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| Drs MMT front sign cropped | **The Grange Practice,**  **The Montefiore Medical Centre,**  **Dumpton Park Drive**  **Ramsgate**  **CT11 8AD**  **01843 572740** |

Dear Patient

**Consultation – to consider the proposals to permanently move The Grange Practice to a new site within the ongoing Westwood Cross development, New Haine Road.**

**Current situation**

The Grange Practice is planning to move from its existing site in a shared medical centre on Dumpton Park Drive to a new, larger building off New Haine Road near Westwood Cross.

The current surgery building is no longer big enough to serve our patients’ needs. When we moved into the space in late 2006, we had room for growth, but by 2015 we realised that we needed more room to continue to provide high-quality healthcare to our patients.

The current surgery premises do not have the space to be able to provide the clinical or administrative functions required to care for an increasing population nor do they allow for training or social distancing. This lack of space has made it difficult for us to run services or introduce new ones, for example we have had to stop hosting our ‘tea and a chat’ events to help reduce loneliness. It is also harder to attract more staff to work here or provide training.

Our current lack of space means doctors often have to leave their room before they have finished paperwork so that another clinician can use it to see patients. This can be quite disruptive and results in a delay in completing their administrative duties.

**Why change?**

We have considered all the options for the future, however, there is no more room to expand where we currently are.

Furthermore, access to the current site can be difficult due to the location of the entrance, parked cars and the traffic in and out of the site.

**What will be different?**

A new building will offer us the opportunity to recruit and retain more staff to better serve our increasing patient numbers, increase our training capacity and allow more services to be delivered and accommodate the growing number of patients in our boundary.

We are already looking at developing ‘group consultations’ for patients to attend that have specific medical problems. We are looking at increasing capacity for services such as physiotherapy and diagnostic services such as ultrasound. We will be able to increase some appointment types by to having more suitable rooms always available, such as minor surgery/coil and implant fittings and removal, items we are currently unable to consider due to our premises constraints.

The new configuration will make for a better patient experience and will enable us to provide better seating, more bathroom facilities and a storage area for prams/pushchairs, as well as more facilities for the staff. We will be able to work more closely with the voluntary sector and also the local community and hospital trusts to potentially offer space for additional services.

The building configuration will enable us to work more safely should there be a need to run socially distanced services with the latest in infection control fitted rooms.

**What does this mean for patients?**

All patients currently registered at the current site will be transferred to the new site and will continue to access primary care services there. For patients that are housebound or resident in a care home/residential home, there will be no change from the current services.

For more information, please visit the dedicated pages on the surgery’s website [www.thegrangepracticeramsgate.nhs.uk](http://www.thegrangepracticeramsgate.nhs.uk)

**Share your views**

Please complete the survey below to let us know your views on the proposal.

|  |  |
| --- | --- |
| **Please select the option which applies to you:** | |
| A patient at The Grange Practice |  |
| A carer of a patient at The Grange Practice |  |
| A relative of a patient at The Grange Practice |  |
| A friend of a patient at The Grange Practice |  |
| Interested in the service at The Grange Practice |  |
| A patient/carer at another practice, please specify practice name: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tell us the first 5 Characters of your postcode:** | | | | |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Approximately how far do you live from the practice?** | |
| Less than 1 mile |  |
| 1 to 2 miles |  |
| 2 to 5 miles |  |
| 5 to 10 miles |  |
| More than 10 miles |  |
| No answer |  |

|  |  |
| --- | --- |
| **How do you usually travel to the practice?** | |
| Walk |  |
| Car |  |
| Bus |  |
| Taxi |  |
| Bicycle |  |
| Friend or relative |  |
| Community transport |  |
| Other |  |

|  |  |
| --- | --- |
| **Which transport options are currently available to you for travelling to the practice?**  **(Tick all that apply)** | |
| Walk |  |
| Car |  |
| Bus |  |
| Taxi |  |
| Bicycle |  |
| Friend or relative |  |
| Community transport |  |
| Other |  |

|  |  |
| --- | --- |
| **What is important to you when accessing or registering for GP services?**  **(Tick all that apply)** | |
| Mix of male and female GPs |  |
| Distance from home |  |
| Range of services provided |  |
| Access such as free parking or disabled access |  |
| Recommendations from NHS Choices or friend / relative |  |
| Appointments offered at convenient time |  |
| Any other factors please tell us below: | |

**Questions about our proposal to move The Grange Practice to a new site**

|  |  |
| --- | --- |
| **To what extent do you understand the reasons why we are proposing to close the current site and move The Grange Practice to a new site within the Haines Road development?** | |
| Fully understand |  |
| Partially understand |  |
| Don’t really understand |  |
| Don’t understand at all |  |
| Don’t know |  |
| Please explain your answer in the box below: | |

|  |  |
| --- | --- |
| **How beneficial do you think a new surgery will be for the patients and the staff of The Grange Practice?** | |
| Very beneficial |  |
| Quite beneficial |  |
| Not very beneficial |  |
| Not beneficial- at all |  |
| Don’t know |  |
| Please explain your answer in the box below: | |

|  |
| --- |
| **Please write in the box below any further comments that you have regarding the permanent move of The Grange Practice** |
|  |

Equality and Diversity Monitoring Form - Service Users

(Public/Patients)

# Why we are asking you to complete this form

The information that we are asking you to provide in this form links to our compliance with the Equality Act 2010, Public Sector Duties (2011), where we give due regard to the need to:

* Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
* Advance equality of opportunity between people who share a protected characteristic and those who do not.
* Foster good relations between people who share a protected characteristic and those who do not.

The aims and commitments set out in our equality policy enable us to carry out these duties appropriately. Our commitment to collect and monitor equality data about our service users provides us with key information that helps us to identify gaps and/or discrepancies in our practices.

You are not obliged to answer these questions, and we understand that you may find some of this information personal and sensitive in nature. Please note, however, by gathering this data it helps us to understand the diversity of the people we serve and enables us to ensure that we are doing the utmost to support all our service users in a fair and equitable way.

# Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data provided by you collectively to identify trends and inform discussions about how to improve our practices. No information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 1998.

If you would like this information in an alternative format, or would like help in completing the form, please contact us.

# Equality Monitoring Information

## Age: What age group do you belong to?

16 – 24

25 – 29

30 – 34

35 – 39

40 – 44

45 – 49

50 – 54

55 – 59

60 – 64

65 +

Prefer not to say

## Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?

Yes, limited a little

Yes, limited a lot

No

Prefer not to say

## If you answered ‘yes’ to question 2, please indicate your disability – People may experience more than one type of impairment, in which case you may indicate more than one:

Physical impairment

Sensory impairment

Mental health condition

Learning Disability/Difficulty

Long-standing illness

Other

## In relation to question 3, do you have any specific needs and/or requirements?

Yes

No

If yes please state…………………………………………………………………………

## Ethnicity: What is your ethnic group?

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

1. **Asian or Asian British**

Indian

Pakistani

Chinese

Bangladeshi

Any other Asian background, please write in …………………………………………

1. **Black or Black British**

Caribbean

African

Any other Black background, please write in…………………………………………..

1. **Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background, please write in……………………………………….....

1. **White**

Welsh / English / Scottish / Northern Irish / British

Irish

Gypsy or Irish Traveller

Any other White background, please write in…………………………………………..

1. **Other ethnic group**

Arab

Any other, please write in………………………………………………………………...

Prefer not to say

## Gender: What is your gender?

Male

Female

Intersex

Non-binary

Prefer to self-identify……………………………………………………………………...

Prefer not to say

## Gender reassignment: Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery.

Yes  Prefer not to say

No

## Marriage and Civil Partnership: What is your legal marital or civil partnership status?

Married

Single

Civil partnership

Legally separated

Divorced

Widowed

Prefer not to say

## Pregnancy and Maternity: Are you pregnant or have given birth in the last 26 weeks?

Yes

No

Prefer not to say

## Religion and/or Belief: What is your religion/belief?

No religion

Atheist

Buddhist

Christian (including Church of England, Catholic, Protestant and all other Christian

denominations)

Hindu

Jain

Jewish

Muslim

Sikh

Any other religion, please write in……………………………………………………….

Prefer not to say

## Sexual Orientation: Which of the following options best describes your sexual orientation?

Bisexual

Gay

Heterosexual

Lesbian

Prefer not to say

Prefer to self-identify………………………………………………………………..

## Caring Responsibilities: Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age? If yes, please tick all that apply

No

Yes

Primary carer of child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

**Amount of time spent in relation to caring duties**

Yes, 1-19 hours a week

Yes, 20-49 hours a week

Yes, 50 or more hours a week

Prefer not to say

Thank you for taking the time to complete this questionnaire.