

**GP HUB Survey**

Healthwatch is a consumer champion for health and social care.

**We would very much appreciate it if you could spare a few moments to answer this short questionnaire. You can do so anonymously or provide name of your GP’s surgery at the end.**

Healthwatch Barking and Dagenham will complete a written report, available on our website: [www.healthwatchbarkinganddagenham.co.uk](http://www.healthwatchbarkinganddagenham.co.uk)

If you have any questions or queries about the survey please contact me on 0208 526 8200 or email me @ [rlakhera@harmonyhousedagenham.org.uk](mailto:rlakhera@harmonyhousedagenham.org.uk)

1. **Are you aware of the GP Hub service?**

Yes No

If yes ...

1. *where did you hear about the GP HUB service ?*

Information given by my surgery Called NHS 111

Word of mouth Referred by my GP

Others , please specify.................................................................

1. If you were referred by your own GP , what were you referred for?

Long term condition Short term illness

Urgent appointment Other

1. *did you access the service for :*

Yourself Children Other

If other could you please specify...............................................

1. *Do you think there are any barriers in accessing the service?*

Yes No

If yes , how do you think this could be improved ?

..............................................................................................

................................................................................................................................................................................................................................................................................................................................................................

1. In the last one year how many times have you used this service?

1 – 3 times 4 – 6 times More than 6 times

1. **Would you rather be seen by your own GP?**

Yes No

If yes , could please state a reason..........................................................................................................................................................................................................................................................................................................

**3. In your opinion, do you feel people should be made more aware of the services?**

Yes No

**4. Do you have any other comments, opinions or suggestions?**

..............................................................................................................

..............................................................................................................

..............................................................................................................

..............................................................................................................

**Practice Name** (optional) ..............................................................................

Thank you!