

Closure of Crossland Surgery – branch site of Leeds City Medical Practice

Share your views on the closure

What this survey is about?

Crossland Surgery is a branch surgery of Leeds City Medical Practice. The practice has asked the NHS Integrated Care Board in Leeds (ICB in Leeds) to engage with the registered patient population about closing the Crossland Surgery branch practice permanently.

The ICB in Leeds is responsible for planning and paying for (commissioning) most of your local healthcare services and has agreed for this engagement to take place. The ICB in Leeds is providing support to the practice to ensure that as many people as possible can have their say.

The purpose of this survey is to gather feedback and views from all stakeholders about the closure – patients, staff, local businesses and third sector organisations.

We are keen to hear your feedback and comments about this change. The feedback survey will be open from **Monday 15 May 2023** until **Sunday 11 June 2023**.

How can I provide feedback about this proposal?

There are a few ways that you can share your thoughts about the closure:

- **By completing this survey online**, or by requesting a paper copy which we will send to you by post. To request a paper copy, an EasyRead or translated version of the survey, please contact us by phone or email (please see details below).
 - Online survey: <https://www.smartsurvey.co.uk/s/Crossland23/>
- **By email to bhmp@nhs.net**
- **By telephone – on 0113 467 7500 – please listen for the option ‘Crossland Closure Feedback’ and leave a message.**

Background

Leeds City Medical Practice have wanted to redevelop Crossland for a few years, as it was outdated and in need of renovation. Architects were engaged and a full plan was submitted early in 2020 for this work to be done. This included the conversion of the upper floor to a clinical space. The plan was for the practice partners to buy the property and then undertake the renovations.

By the time the practice got funding support approved in late 2022 the financial climate had changed dramatically due to the pandemic and the costs of the project had escalated making the plan unaffordable.

The current owners of the building where Crossland Surgery is are wanting to sell the property and have given notice to the practice to vacate by 30 June 2023.

Fortunately, there is expansion space available at Parkside Surgery, another branch of Leeds City Medical Practice, on the same floor as the practice is based now. This will give the practice the same additional clinical space intended for Crossland Surgery and the practice is currently working on taking over this space.

What will this mean for me?

Crossland Surgery has not been used for any routine services since the start of the pandemic (March 2020). All our patients have been accessing our services as a practice at either Parkside Surgery or Beeston Hill for the past three years. We do not anticipate that any patients will feel any significant impact of this closure.

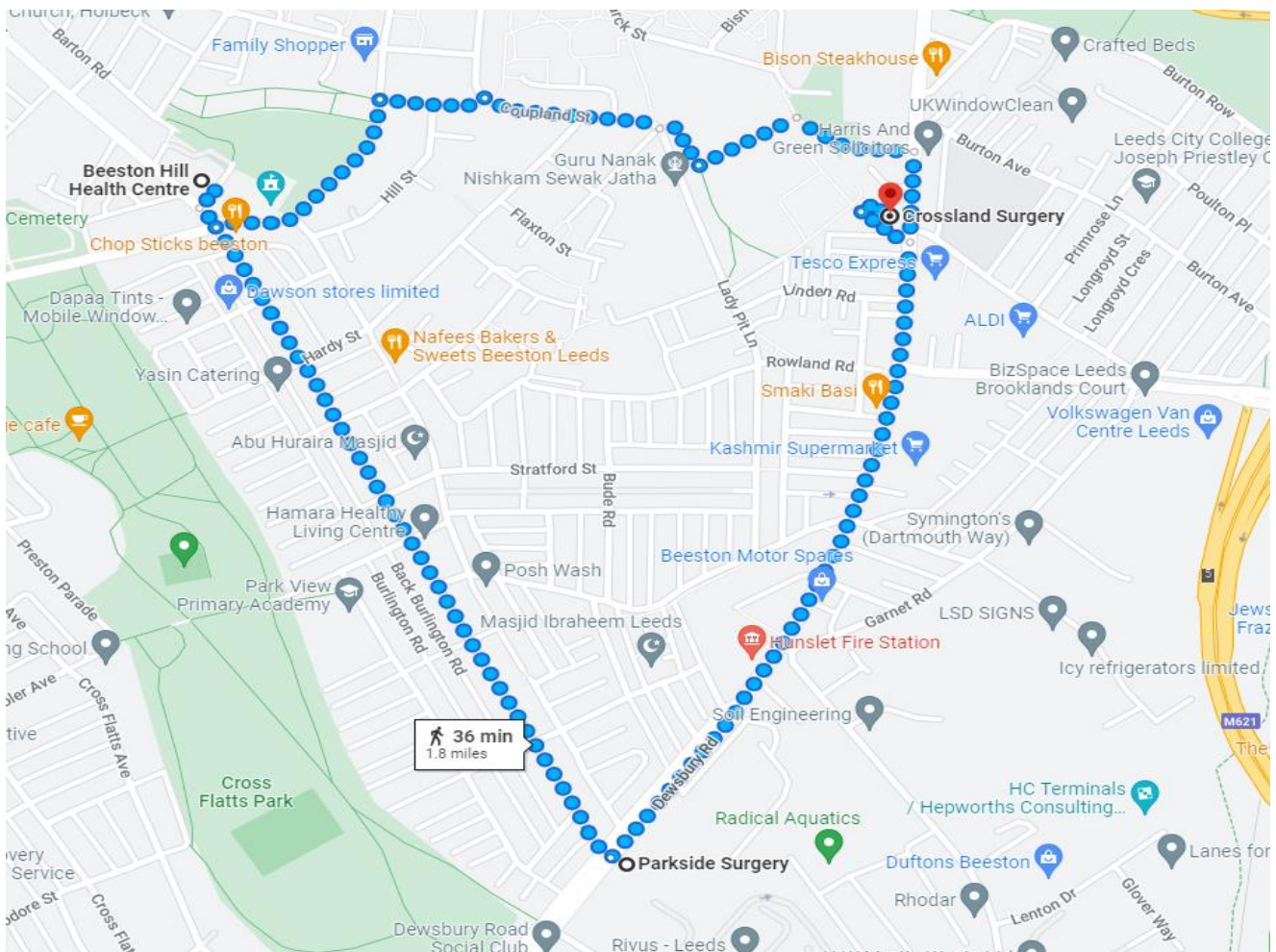
We will run an increased range of services from Parkside Surgery which patients are already familiar with. Parkside Surgery is based in a purpose-built NHS building so is easily accessible to wheelchair users and anyone else with limited mobility.



Leeds City Medical Practice locations

Parkside is half a mile along Dewsbury Road from Crossland Surgery, and it takes approximately 11 minutes to walk from one to the other.

Parkside has a patient car park with additional on street parking nearby if needed.



Further information

We are collating a list of Frequently Asked Questions (FAQs) which is available on our practice website at <https://leeds-city-medical.gpsurgery.net/crosslands-closure/>

We will also post updates about the engagement exercise on our website.

Feedback Survey Questions

Please take a few minutes to share your views.

1. Please tell us who you are:

- I am currently a patient of Leeds City Medical Practice and **have used** Crossland Surgery in the past
- I am currently a patient of Leeds City Medical Practice and **have not used** Crossland Surgery in the past
- I am a relative, friend or carer of someone who is a patient of Leeds City Medical Practice who **has used** Crossland Surgery in the past.
- I am a relative, friend or carer of someone who is a patient of Leeds City Medical Practice who **has not used** Crossland Surgery in the past.
- I work for the NHS and **have worked** at Crossland Surgery
- I work for the NHS and work at Leeds City Medical Practice but **have never worked** at Crossland Surgery
- Other – please provide details in the box below

2. It has not been possible to see patients routinely at Crossland Surgery since March 2020. Please tell us which site or sites you have been attending for routine appointments since then.

- Parkside Surgery
- Beeston Hill Health Centre – Leeds City Medical Practice
- I have not attended the practice since March 2020
- Other – please provide details in the box below

3. If you have not attended the practice since March 2020, which would be your preferred alternative surgery?

- Parkside Surgery preferably
- Beeston Hill (Leeds City Medical Practice) preferably
- Happy to attend either site
- Please give a reason for your choice?

4. Do you use online services to contact your practice (e.g., online appointment booking or ordering repeat medication)?

- Yes
- No (please tell us more about why not in the box below)

(If you don't currently use online services for your practice but are interested in doing so, please speak to a member of the Patient Care Team, email bhmp@nhs.net or call 0113 467 7500, or talk to someone in the practice the next time you visit).

5. Which three things are most important to you when you make an appointment at our practice (please pick three)

- Getting a face-to-face appointment quickly when needed
- Being able to speak to a GP that day when the problem is urgent
- Seeing a specific person at the practice
- Being able to book ahead to plan around the appointment
- The quality of care I receive from the clinical team
- Feeling that it is a safe and secure environment
- Good communication
- The opening times of the practice
- Being able to access a range of different services locally
- How welcoming and accommodating the staff are who answer the phone
- Other – please provide details in the box below.

6. Please tell us if you have any further comments about the closure, or any other suggestions that could help with future planning of local health services, in the box below.

7. Did you know that every GP practice has a Patient Participation Group (PPG)? This group, made up of patient volunteers, works with the practice to help make improvements to the service patients receive.

- Yes
 No

If you are interested in joining the PPG at Leeds City Medical Practice, please share your contact details.

Contact Details

Your personal information will be kept separate from the answers and your response to the questions will be anonymous. We will be in touch with you soon.

Name:

Address:

Email:

Telephone:

Equality Monitoring Form

It is important to us that all communities across Leeds have their say in shaping local services.

Equality monitoring collects data about people, it is important for us to collect and analyse this data to make sure we provide the right services. This information helps us understand which communities' views are being heard and which are not.

Your information will be protected and stored securely in line with data protection rules and no personal information will be shared. If you would like to know how we use this information, please visit our privacy notice: <https://www.westyorkshire.icb.nhs.uk/privacy-notice>

Please answer the questions below, some questions may feel personal, you do not have to answer them

What is the first part of your postcode?

Example LS23, LS7:

What is the second part of your postcode?

Prefer not to say

What is your gender? (Please tick one option)

- Male
- Female
- Non-Binary
- Prefer not to say
- I describe my gender in another way.

(Please tell us):

How old are you?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 56 - 65 |
| <input type="checkbox"/> 16 - 25 | <input type="checkbox"/> 66 - 75 |
| <input type="checkbox"/> 26 - 35 | <input type="checkbox"/> 76 - 85 |
| <input type="checkbox"/> 36 - 45 | <input type="checkbox"/> 86 or over |
| <input type="checkbox"/> 46 - 55 | <input type="checkbox"/> Prefer not to say |

What is your religion?

(Please tick one option)

- | | |
|--|--|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other denominations) | <input type="checkbox"/> Muslim |
| | <input type="checkbox"/> Sikh |
| | <input type="checkbox"/> Prefer not to say |
- Other religion (**please tell us**):

What is your ethnic group?

(Please tick one option)

- Prefer not to say

Asian or Asian British

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> British Indian | <input type="checkbox"/> Pakistani |

Any other Asian background (**please tell us**):

Black, Black British, Caribbean, or African:

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Caribbean |
|----------------------------------|------------------------------------|

Any other Black background: (**please tell us**):

Mixed or multiple ethnic groups

- | | |
|--|--|
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> White and Black African | |

Other Mixed background (**please tell us**):

White

- | | |
|--|---|
| <input type="checkbox"/> English, Welsh, Scottish, Northern Irish or British | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Roma |

Other White background (**please tell us**):

Other ethnic groups

- Arab

Any other ethnic background (**please tell us**):

Are you disabled?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have any long-term conditions, impairments or illness?

(Please tick all that apply or go to next question if not relevant)

- | | |
|--|--|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Learning, understanding, concentrating or memory: (such as Down's Syndrome, stroke or head injury) |
| <input type="checkbox"/> Physical or mobility impairment:
(such as using a wheelchair, difficulty walking or using your hands) | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Hearing impairment: (such as being D / deaf or hard of hearing) | <input type="checkbox"/> Neurodivergent conditions: (such as autism, ADHD, dyslexia) |
| <input type="checkbox"/> Sight impairment: (such as being blind or partially sighted) | <input type="checkbox"/> Long term conditions: (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) |
| <input type="checkbox"/> Mental health condition: (such as having depression, schizophrenia, bipolar disorder) | |
| <input type="checkbox"/> Other: (please write in): | |

Are you a carer? (Do you provide unpaid care or support to someone who is older, disabled or has a long-term condition)

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

What is your sexual orientation?

- | | |
|--|--|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Heterosexual / Straight |
| <input type="checkbox"/> Bi / Pansexual | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> I prefer to use another term (please tell us): | |

Are you Trans?

(Trans is a term used to describe people whose gender identity is not the same as the sex registered at birth.)

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |
- 

The cost of living can impact experiences of health and outcomes can you tell us about your current financial situation?

(Please tick one option)

- | | |
|---|---|
| <input type="checkbox"/> Very comfortable (I have more than enough money for food and bills and a lot left over) | <input type="checkbox"/> Really struggling (I don't have enough money for food and bills and sometimes run out of money) |
| <input type="checkbox"/> Quite comfortable (I have enough money for food and bills, and some left over) | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Just getting by (I have just enough money for food and bills and a nothing left over) | <input type="checkbox"/> Prefer not to say |

(We ask this question to help us understand the impact of income on experiences of services or health)

Are you pregnant or have you given birth in the last 6 months?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Are you a parent / primary carer of a child or children, if yes, how old are they?

(Please tick any that apply)

- | | |
|---------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> 10 to 14 |
| <input type="checkbox"/> 0 to 4 | <input type="checkbox"/> 15 to 19 |
| <input type="checkbox"/> 5 to 9 | <input type="checkbox"/> Prefer not to say |

What is your relationship status?

(Please choose one option)

- | | |
|---|--|
| <input type="checkbox"/> Live with partner | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married or Civil Partnership | <input type="checkbox"/> Other |
| <input type="checkbox"/> Single | <input type="checkbox"/> Prefer not to say |

What is your employment status (please tick any that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Student – Further education (Sixth Form, College) | <input type="checkbox"/> In receipt of state benefits (e.g., Personal Independence Payment, Universal Credit) |
| <input type="checkbox"/> Student – Higher Education (University) | <input type="checkbox"/> Not in employment |
| <input type="checkbox"/> Employed - Full time | <input type="checkbox"/> Apprenticeship or training |
| <input type="checkbox"/> Employed - Part time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other: (please write in): | <input type="checkbox"/> Prefer not to say |

Are you homeless? (e.g., in temporary housing, rough sleeping, sofa surfing)

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Many thanks for taking the time to fill out our survey!

Bev McLean, Business Manager on behalf of the Partners

Findings will be published on our website and in our waiting rooms in due course.

