



# South Gloucestershire

## Your Views on the health services at the Yate West Gate Centre

This questionnaire is to help your local NHS understand the way people are currently using health services at the Yate West Gate Centre. **Please give us your comments by 30 September 2011.**

Please return this questionnaire to the freepost address or you can drop it into the NHS reception desk at the Yate West Gate Centre.

**FREEPOST RSGJ-HALK-ZHES  
NHS South Gloucestershire  
1 Monarch Court  
BS16 &FH**

**1. Firstly, it would really help us if you could give the first part of your postcode (i.e. BS34).** We cannot identify you personally from this information, but it will help us understand how far people come to use the services at the Yate West Gate Centre.

The beginning of your postcode is: .....

### 2. THE YATE MINOR INJURIES UNIT

**Have you ever used the Yate Minor Injuries Unit (MIU)?**

- Yes (please go to question 3)
- No (please go to question 4)

**3. Have you ever used the Yate MIU at the following times/days?:**

- During the week after 5pm
- At the weekend or on a bank holiday

**4. If you answered no, could you please identify why you have not used the MIU?**

- I have never needed to use it
- I wasn't aware of the MIU
- I wasn't sure if they could treat me
- It wasn't open when I needed it (*please see question 5*)
- Other reason, please state

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**5. If the Yate MIU was closed when you needed it can you give the time and day when that happened?**

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**6. The Yate MIU is currently open at the weekends and bank holidays between 10am and 2pm. Do you think that the opening hours should:**

- remain as they are
- be open in the mornings only
- be open in the afternoons only
- be open in the evenings only

**7. Can you give a reason for your suggestion? (For example, you maybe a member of a local sports club that plays on Saturday afternoon).**

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### **THE X-RAY SERVICE AT THE YATE WEST GATE CENTRE**

This section of the survey is for people **who have had an X-ray in the last 12 months**. If you have not had an X-ray then please go to *question 13* about outpatient appointments.

**8. If you have had an X-ray in the last 12 months where did you go?**

- Yate West Gate Centre
- Southmead Hospital
- Frenchay Hospital
- Bristol Children's Hospital

**9. Why did you choose to go to that hospital or facility?**

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**10. If you didn't use the X-ray service at the Yate West Gate, was it because:**

- I didn't realise that there was an X-ray service at Yate.
- I went to A&E instead.
- It was shut when I needed it
- Other, please state

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**11. If you had your X-ray at the Yate West Gate Centre, were you:**

- referred by your GP
- sent for an X-ray after being seen by Staff at the Yate MIU
- other, please state

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**12. If you were referred by your GP, did he/she tell you that you could have an X-ray at Yate West Gate Centre:**

- during the week, after 5pm
- at the weekends between 10am and 2pm

**13. OUTPATIENT CLINICS AT THE YATE WEST GATE CENTRE**

Below are some of the **outpatient clinics** that are available in the Yate West Gate Centre. If you have had an appointment at one of these clinics **in the last 12 months** could you please tick the box beside the clinic you attended.

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|--|--|
| <input type="checkbox"/> Audiology                   | <input type="checkbox"/> General Gynaecology             |
| <input type="checkbox"/> Breast Surgery              | <input type="checkbox"/> Midwifery clinics               |
| <input type="checkbox"/> Cardiology (heart) clinic   | <input type="checkbox"/> Paediatrics                     |
| <input type="checkbox"/> Continence                  | <input type="checkbox"/> Pain Management                 |
| <input type="checkbox"/> Dental                      | <input type="checkbox"/> Physiotherapy                   |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Podiatry                        |
| <input type="checkbox"/> Dietetics                   | <input type="checkbox"/> Sexual health and contraception |
| <input type="checkbox"/> Ear Nose and Throat         | <input type="checkbox"/> Tissue Viability clinic         |
| <input type="checkbox"/> Health visitor baby clinics | <input type="checkbox"/> Urology                         |
| <input type="checkbox"/> General Dermatology         |  |

**14. Were you aware that the Yate West Gate Centre offers this range of outpatient appointments so that people do not have to travel so far to attend a clinic at the local hospital?**

- Yes
- No
- Not relevant - I don't need outpatient appointments

**15. In the future, if you were offered one of these outpatient appointments is there any reason why you might decide against using the Yate West Gate Centre?**

- I'd prefer to have my appointment at hospital
- I think I will see the most experienced and best qualified medical staff at hospital
- Other reason, please state

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**16. Are there any other comments you would like to give us about services at the Yate West Gate Centre?**

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Thank you for taking the time to fill in our questionnaire. Please send it back to us via our freepost address:

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BS16 &FH**

*Please turn over*

If you wish to be kept informed about the results of this questionnaire, you can give us your contact details here.

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Alternatively, you can contact Sue Pratt, Communications Manager at NHS South Gloucestershire, on 0117 330 2499 or email Sue.Pratt@sglos-pct.nhs.uk

<b>ADDITIONAL INFORMATION – this section will help us to check that the Yate West Gate Centre is accessible to all sections of our community.</b>	
<b>1.</b>	Please tell us about your travel to the centre. Did you travel by: Car <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Other <input type="checkbox"/> _____ Was it easy to get to the centre? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2.</b>	How did you hear about this service? Leaflet <input type="checkbox"/> Your GP <input type="checkbox"/> Recommendation from Family/Friend <input type="checkbox"/> Through NHS Choices <input type="checkbox"/> Other <input type="checkbox"/> [please state]: _____
<b>3.</b>	Please let us know which age group you belong to: Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75 – 84 <input type="checkbox"/> 85 or over <input type="checkbox"/>
<b>4.</b>	Please tell us about your gender. Are you: Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>5.</b>	How would you describe your sexual orientation? Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/>
<b>6.</b>	Do you identify yourself as transgender? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>7.</b>	Do you consider yourself to be Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please let us know what your disability or impairment is:
<b>8.</b>	Please tell us what your religion or belief is:
<b>9.</b>	Please tell us what your ethnic origin is: