



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe

Swansea Bay University
Health Board

Transfer of GP Services from Cwmllynfell Surgery

Response Form

**Please complete this questionnaire
and return to us by**

20th May 2019

Introduction

Swansea Bay University Health Board will collate all responses which will ensure feedback from individuals is anonymous, but views from organisations may be published in full.

All of the questions are optional, and any information you provide in response to this engagement will be processed in line with the requirements of the UK Data Protection Act and the EU General Data Protection Regulation. Information will only be used to inform this engagement and any personal information which could identify you will be kept for no longer than 1 year after decisions have been made. For further information, please contact ABM.DPO@wales.nhs.uk.

Section 1 – Proposed Transfer of GP services from Cwmllynfell Surgery

Our priority is to ensure that our NHS continues to be safe, reliable and high quality for the increasing number of people who need to access services when they are ill. Therefore, sometimes there needs to be a change to services to ensure this is maintained.

To what extent do you agree with the proposal to transfer services from Cwmllynfell Surgery to neighbouring practice premises?

Choose **one** of the following answers:

- Strongly disagree
- Tend to disagree
- Neither agree nor disagree
- Tend to agree
- Strongly agree
- Don't know

How often do you attend Cwmllynfell Surgery to access services?

Choose **one** of the following answers:

- Daily
- Weekly
- Fortnightly
- Occasionally
- Somewhat infrequently
- Very Infrequently

How do you normally get to Cwmllynfell Surgery?

- Walk
- Car
- Relative/Friend
- Bus
- Community Transport
- Other

How often do you access services at the other practice sites, Ystalyfera, Pontardawe, Gwaun Cae Gurwen, Brynamman and Garnant?

- Daily
- Weekly
- Fortnightly
- Occasionally
- Somewhat infrequently
- Very Infrequently

How do you normally get to the other practice sites?

- | | |
|---------------------|--------------------------|
| Walk | <input type="checkbox"/> |
| Car | <input type="checkbox"/> |
| Relative/Friend | <input type="checkbox"/> |
| Bus | <input type="checkbox"/> |
| Community Transport | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Do you have any difficulties accessing services at the other practice sites?

	Yes	No
Ystalyfera	<input type="checkbox"/>	<input type="checkbox"/>
Brynamman	<input type="checkbox"/>	<input type="checkbox"/>
Pontardawe	<input type="checkbox"/>	<input type="checkbox"/>
Gwaun Cae Gurwen	<input type="checkbox"/>	<input type="checkbox"/>
Garnet	<input type="checkbox"/>	<input type="checkbox"/>

Please include any comments you have on this proposal here:

As a public body, Swansea Bay University Health Board has a duty to take into account the impact of their decisions on people with protected characteristics under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) as well as the Human Rights Act 1998 and Welsh Language (Wales) Measure 2011.

Are there any groups protected under the Equality Act 2010 who you believe will be positively or negatively affected by our proposed changes? If so, what could we do to enhance positive or reduce negative impacts?

Section 2 – Information about you

Are you

Providing your own personal response

Submitting a response on behalf of an organisation

The NHS has a duty to promote equality and we want to make sure that we include all parts of the population in our engagement. To help with this we would be grateful if you would answer the following questions. All questions are optional, and we will take all engagement responses into account whether or not you provide these details.

TICK ONLY ONE BOX FOR EACH QUESTION

What was your age on your last birthday?

- Under 16
- 16 -24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- 75 or over
- Prefer not to say

Gender

Which of the following describes how you think of yourself?

- Female
- Male
- Other/I prefer to use my own term
- Prefer not to say

Which of the following best describes your ethnic group or background?

White

- Welsh / English / Scottish/ Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other white background (please describe)

.....

Mixed/Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic background (please describe)

.....

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please describe)

.....

Black/African/Caribbean/Black British

- African
- Caribbean
- Any other black/African/Caribbean background (please describe)

.....

Other ethnic group

- Arab
- Any other ethnic group (please describe)
- 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?

- Yes, limited a lot.
- Yes, limited a little.
- No.
- Prefer not to say.

Sexual_Orientation

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Other/I prefer to use my own term
- Prefer not to say

Marriage and Civil Partnership

What is your legal marital or same-sex civil partnership status?

- Never married and never registered in a same sex civil partnership.
- Married.
- Separated, but still legally married.
- Divorced.
- Widowed.
- In a registered same-sex civil partnership.
- Separated, but still legally in a same-sex civil partnership.
- Formerly in a same-sex civil partnership which is now legally dissolved.
- Surviving partner from a same-sex civil partnership.
- Prefer not to say

Religion

What is your religion?

- No religion.
- Christian (all denominations).
- Buddhist.
- Hindu.
- Jewish.
- Muslim.
- Sikh.
- Any other religion (please describe)

Pregnancy and Maternity

Are you currently pregnant or have you been pregnant in the last year?

- Yes
- No
- Prefer not to say.

In the past year, have you taken?

- Maternity leave.
- Additional paternity leave (e.g. more than 2 weeks).
- Adoption leave.
- Prefer not to say.

Gender Identity

At birth were you described as...

(Please tick one option)

- Male
- Female
- Intersex
- Prefer not to say

Which of the following describes how you think of yourself?

(Please tick one option)

- Male
- Female
- In another way: _____
- Prefer not to say

Please return this response form by 20 May 2019. You can:

Email it to us: ABM.Cwmllynfell@wales.nhs.uk

Post it to us:

Primary Care Team

Cwmllynfell Engagement

Neath Port Talbot Hospital

Block A

Port Talbot

SA12 7BX

Leave at Cwmllynfell Surgery

If you have any queries please contact us by emailing us using the address above or phone us on 01639 684581 and 01639 684631