



# Access to Health Services

## Page description:

Welcome to Southwark Council's Access to Health Services survey.

Residents' access to health services in Southwark is varied and with increased pressure on these services it is important, now, more than ever, to have services which truly deliver for our residents.

We would therefore like to know your views on the range of health & social care services provided in the borough, particularly your experience of accessing GP surgeries and Accident & Emergency.

All responses to the survey will be anonymous and treated in the strictest of confidence - i.e. your answers will not be attributable to you and will only appear as aggregated statistics.

So that we can gather a complete picture, we would be grateful if you could answer all the questions as fully as possible. However, please note that if you do not wish to, or feel unable to answer a question, you may leave it blank.

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## Use of NHS, Social Care & Local Services

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**Have you used the NHS in the last two years?**

- Yes
  - No
  - Don't know / can't say
- 

**Which services have you used in the last two years?**

- GP ( including nurse practitioners and 'Out of Hours')

- Walk – in centre
  - Accident & Emergency or Urgent Care centre
  - Pharmacy ( for health advice)
  - Dentist
  - Baby clinic
  - Hospital out-patient
  - Hospital in-patient
  - Community Mental Health service
  - Some other service(s)  \*
  - None
  - Don't know / can't say
- 

**How many times in the last year have you used the following? (Please make your best guess if you are not sure)**

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**GP (including nurse practitioners and 'Out of Hours')**

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**Walk-in centre**

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**Accident & Emergency or Urgent Care centre**

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**Pharmacy (for health advice)**

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**Dentist**

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**Baby clinic**

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**Hospital out-patient**

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**Hospital in-patient**

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**Community Mental Health services**

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**Other service(s)**

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**Do you have a long-standing health condition?**

- Yes
- No
- Don't know / can't say

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**Do you receive support from Social Services (for example, do you use a day centre, have home help, receive direct payments etc)?**

- Yes
- No
- Don't know / can't say

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**In the last six months, have you had enough support from local services or organisations to help manage your long-term health condition(s) and meet your social care needs?**

**Please think about all services and organisations, not just health services. This could include services from the community, housing support or government benefits.**

- Yes, definitely
- Yes, to some extent
- No, and this is a minor problem for me
- No, and this is a major problem for me
- I haven't needed such support
- Don't know / can't say

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**Is this lack of support affecting your health and wellbeing?**

- Yes
  - No
  - Don't know / can't say
- 

**Please describe the problems (around a lack of support) that you are experiencing. Please provide as much or as little detail as you feel comfortable with.**

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## **GP Services**

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**Are you registered at a GP practice?**

- Yes
  - No
  - Don't know / can't say
- 

**Which GP practice are you registered to?**

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**When was the last time you saw (or tried to see) a doctor at your GP practice?**

- Within the last year
  - More than a year ago
  - Don't know / can't say
- 

**Thinking about this most recent visit, how easy was it to get a timely appointment with a GP?**

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

Don't know / can't say

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**Please describe why it was difficult for you to get a timely appointment with a GP.**

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**Have you used an alternative NHS service in the last year because you could not get a GP appointment at a satisfactory time, or were unable to access a GP through the 'Out of Hours' service?**

- Yes
- No
- Don't know / can't say
- 

**When you have been unable to see a doctor in a way that met your needs, where did you go?**

- Walk-in centre
- Accident & Emergency / Urgent Care Centre
- Pharmacy (for health advice)
- Some other place  \*
- Nowhere - I gave up
- Not applicable
- 

**How many times has this happened in the last year?**

- Once
- Twice
- Three times
- Four times
- More than five times
- Hasn't happened in the last year
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## About you

The following questions will help us understand how experiences vary between different groups of the population.

We will keep your answers completely confidential.

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**Are you male or female?**

- Male
- Female
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**How old are you?**

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or over
- 

**Which of the following best describes your current activity?**  
**If more than one of these apply, please choose your main activity.**

- Full-time paid work (30 hours or more each week)
- Part-time paid work (under 30 hours each week)
- Full-time education at school, college or university
- Unemployed
- Permanently sick or disabled
- Fully retired from work
- Looking after the home / children/ carer
- Some other activity
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**Do you look after or give any help or support to family members, friends, neighbours or anyone else because of either:**

- long-term physical or mental health / disability; or
- problems relating to old age?

- Yes

No

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**What is your ethnic group?**

- White
  - Mixed / multiple groups
  - Asian / Asian British
  - Black / African / Caribbean / Black British
  - Other ethnic group
- 

**Again, what is your ethnic group?**

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

**Again, what is your ethnic group?**

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

**Again, what is your ethnic group**

- Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background
- 

**Again, what is your ethnic group**

- African
  - Caribbean
  - Any other Black / African / Caribbean
- 

**Again, what is your ethnic group**

- Arab
  - Any other ethnic group
- 

**Which of the following best describes how you think of yourself?**

- Heterosexual / straight
  - Gay / Lesbian
  - Bisexual
  - Other
  - I would prefer not to say
- 

**Which, if any, of the following best describes your religion?**

- No religion
  - Buddhist
  - Christian (incl. C of E, Catholic, Protestant, and other Christian denominations)
  - Hindu
  - Jewish
  - Muslim
  - Sikh
  - Other
  - I would prefer not to say
- 

Thank you for taking part.

If you have any questions about the survey please contact: Julie Timbrell at  
[Julie.Timbrell@Southwark.gov.uk](mailto:Julie.Timbrell@Southwark.gov.uk)

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