual orientation not listed Prefer not to say

