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SHOREHAM-BY-SEA HEALTH CENTRE
The views of some of the patients
and family doctors

by

Gillian Dyche and John Bevan

May 1976

Appendix 4

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THE PILOT STUDY FOR THE PATIENT SURVEY

A note on procedure and response rates

The pilot study was undertaken to pretest three questionnaires of different lengths. The two shorter questionnaires Q.2 and Q.3 were made up of sub samples of the questions appearing in the longest questionnaire Q.1 and between them included all questions in that questionnaire.

The sample of the patients used for the pilot survey was systematic random sub sample of 256 of those selected in the main sampling process from the list of Doctors A - F.

In August 1971 the 256 persons selected were duly sent one of the questionnaires Q.1, Q.2 , Q.3. The questionnaires were allocated to members of this sample on a systematic random basis - and in fact 86 received Q.1, 85 Q.2 and 85 Q.3.

By August 26, the date on which the first reminder was sent out, 48 per cent of the Q.1s had been returned, 45 per cent of the Q.2s and 50 per cent of the Q.3s. By September 14, when the second reminder was posted to the non respondents, together with a fresh copy of the questionnaire, the respective percentages of the questionnaires returned were Q.1 56 per cent, Q.2 65 per cent, Q.3 73 per cent.

The final return rate was as follows - Q.1 81 per cent, Q.2 84 per cent, and Q.3 88 per cent. Not all the questionnaires returned were completed or usable. The final numbers of usable questionnaires were - Q.1 58 (70 per cent), Q.2 55 (69 per cent), and Q.3 62 (81 per cent). The percentage in brackets is the number of usable questionnaires expressed as a percentage of the number in the original sample approached less those known definitely to have been uncontactable by virtue of having died, moved away and/or changed to a doctor outside the health centre (see Table).

Q.3, the medium length questionnaire, appeared to have produced a somewhat better response rate than either Q.1 or Q.2. The samples involved were, however, very small and the difference between the response rates for Q.3 and either of Q.1 and Q.2 were not significant in a statistical sense.

Since for the main survey it was envisaged that we would either send Q.1 (modified as necessary) to all of the main survey sample (that is apart from those approached in the pilot survey) or Q.2 and Q.3 to half each of

that sample, it was decided to use Q.1 with the following changes -

- a) The layout of the questionnaire was tightened up so reducing the number of pages from 19 foolscap to 15.
- b) Questions 26, 27, 29, 51 and 60 were omitted (using the numbering of Q.1).
- c) The wording or the range of responses allowed were altered in the case of questions 4, 7, 16, 19, 23, 31, 34, 41, 49, 50, 53, 56, 57, 58 and 61 (the numbering once again is that of Q.1).
- d) Questions 24, 50, 51 and 53 were added (using the numbering of the questionnaire adopted for the main surveys).

Copies of Q.1, Q.2 and Q.3 follow (note these have been retyped on A4 paper instead of the original foolscap so that the number of pages taken up by each in this report is different from that of the corresponding questionnaire (as given in the table) actually sent to the patients in the pilot survey).

TABLE

RESPONSE TO THE PILOT SURVEY

	Q.1 (longest)	Q.2 (shortest)	Q.3 (medium length)	Overall Qs 1, 2 and 3
Number of pages (foolscap)	19	10	14	
Number of questions	61	27	46	
Number of questionnaires sent out	86	85	85	256
Completed questionnaires	58	55	62	175
Other response made up of -	12	16	13	41
Other returns*	8	9	5	22
Post Office returns	3	4	7	14
Substitutes	1	2	0	3
Died	0	1	0	1
Patient of another G.P.	0	0	1	1
Non response	16	14	10	40

* for example with a covering note from a patient giving an explanation

SHOREHAM-BY-SEA HEALTH CENTRE STUDY

1. How many times have you visited a doctor at the Shoreham Health Centre since it opened in March 1970, either to see him yourself or to take someone else?

Please tick one

None	<input type="checkbox"/>
1 - 4 times	<input type="checkbox"/>
5 - 9 times	<input type="checkbox"/>
10 - 19 times	<input type="checkbox"/>
20 or more times	<input type="checkbox"/>

If 'None', please complete the last section only, starting at page 16, Question 55.

2. If you could choose the times of surgery hours, which of the following would be the most convenient for your?

Please put a '1' in the box beside the most convenient time, a '2' beside the next most convenient time, and a '3' beside the third most convenient time.

8 a.m. - 10 a.m.	<input type="checkbox"/>
10 a.m. - 12 p.m.	<input type="checkbox"/>
12 p.m. - 2 p.m.	<input type="checkbox"/>
2 p.m. - 4 p.m.	<input type="checkbox"/>
4 p.m. - 6 p.m.	<input type="checkbox"/>
6 p.m. - 7.30 p.m.	<input type="checkbox"/>
7.30 p.m. - 9 p.m.	<input type="checkbox"/>

3. Thinking back to the last time you visited a doctor at the Health Centre,

(a) At what time did you come

Please tick one

between	8 a.m. - 10 a.m.	<input type="checkbox"/>
	10 a.m. - 12 p.m.	<input type="checkbox"/>
	12 p.m. - 2 p.m.	<input type="checkbox"/>
	2 p.m. - 4 p.m.	<input type="checkbox"/>
	4 p.m. - 6 p.m.	<input type="checkbox"/>
	6 p.m. - 7.30 p.m.	<input type="checkbox"/>

(b) On that occasion did you:

Please tick those which apply

Yes No

Come alone

With children

With another adult person(s)

4. The last time you visited the doctor at the Health Centre did you combine your visit with any of the following activities:

Please tick as many as apply

Shopping

Visit to friends or relations

Seeing other medical or welfare staff at the Health Centre (e.g. health visitor, dentist, social worker, etc.)

Other activities, please state:

.....

.....

5. Are the hours during which the Health Centre is open more or less convenient than the doctor's old surgery hours?

Please tick one (a) More convenient

(b) Less convenient

(c) About the same

If 'More' or 'Less convenient', please say why:

.....

.....

.....

6. Compared with the old surgery do you find that in the Health Centre it is more difficult or easier, to see the doctor and make an appointment?

Please tick one (i) Seeing the Doctor without an appointment

Easier in the Health Centre

Easier in the old surgery

About the same

(ii) Making an appointment to see the Doctor

Please tick one

- My doctor did not have an appointment system in the old surgery
- Easier in the Health Centre
- Easier in the old surgery
- About the same

7. Have you been to see any of the following staff at the Health Centre either to visit them yourself or to take someone else?

Please tick those which apply

- Mental Welfare Officer
- Dentist
- Speech Therapist
- Eye Specialist
- District Nurse
- Home Help
- Educational Psychologist
- Surgery Nurse
- Health Visitor

8. Have you been to any of the following clinics at the Health Centre either to go to them yourself, or to take someone else?

Please tick those which apply

- Rehabilitation Clinic (for strokes etc.)
- Cervical Smear Clinic
- Family Planning Clinic
- Ante-natal Clinic
- Child Health Clinic
- Hearing Clinic
- School Eye Clinic
- Chiropody Clinic
- Mothercraft
- Speech Therapy
- Physiotherapy
- Welfare Foods

9. Have you been attended at home by any of the following people since the Health Centre opened in March, 1970?

- Please tick those which apply
- | | |
|--------------------------|--------------------------|
| Mental Welfare Officer | <input type="checkbox"/> |
| Chiropodist | <input type="checkbox"/> |
| Speech Therapist | <input type="checkbox"/> |
| Eye Specialist | <input type="checkbox"/> |
| District Nurse | <input type="checkbox"/> |
| Home Help | <input type="checkbox"/> |
| Educational Psychologist | <input type="checkbox"/> |
| Home Nurse | <input type="checkbox"/> |
| Health Visitor | <input type="checkbox"/> |

10. Have you been to hospital as an outpatient (including to casualty) since 31 March, 1970, either to be seen yourself or to take someone else?

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

If 'Yes', at which hospital or hospitals?

- Please tick
- | | |
|-----------------|--------------------------|
| Southlands | <input type="checkbox"/> |
| Other hospitals | <input type="checkbox"/> |

If 'Other' please give name of hospital(s):

.....

11. Have you visited anyone in hospital since 31 March, 1970?

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

If 'Yes', at which hospital or hospitals?

- Please tick
- | | |
|-----------------|--------------------------|
| Southlands | <input type="checkbox"/> |
| Other hospitals | <input type="checkbox"/> |

If 'Other' please give name of hospital(s):

.....

12. Have you been in hospital as an inpatient on or at any time after 31 March, 1970?

Please tick one Yes
No

If 'Yes', in which hospital or hospitals?

Please tick Southlands
Other hospitals

If 'Other' please give name of hospital(s):
.....

13. At which of the following places would you prefer to be seen by your doctor?

Please put a '1' in the box beside your first choice, a '2' beside your second choice, a '3' beside your third choice etc.

At his old surgery premises
At the Health Centre
At a hospital outpatient department
At home
At the doctor's home

14. Can you explain why you prefer the place you mentioned as your first choice in a few words?

.....
.....

15. How did you travel to the Health Centre at Shoreham on your last visit?

Please tick those which apply

Walk
Bus
Car
Taxi
Rail
Motor-cycle
Bicycle
Other

16. Compared with the old surgery do you find that you are able to travel to the Health Centre more easily or not?

- Please tick one
- (a) Easier to travel to the Health Centre
 - (b) More difficult to travel to the Health Centre
 - (c) About the same

17. Do you have any special difficulties in travelling to the Health Centre?

- Please tick
- Yes
 - No

If 'Yes' could you please say what the difficulties in travelling to the Health Centre are?

.....
.....

18. Which of the following statements apply to you when you go to the Shoreham Health Centre?

- Please tick one
- I usually go to the surgery from home
 - I usually go to the surgery from work
 - I usually go to the surgery from other places

If 'from other places' please give details:

.....
.....

19. When you visit your doctor or other medical staff at the Health Centre, do you:

- Usually use the stairs
- Usually use the lifts
- Usually walk up the ramp

What do you think about this method of getting to the Health Centre?

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

20. Generally speaking do you like the Health Centre more or less than the doctor's old surgery?

- Please tick one
- I like the Health Centre more than the doctor's old surgery
 - I like the doctor's old surgery more than the Health Centre
 - I like the two places about the same
 - I don't like either place

21. Please could you give your reasons for this choice?

.....

.....

22. Please tick any of the words below which you think best describe the Health Centre at Shoreham-by-Sea.

- | | | | | | |
|-------------|--------------------------|-------------|--------------------------|------------------|--------------------------|
| Comfortable | <input type="checkbox"/> | Overcrowded | <input type="checkbox"/> | Informal | <input type="checkbox"/> |
| Grim | <input type="checkbox"/> | Quiet | <input type="checkbox"/> | Unfriendly | <input type="checkbox"/> |
| Warm | <input type="checkbox"/> | Confusing | <input type="checkbox"/> | Well lit | <input type="checkbox"/> |
| Dark | <input type="checkbox"/> | Cold | <input type="checkbox"/> | Clear Directions | <input type="checkbox"/> |
| Friendly | <input type="checkbox"/> | Noisy | <input type="checkbox"/> | Cheerful | <input type="checkbox"/> |
| Formal | <input type="checkbox"/> | Uncrowded | <input type="checkbox"/> | Uncomfortable | <input type="checkbox"/> |

23. What are the main features about the Health Centre building you like or dislike?

Please tick as many as you like

	<u>Particularly Like</u>	<u>Particularly Dislike</u>	<u>No Views Either Way</u>
Layout of the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car parking arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour of decorations (blue and white)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitted carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient call system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nearness of other services e.g. chiropody, mother care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other features, please state:

.....

24. What do you think about the size of the Health Centre?

- Please tick one
- Too small
 - About the right size
 - Too big

25. Do you think the waiting areas in the Health Centre are:

- Please tick one
- Too large
 - About the right size
 - Too small

26. If you could choose, what would you prefer the doctor's waiting room to look like?

Please put a '1' by your first choice, a '2' by your second choice, a '3' by your third choice and so on.

- Like it is now in the Health Centre
- Like a hospital outpatients department
- Like a lounge or sitting room at home
- Like a modern pub
- Like a hotel lounge
- Like a railway waiting room
- Like an airport lounge
- Other, please state:
-

27. How do you think the chairs in the waiting areas should be arranged?

- Please tick one
- Against the walls
 - In rows
 - In small groups
 - Just scattered about

28. Do you think the following should be provided in or near the waiting area?

Please tick as many as you think apply

	<u>Important to have</u>	<u>Not Important to have</u>
(a) Magazines and books	<input type="checkbox"/>	<input type="checkbox"/>
(b) Medical information, e.g. family planning, addresses of dentists, mass X-ray, sickness benefits	<input type="checkbox"/>	<input type="checkbox"/>
(c) Flowers/plants	<input type="checkbox"/>	<input type="checkbox"/>
(d) Tables	<input type="checkbox"/>	<input type="checkbox"/>
(e) Comfortable chairs	<input type="checkbox"/>	<input type="checkbox"/>
(f) Pictures	<input type="checkbox"/>	<input type="checkbox"/>
(g) A clock	<input type="checkbox"/>	<input type="checkbox"/>
(h) Children's playroom	<input type="checkbox"/>	<input type="checkbox"/>
(i) Toys	<input type="checkbox"/>	<input type="checkbox"/>
(j) Tea and coffee vending machine	<input type="checkbox"/>	<input type="checkbox"/>
(k) Toilet facilities nearby	<input type="checkbox"/>	<input type="checkbox"/>
(l) Background music	<input type="checkbox"/>	<input type="checkbox"/>
(m) Clear directions to the surgery	<input type="checkbox"/>	<input type="checkbox"/>
(n) Other, please state:	<input type="checkbox"/>	<input type="checkbox"/>

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

29. Are there any other things which you as a patient feel the waiting area should or should not have?

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

30. Did you have any difficulty finding your way from the waiting area into the doctor's surgery?

Please tick one Yes
No

If 'Yes', was this just on your first visit?

Please tick one First visit
Other visits

Can you say what made it difficult?

.....

.....

31. Do you think it is important for the receptionist to recognise you and know you by name?

Please tick one Extremely important
Important
Don't mind either way
Unimportant
Extremely unimportant

32. What is your opinion about having a separate room in which to be examined?

Please tick one Prefer being examined in the surgery
Prefer being examined in a separate room
Don't mind either way

33. Comparing the Health Centre with the old surgery, could you say what the receptionists seem like in both places?

Please tick as many as you think apply.

	<u>New Centre</u>	<u>Old Surgery</u>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>
Unfriendly	<input type="checkbox"/>	<input type="checkbox"/>
Homely	<input type="checkbox"/>	<input type="checkbox"/>
Brisk	<input type="checkbox"/>	<input type="checkbox"/>
Rude	<input type="checkbox"/>	<input type="checkbox"/>
Polite	<input type="checkbox"/>	<input type="checkbox"/>
Reassuring	<input type="checkbox"/>	<input type="checkbox"/>
Off-putting	<input type="checkbox"/>	<input type="checkbox"/>

34. Which qualities do you think a receptionist in a doctor's surgery should have? Could you say how important these are by putting a '1' in the box beside the thing you think most important, a '2' beside the next important thing and a '3' beside the third important thing, and so on.

- Well educated
- Well spoken
- Efficient
- Homely
- Well groomed
- Polite
- Other: please write in
-
-

35. What age do you think is ideal for a doctor's receptionist?

- Please tick one
- 19 and under
 - 20 - 29 years
 - 30 - 39 years
 - 40 - 49 years
 - 50 - 59 years
 - 60 years or more

36. Is the receptionist's age important?

- Please tick one
- Yes
 - No

Could you say why you think this?

.....

37. Compared with the old surgery, what do you think of the method used in the Health Centre to call for the next patient to see the doctor?

- Please tick one
- Do you think it is
- (a) Easier to understand at Health Centre than at old surgery
 - (b) More difficult to understand at the Health Centre than at old surgery
 - (c) About the same

38. Which of the following methods would you prefer to be used to call you from the waiting area to your doctor's surgery?

Please put a '1' by your first choice, a '2' by your second choice and a '3' by your third choice and so on.

- (a) The doctor to call your name over a loud speaker
- (b) The receptionist to call out your name
- (c) The doctor to enter the waiting room and call you personally.
- (d) A flashing light and buzzer by the doctor's name.
- (e) The doctor to appear on closed circuit TV and call you personally.

Please state any other methods you may think a good idea.

.....
.....

39. Could you say what you feel about the matter of privacy when talking to the receptionist?

- Please tick one
- I think privacy in unimportant
 - I think privacy is important

40. Do you feel you have more or less privacy in the Health Centre compared with the old surgery when talking to the receptionist?

- Please tick one
- (a) More privacy at the Health Centre
 - (b) More privacy at the old surgery
 - (c) About the same

41. Please comment on what you think about the reception arrangements at the Health Centre.

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

42. Who is your own doctor?

Please tick one

- Dr. Forrester Wood
- Dr. Gordon
- Dr. Harrison
- Dr. James
- Dr. Jones
- Dr. Riddle
- Dr. Stafford
- Dr. Stanwell
- Dr. Titley
- Dr. Watson
- Dr. Westmorland-White

(A doctor not on the list, Dr.
please write in)

43. Thinking back to the last time you visited a doctor at the Health Centre, did you see your own doctor?

- Please tick one
- Yes
 - No

44. How many times have you seen a doctor at the Health Centre who is not your own doctor?

- Please tick one
- None
 - 1 - 4 times
 - 5 - 9 times
 - 10 or more times

45. If your doctor is not available when you wish to see him about a non urgent matter, but will be available later in the day, which of the following would you prefer to do?

- Please tick one
- See another doctor who is at the Centre
 - See your own doctor later on the same day

If neither of these, please say what you would do:
.....
.....

46. If your own doctor is not available at all at the Health Centre on the day you wish to see him about a non urgent matter, which of the following would you prefer to do?

Please tick one See another doctor

See your own doctor another day

If neither of these, please say what you would do:

.....
.....

47. Have you had to contact your doctor outside the opening hours of the Health Centre, that is since March, 1970?

Please tick one Yes

No

If 'Yes' would you say it was difficult or easy to contact your doctor when the Health Centre is closed?

Easy

Difficult

Comments:
.....
.....

48. Could you say how you would contact your doctor in an emergency at night?

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

49. Where do you usually get your prescriptions made up at the moment? Please give the name of the chemist, or chemists if more than one.

.....

50. Why do you normally go to this chemist?

Please tick those which apply. Nearby

Friendly

Open at convenient times

Other, please state:

.....
.....

51. How convenient is this chemist for you?

- Please tick one
- | | |
|------------------------|--------------------------|
| Extremely convenient | <input type="checkbox"/> |
| Convenient | <input type="checkbox"/> |
| Fairly convenient | <input type="checkbox"/> |
| Not very convenient | <input type="checkbox"/> |
| Extremely inconvenient | <input type="checkbox"/> |

52. Have you any suggestions for improving the chemist service for patients?

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

53. Generally speaking has the medical care you get from the doctor changed now the Health Centre is open?

- | | |
|--|--------------------------|
| (a) Medical care has changed for the better since Health Centre opened | <input type="checkbox"/> |
| (b) Medical care has changed for the worse since Health Centre opened | <input type="checkbox"/> |
| (c) Medical care has stayed the same | <input type="checkbox"/> |

54. Could you say in a few words what kind of Health Centre building you would like to have? Can you suggest any improvements that might be made?

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

55. Contd. overleaf.

LAST SECTION

55. How far from each of the following places do you live?

Please tick

	<u>Shoreham Health Centre</u>	<u>Doctor's Old Surgery</u>
Under $\frac{1}{2}$ mile	<input type="checkbox"/>	<input type="checkbox"/>
$\frac{1}{2}$ mile up to 1 mile	<input type="checkbox"/>	<input type="checkbox"/>
1 mile up to 2 miles	<input type="checkbox"/>	<input type="checkbox"/>
2 miles up to 3 miles	<input type="checkbox"/>	<input type="checkbox"/>
3 miles or more	<input type="checkbox"/>	<input type="checkbox"/>

56. Do you have the use of a car to get to the Health Centre?

Please tick <u>one</u>	Always, or nearly always	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Never	<input type="checkbox"/>

57. Are you on the telephone?

Please tick <u>one</u>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

58. What is your occupation? Please describe what your job actually involves.

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

59. How old were you when you left school?

.....

60. Did you receive any further education?

Please tick those which apply

- (a) None
- (b) University
- (c) Polytechnic/Technical College
- (d) College of Education
- (e) College of Further Education
- (f) Evening Institute
- (g) Correspondence Course
- (h) Other, please state:

.....
.....

61. If you did receive any qualifications, please tick those which apply.

- (a) Higher degree
- (b) Postgraduate diploma
- (c) First degree (B.A., B.Sc., etc.)
- (d) Other university diploma, or equivalent
- (e) Professional examinations (e.g. law, etc.)
- (f) Art/Music qualification
- (g) Teachers certificate
- (h) Nursing qualification
- (i) City and Guilds
- (j) HND or HNC
- (k) GCE 'A' level
- (l) GCE 'O' level
- (m) CSE
- (n) RSA
- (o) Other, please state

.....
.....

SHOREHAM-BY-SEA HEALTH CENTRE STUDY

- 1. How many times have you visited a doctor at the Shoreham Health Centre since it opened in March 1970, either to see him yourself or to take someone else?

Please tick one

None	<input type="checkbox"/>
1 - 4 times	<input type="checkbox"/>
5 - 9 times	<input type="checkbox"/>
10 - 19 times	<input type="checkbox"/>
20 or more times	<input type="checkbox"/>

If 'None', please complete the last section only, starting at page 7, question 21.

- 2. Generally speaking do you like the new Health Centre more or less than the doctor's old surgery?

Please tick one

I like the Health Centre more than the doctor's old surgery	<input type="checkbox"/>
I like the doctor's old surgery more than the Health Centre	<input type="checkbox"/>
I like the two places about the same	<input type="checkbox"/>
I don't like either place	<input type="checkbox"/>

- 3. Please could you give your reasons for this choice?

.....

.....

.....

- 4. Please tick any of the words below which you think best describe the Health Centre at Shoreham-by-Sea.

Comfortable	<input type="checkbox"/>	Overcrowded	<input type="checkbox"/>	Informal	<input type="checkbox"/>
Grim	<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Unfriendly	<input type="checkbox"/>
Warm	<input type="checkbox"/>	Confusing	<input type="checkbox"/>	Well lit	<input type="checkbox"/>
Dark	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Clear Directions	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	Noisy	<input type="checkbox"/>	Cheerful	<input type="checkbox"/>
Formal	<input type="checkbox"/>	Uncrowded	<input type="checkbox"/>	Uncomfortable	<input type="checkbox"/>

5. What are the main features about the Health Centre building you like or dislike?

Please tick as many as you like:

	<u>Particularly Like</u>	<u>Particularly Dislike</u>	<u>No Views Either Way</u>
Layout of the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car parking arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour of the decorations (blue and white)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitted carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient call system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nearness of other services e.g. chiropody, mother care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other features please state:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....			
.....			
.....			

6. What do you think about the size of the Health Centre?

Please tick <u>one</u>	Too small	<input type="checkbox"/>
	About the right size	<input type="checkbox"/>
	Too big	<input type="checkbox"/>

7. Do you think the waiting areas in the Health Centre are:

Please tick <u>one</u>	Too large	<input type="checkbox"/>
	About the right size	<input type="checkbox"/>
	Too small	<input type="checkbox"/>

8. If you could choose, what would you prefer the doctor's waiting room to look like?

Please put a '1' by your first choice, a '2' by your second choice, a '3' by your third choice and so on.

Like it is now in the Health Centre

Like a hospital outpatients' department

Like a lounge or sitting-room at home

Like a modern pub

Like an hotel lounge

Like a railway waiting-room

Like an airport lounge

Other, please state:

.....
.....

9. How do you think the chairs in the waiting areas should be arranged?

Please tick one

Against the walls

In rows

In small groups

Just scattered about

10. Do you think the following should be provided in or near the waiting area?

Please tick as many as you think apply.

	<u>Important to have</u>	<u>Not important to have</u>
(a) Magazines and books	<input type="checkbox"/>	<input type="checkbox"/>
(b) Medical information, e.g. family planning, addresses of dentists, mass X-ray, sickness benefits	<input type="checkbox"/>	<input type="checkbox"/>
(c) Flowers/plants	<input type="checkbox"/>	<input type="checkbox"/>
(d) Tables	<input type="checkbox"/>	<input type="checkbox"/>
(e) Comfortable chairs	<input type="checkbox"/>	<input type="checkbox"/>
(f) Pictures	<input type="checkbox"/>	<input type="checkbox"/>
(g) Clock	<input type="checkbox"/>	<input type="checkbox"/>
(h) Children's playroom	<input type="checkbox"/>	<input type="checkbox"/>

/ (i) Contd. overleaf

Important to have	Not important to have
----------------------	--------------------------

- | | | |
|-------------------------------------|--------------------------|--------------------------|
| (i) Toys | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Tea and coffee vending machines | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Toilet facilities nearby | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Background music | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) Clear directions to the surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) Other, please state: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| | | |

11. Are there any other things which you as a patient feel the waiting area should or should not have?

.....

.....

12. Did you have any difficulty finding your way from the waiting area into the doctor's surgery?

Please tick one

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

If 'Yes', was this just on your first visit?

Please tick one

First visit	<input type="checkbox"/>
Other visits	<input type="checkbox"/>

Can you say what made it difficult?

.....

.....

.....

13. What is your opinion about having a separate room in which to be examined?

Please tick one

Prefer being examined in the surgery	<input type="checkbox"/>
Prefer being examined in a separate room	<input type="checkbox"/>
Don't mind either way	<input type="checkbox"/>

14. Comparing the Health Centre with the old surgery, could you say what the receptionists seem like in both places?

Please tick as many as you think apply.

	<u>New Centre</u>	<u>Old Surgery</u>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>
Unfriendly	<input type="checkbox"/>	<input type="checkbox"/>
Homely	<input type="checkbox"/>	<input type="checkbox"/>
Brisk	<input type="checkbox"/>	<input type="checkbox"/>
Rude	<input type="checkbox"/>	<input type="checkbox"/>
Polite	<input type="checkbox"/>	<input type="checkbox"/>
Reassuring	<input type="checkbox"/>	<input type="checkbox"/>
Off-putting	<input type="checkbox"/>	<input type="checkbox"/>

15. Do you think it is important for the receptionist to recognise you and know you by name?

Please tick <u>one</u>	Extremely important	<input type="checkbox"/>
	Important	<input type="checkbox"/>
	Don't mind either way	<input type="checkbox"/>
	Unimportant	<input type="checkbox"/>
	Extremely unimportant	<input type="checkbox"/>

16. Which qualities do you think a receptionist in a doctor's surgery should have? Could you say how important these are by putting a '1' in the box beside the thing you think most important, a '2' beside the next important thing and a '3' beside the third important thing, and so on.

Well educated	<input type="checkbox"/>
Well spoken	<input type="checkbox"/>
Efficient	<input type="checkbox"/>
Homely	<input type="checkbox"/>
Well groomed	<input type="checkbox"/>
Polite	<input type="checkbox"/>
Other please state:	<input type="checkbox"/>

.....
.....

17. What age do you think is ideal for a doctor's receptionist?

- Please tick one
- 19 and under
 - 20 - 29 years
 - 30 - 39 years
 - 40 - 49 years
 - 50 - 59 years
 - 60 years or more

18. Is the receptionist's age important?

- Please tick one
- Yes
 - No

Could you say why you think this?

.....

.....

.....

19. Generally speaking has the medical care you get from the doctor changed now the Health Centre is open?

- (a) Medical care has changed for the better since the Health Centre opened.
- (b) Medical care has changed for the worse since the Health Centre opened.
- (c) Medical care has stayed the same

20. Could you say in a few words what kind of Health Centre building you would like to have? Can you suggest any improvements that might be made?

.....

.....

.....

.....

.....

.....

LAST SECTION

21. How far from each of the following places do you live?

Please tick

Shoreham
Health Centre

Doctor's
Old Surgery

Under 1/2 mile

1/2 mile up to 1 mile

1 mile up to 2 miles

2 miles up to 3 miles

22. Do you have the use of a car to get to the Health Centre?

Please tick one

Always, or nearly always

Sometimes,

Never

23. Are you on the telephone?

Please tick one

Yes

No

24. What is your occupation? Please describe what your job actually involves.

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

25. How old were you when you left school?

26. Did you receive any further education?

Please tick those which apply

(a) None

(b) University

(c) Polytechnic/Technical
College

(d) College of Education

(e) College of Further Education

(f) Evening Institute

(g) Correspondence Course

(h) Other, please state:

.....
.....

27. If you did receive any qualifications, please tick those which apply.

- (a) Higher degree
- (b) Postgraduate diploma
- (c) First degree (M.A., B.Sc., etc.)
- (d) Other university diploma, or equivalent
- (e) Professional examinations (e.g. law, etc.)
- (f) Art/Music qualification
- (g) Teachers certificate
- (h) Nursing qualification
- (i) City and Guilds
- (j) HND or HNC
- (k) GCE 'A' level
- (l) GCE 'O' level
- (m) CSE
- (n) RSA
- (o) Other, please state:

.....

.....

SHOREHAM-BY-SEA HEALTH CENTRE STUDY

1. How many times have you visited a doctor at the Shoreham Health Centre since it opened in March 1970, either to see him yourself or to take someone else?

Please tick one

None	<input type="checkbox"/>
1 - 4 times	<input type="checkbox"/>
5 - 9 times	<input type="checkbox"/>
10 - 19 times	<input type="checkbox"/>
20 or more times	<input type="checkbox"/>

If 'None', please complete the last section only, starting at page 12, Question 40.

2. If you could choose the times of surgery hours, which of the following would be the most convenient for you?

Please put a '1' in the box beside the most convenient time, a '2' beside the next most convenient time, and a '3' beside the third most convenient time.

8 a.m. - 10 a.m.	<input type="checkbox"/>
10 a.m. - 12 p.m.	<input type="checkbox"/>
12 p.m. - 2 p.m.	<input type="checkbox"/>
2 p.m. - 4 p.m.	<input type="checkbox"/>
4 p.m. - 6 p.m.	<input type="checkbox"/>
6 p.m. - 7.30 p.m.	<input type="checkbox"/>
7.30 p.m. - 9 p.m.	<input type="checkbox"/>

3. Thinking back to the last time you visited a doctor at the Health Centre,
(a) At what time did you come

Please tick one between

8 a.m. - 10 a.m.	<input type="checkbox"/>
10 a.m. - 12 p.m.	<input type="checkbox"/>
12 p.m. - 2 p.m.	<input type="checkbox"/>
2 p.m. - 4 p.m.	<input type="checkbox"/>
4 p.m. - 6 p.m.	<input type="checkbox"/>
6 p.m. - 7.30 p.m.	<input type="checkbox"/>

(b) On that occasion did you:

Please tick those which apply	Yes	No
Come alone	<input type="checkbox"/>	<input type="checkbox"/>
With children	<input type="checkbox"/>	<input type="checkbox"/>
With another adult person or persons	<input type="checkbox"/>	<input type="checkbox"/>

4. The last time you visited the doctor at the Health Centre did you combine your visit with any of the following activities:

Please tick as many as apply

- Shopping
- Visit to friends or relations
- Seeing other medical or welfare staff at the Health Centre (e.g. health visitor, dentist, social worker, etc.)
- Other activities, please state
-
-

5. Are the hours during which the Health Centre is open more or less convenient than the doctor's old surgery hours?

- Please tick one
- (a) More convenient
 - (b) Less convenient
 - (c) About the same

If 'More' or 'Less convenient', please say why:

.....
.....

6. Compared with the old surgery do you find that in the Health Centre it is more difficult or easier to see the doctor and make an appointment?

- Please tick one
- (i) Seeing the doctor without an appointment
 - Easier in the Health Centre
 - Easier in the old surgery
 - About the same

(ii) Making an appointment to see the doctor

Please tick one

- My doctor did not have an appointment system in the old surgery
- Easier in the Health Centre
- Easier in the old surgery
- About the same

7. Have you been to see any of the following staff at the Health Centre either to visit them yourself or to take someone else?

Please tick those which apply

- Mental Welfare Officer
- Dentist
- Chiropodist
- Speech Therapist
- Eye Specialist
- District Nurse
- Home Help
- Educational Psychologist
- Surgery Nurse
- Health Visitor

8. Have you been to any of the following clinics at the Health Centre either to go to them yourself, or to take someone else?

Please tick those which apply

- Rehabilitation Clinic (for strokes etc.)
- Cervical Smear Clinic
- Family Planning Clinic
- Ante-natal Clinic
- Child Health Clinic
- Hearing Clinic
- School Eye Clinic
- Chiropody Clinic
- Mothercraft
- Speech Therapy
- Physiotherapy
- Welfare Foods

9. Have you been attended at home by any of the following people since the Health Centre opened in 1970:

Please tick those which apply

- Mental Welfare Officer
- Chiropodist
- Speech Therapist
- Eye Specialist
- District Nurse
- Home Help
- Educational Psychologist
- Health Visitor

10. Have you been to hospital as an outpatient (including to casualty) since 31 March, 1970, either to be seen yourself or to take someone else?

- Please tick one
- Yes
 - No

If 'Yes', at which hospital or hospitals?

- Please tick
- Southlands
 - Other hospitals

If 'Other' please give name of hospital(s)

.....

11. Have you visited anyone in hospital since 31 March, 1970?

- Please tick one
- Yes
 - No

If 'Yes', at which hospital or hospitals?

- Please tick
- Southlands
 - Other hospitals

If 'Other' please give name of hospital(s).

.....

12. Have you been in hospital as an inpatient on or at any time after 31 March, 1970?

Please tick one Yes
No

If 'Yes', in which hospital or hospitals?

Please tick Southlands
Other hospitals

If 'Other' please give name of hospital(s).

.....

13. At which of the following places would you prefer to be seen by your doctor?

Please put a '1' in the box beside your first choice, a '2' beside your second choice, a '3' beside your third choice etc.

At his old surgery premises
In the Health Centre
At a hospital outpatient department
At home
At the doctor's home

14. Please explain why you prefer the place you mentioned above as your first choice in a few words.

.....
.....

15. How did you travel to the Health Centre at Shoreham on your last visit?

Please tick those which apply

Walk
Bus
Car
Taxi
Rail
Motor-cycle
Bicycle
Other

If 'Other' please give details:

.....

16. Compared with the old surgery do you find that you are able to travel to the Health Centre more easily or not?

- Please tick one
- (a) Easier to travel to the Health Centre
 - (b) More difficult to travel to the Health Centre
 - (c) About the same

17. Do you have any special difficulties in travelling to the Health Centre?

- Please tick
- Yes
 - No

If 'Yes', please say what the difficulties in travelling to the Health Centre are.

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

18. Which of the following statements apply to you when you go to the Shoreham Health Centre?

- Please tick one
- I usually go to the surgery from home
 - I usually go to the surgery from work
 - I usually go to the surgery from other places

If 'from other places' please give details:
.....
.....

19. When you visit your doctor or other medical staff at the Health Centre, do you:

- Please tick one
- Usually use the stairs
 - Usually use the lifts
 - Usually walk up the ramp

What do you think about this method of getting to the Health Centre?

.....
.....

20. Generally speaking do you like the new Health Centre more or less than the doctor's old surgery?

Please tick one

I like the Health Centre more than the doctor's old surgery

I like the doctor's old surgery more than the Health Centre

I like the two places about the same

I don't like either place

21. Please could you give your reasons for this choice.

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

22. Compared with the old surgery, what do you think of the method used in the Health Centre to call for the next patient to see the doctor?

Please tick one

Do you think it is: (a) Easier to understand at Health Centre than at old surgery

(b) More difficult to understand at the Health Centre than at old surgery

(c) About the same

23. Which of the following methods would you prefer to be used to call you from the waiting area to your doctor's surgery?

Please put a '1' by your first choice, a '2' by your second and a '3' by your third choice and so on.

(a) The doctor to call your name over a loud speaker

(b) The receptionist to call out your name

(c) The doctor to enter the waiting room and call you personally

(d) A flashing light and buzzer by the doctor's name

(e) The doctor to appear on closed circuit TV and call you personally

Please state any other methods you may think a good idea.

.....
.....

24. Could you say what you feel about the matter of privacy when talking to the receptionist?

- Please tick one
- | | |
|--------------------------------|--------------------------|
| I think privacy is unimportant | <input type="checkbox"/> |
| I think privacy is important | <input type="checkbox"/> |

25. Do you feel you have more or less privacy in the Health Centre compared with the old surgery when talking to the receptionist?

- Please tick one
- | | |
|---------------------------------------|--------------------------|
| (a) More privacy at the Health Centre | <input type="checkbox"/> |
| (b) More privacy at the old surgery | <input type="checkbox"/> |
| (c) About the same | <input type="checkbox"/> |

26. Please comment on what you think about the reception arrangements at the Health Centre.

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

27. Who is your own doctor?

- Please tick one
- | | |
|---|--------------------------|
| Dr. Forrester Wood | <input type="checkbox"/> |
| Dr. Gordon | <input type="checkbox"/> |
| Dr. Harrison | <input type="checkbox"/> |
| Dr. James | <input type="checkbox"/> |
| Dr. Jones | <input type="checkbox"/> |
| Dr. Riddle | <input type="checkbox"/> |
| Dr. Stafford | <input type="checkbox"/> |
| Dr. Stanwell | <input type="checkbox"/> |
| Dr. Titley | <input type="checkbox"/> |
| Dr. Watson | <input type="checkbox"/> |
| Dr. Westmorland-White | <input type="checkbox"/> |
| (A doctor not on the list please write in) Dr. | <input type="checkbox"/> |

28. Thinking back to the last time you visited a doctor at the Health Centre, did you see your own doctor?

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

29. How many times have you seen a doctor at the Health Centre who is not your own doctor?

- Please tick one
- None
 - 1 - 4 times
 - 5 - 9 times
 - 10 or more times

30. If your doctor is not available when you wish to see him about a non urgent matter, but will be available later in the day, which of the following would you prefer to do?

- Please tick one
- See another doctor who is at the Centre
 - See your own doctor later on the same day

If neither of these, please say what you would do:

.....

.....

.....

31. If your own doctor is not available at all at the Health Centre on the day you wish to see him about a non urgent matter, which of the following would you prefer to do?

- Please tick one
- See another doctor
 - See your own doctor another day

If neither of these, please say what you would do:

.....

.....

.....

32. Have you had to contact your doctor outside the opening hours of the Health Centre, that is, since March 1970?

- Please tick one
- Yes
 - No

If 'Yes', would you say it was difficult or easy to contact your doctor when the Health Centre is closed?

- Easy
- Difficult

Comments

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.....

.....

.....

33. Could you say how you would contact your doctor in an emergency at night?

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

34. Where do you usually get your prescriptions made up at the moment? Please give the name of the chemist, or chemists if more than one.

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

35. Why do you normally go to this chemist?
Please tick those which apply

Nearby

Friendly

Open at convenient times

Other, please state:

.....
.....

36. How convenient is this chemist for you?

Please tick one

Extremely convenient

Convenient

Fairly convenient

Not very convenient

Extremely inconvenient

37. Have you any suggestions for improving the chemist service for patients?

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

38. Generally speaking has the medical care you get from the doctor changed now the Health Centre is open?

(a) Medical care has changed for the better since Health Centre opened

(b) Medical care has changed for the worse since Health Centre opened

(c) Medical care has stayed the same

39. Could you say in a few words what kind of Health Centre building you would like to have? Can you suggest any improvements that might be made?

.....
.....
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Please turn to the next page

LAST SECTION

40. How far from each of the following places do you live?

Please tick	<u>Shoreham Health Centre</u>	<u>Doctor's Old Surgery</u>
Under 1/2 mile	<input type="checkbox"/>	<input type="checkbox"/>
1/2 mile up to 1 mile	<input type="checkbox"/>	<input type="checkbox"/>
1 mile up to 2 miles	<input type="checkbox"/>	<input type="checkbox"/>
2 miles up to 3 miles	<input type="checkbox"/>	<input type="checkbox"/>
3 miles or more	<input type="checkbox"/>	<input type="checkbox"/>

41. Do you have the use of a car to get to the Health Centre?

Please tick <u>one</u>	Always, or nearly always	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Never	<input type="checkbox"/>

42. Are you on the telephone?

Please tick <u>one</u>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

43. What is your occupation? Please describe what your job actually involves.

.....

.....

.....

.....

.....

44. How old were you when you left school?

45. Did you receive any further education?

- Please tick those which apply
- (a) None
 - (b) University
 - (c) Polytechnic/Technical College
 - (d) College of Education
 - (e) College of Further Education

/(f) Contd. overleaf

(f) Evening Institute

(g) Correspondence Course

(h) Other, please state:
.....
.....

46. If you did receive any qualifications, please tick those which apply.

(a) Higher degree

(b) Postgraduate diploma

(c) First degree (M.A., B.Sc., etc.)

(d) Other university diploma,
or equivalent

(e) Professional examinations
(e.g. law, etc.)

(f) Art/Music qualification

(g) Teachers certificate

(h) Nursing qualification

(i) City and Guilds

(j) HND or HNC

(k) GCE 'A' level

(l) GCE 'O' level

(m) CSE

(n) RSA

(o) Other, please state:
.....