**Southend Road Surgery Patient Survey**

Southend Road Surgery has been given notice by its landlord that it must vacate the building by 27th September 2025. The practice management has identified an opportunity to relocate to nearby Corringham Medical Centre where there is available space to accommodate all Southend Road Surgery staff and patient services.

We are asking for patients to provide feedback and their views on this proposal via the survey below. More information about this can be found in the Patient Question and Answer sheet which is available at reception, or on our website at <https://www.southendroadsurgery.co.uk/>

Your views are very important to us, and we welcome your comments.

**Data security**

Your personal information is protected by General Data Protection Regulations and other UK data protection law. More details and our Privacy Statement are on the practice website at <https://www.southendroadsurgery.co.uk/>

**Closing date**

The closing date for this survey is 6pm on Sunday 6th July 2025.

1. Are you responding as:
   * Patient
   * Carer
   * Other
2. Which GP practice are you registered with?
   * Southend Road Surgery
   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. On average, how often do you use or attend the surgery?

* Weekly
* Monthly
* Once every 3 months
* One every 6 months
* Once a year
* Almost never

1. Which is your usual mode of transport to the surgery?
   * Car
   * Public transport
   * Walk
   * Get a lift from someone
   * Other \_\_\_\_\_\_\_\_\_\_\_\_
2. How do you normally contact the surgery?
   * Telephone
   * Via the practice website
   * In person
   * NHS App
   * Other \_\_\_\_\_\_\_

**Due to the landlord serving notice on the practice, Southend Road Surgery is proposing to move all staff and patient services to the Corringham Medical Centre, which is located at 114 Giffords Cross Rd, Corringham, SS17 7QQ.**

**Corringham Medical Centre is 1.2 miles from Southend Road Surgery (a 20 minute walk/ 3 minute car journey/ 16 minute journey via public transport).**

**Patients would remain registered with Southend Road Surgery.**

1. Thinking about this proposal, what impact do you consider this will have on you or your family?

* Little or no impact
* Positive
* Negative
* Not Sure
* Prefer not to say

1. If Southend Road Surgery relocated to Corringham Medical Centre, how would you access services at Corringham Medical Centre?

* Car
* Bus
* Walk
* Other means
* Other\_\_\_\_

1. Do you have any suggestions or ideas on how to reduce the impact of the proposed relocation on you and help you to access primary medical services at Corringham Medical Centre?

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1. Please provide any other thoughts or comments for the practice management to consider as part of this process.

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1. How did you become aware of this survey?

* Text
* GP website
* Information from the practice
* Family or friend
* Other \_\_\_\_\_

**About you**

Why are we asking these questions?

1. It helps us understand how different groups of people experience things in different ways.

2. It helps us refine recommendations to suit different groups of people.

3. It helps us ensure that we are representing different groups in the community, especially those whose voice is sometimes not heard.

We look at this data collectively in groups and not at individual people's responses. We would be very grateful if you answered these questions, but you have the option on each to select "prefer not to say".

1. Do you have any of the following disabilities? (Tick all that apply)

* I don't have a disability
* Physical or mobility impairment
* Sensory impairment such as sight loss
* Learning disability or difficulties
* Prefer not to say
* Not known
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any of the following long-term conditions? (Tick all that apply)

* I don't have a long-term condition
* Asthma, COPD or respiratory condition
* Cardiovascular condition (including stroke)
* Deafness or severe hearing impairment
* Hypertension (high blood pressure)
* Musculoskeletal condition
* Dementia
* Cancer
* Chronic kidney disease
* Diabetes
* Epilepsy
* Mental health condition
* Not known
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I prefer not to say

1. What was your age group at your last birthday?

* 16 to 24
* 25 to 34
* 35 to 44
* 45 to 54
* 55 to 64
* 65 to 74
* 75 to 84
* 85 and over
* I prefer not to say

1. Do you provide care to someone which you are not paid for

* Yes
* No
* I prefer not to say

1. Are you an active or retired member of the Armed Forces?

* Yes, active
* Yes, retired
* No
* Other \_\_\_\_\_\_\_\_
* I prefer not to say

1. Which of the following options best describes how you think of yourself?

* Woman (including trans woman)
* Man (including trans man)
* Non-binary
* Other
* I prefer not to say

1. Which of the following options best describes how you think of yourself?

* Heterosexual or straight
* Gay or lesbian Bisexual
* Other
* I prefer not to say

1. Please choose one of the following options that most accurately describes your ethnic group or background.

* White - English, Welsh, Scottish, Northern Irish or British
* White - Irish
* White - Gypsy or Irish Traveller
* White - Roma
* Mixed or multiple ethnic groups - White and Black Caribbean
* Mixed or multiple ethnic groups - White and Black African
* Mixed or multiple ethnic groups - White and Asian
* Asian or British Asian - Indian
* Asian or British Asian - Pakistani
* Asian or British Asian - Bangladeshi
* Asian or British Asian - Chinese
* Black, Black British Caribbean or African - African
* Black, Black British Caribbean or African - Caribbean
* Arab
* Any other ethnic group, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_
* I prefer not to say

**Please return your completed survey by email to** [**southendroad.surgery@nhs.net**](mailto:southendroad.surgery@nhs.net) **or hand in at the reception desk by Sunday 6 July 2025.**

**Thank you for taking the time to provide feedback.**