



## **Engagement and equality report of findings**

### **Primary Medical Services (PMS) Gynaecology**

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## 1. Purpose of the report

The purpose of this report is to present the findings of the engagement activity carried out to gather patient views of Gynaecology services within Greater Huddersfield.

## 2. Background

In the summer of 2015 NHS Greater Huddersfield CCG made the decision to commission a local scheme for gynaecology services provision that is delivered from within a practice.

At present there are four different procedures for Greater Huddersfield patients that are provided by Calderdale and Huddersfield Foundation Trust (CHFT) at Huddersfield Royal Infirmary (HRI) and by some GP practices.

- **Cervical polyp removal**  
Removal of a growth of tissue from the neck of the womb or the passageway between the vagina and the womb
- **Ring pessary insertion/replacement**  
Insertion or replacement of a device that supports the walls of your vagina after a pelvic organ prolapse
- **Cervical cautery**  
Treatment of cells on the neck of the womb using silver nitrate to reduce or stop discharge or irregular bleeding
- **Vaginal vault smear test**  
A smear test as part of the follow-up for removal of the womb for cancer

The required outcome is that from 1<sup>st</sup> April 2016 more women are able to receive gynecology services in primary care. The main benefits of this would be that women can receive care closer to home.

## 3. Key drivers and considerations

### Health and Social Care Act 2012

The White Paper, 'Equity and excellence: Liberating the NHS', and the subsequent Health and Social Care Act 2012, set out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the National Health Service (NHS) will:

- Put patients at the heart of everything it does
- Focus on improving those things that really matter to patients
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to

ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

## The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty.

To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.
- The EQIAs will fulfil part of our consideration of our legal duty.

## The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these is the right to be involved directly or through representatives:

- in the planning of healthcare services

- the development and consideration of proposals for changes in the way those services are provided, and
- in the decisions to be made affecting the operation of those services

#### 4. Engagement Process

NHS Greater Huddersfield CCG wanted to engage with patients and carers currently using the existing gynaecology services within a primary care and/or hospital setting in Greater Huddersfield and in particular on four different procedures (below) to gain insight into patients' experience of the current service.

- **Cervical polyp removal**  
Removal of a growth of tissue from the neck of the womb or the passageway between the vagina and the womb
- **Ring pessary insertion/replacement**  
Insertion or replacement of a device that supports the walls of your vagina after a pelvic organ prolapse
- **Cervical cautery**  
Treatment of cells on the neck of the womb using silver nitrate to reduce or stop discharge or irregular bleeding
- **Vaginal vault smear test**  
A smear test as part of the follow-up for removal of the womb for cancer

A detailed plan for delivering communications, engagement and equality was developed (see appendix 1). A survey was also developed (see appendix 2) asking for views on the current service.

The information gathered will inform the CCGs future decision making.

#### 5. Engagement methods and approaches

The survey (see appendix 2) was used as a tool to gather views and 1500 were distributed to range of stakeholders such as:

- Patients at GP Practices
- Kirklees Women's Centre
- Auntie Pam's – including families and fathers
- Sure Start centres
- Patient Reference Group members

Online and paper surveys were distributed to each service area and all surveys had a contact telephone number, and Freepost address for return of the paper survey.

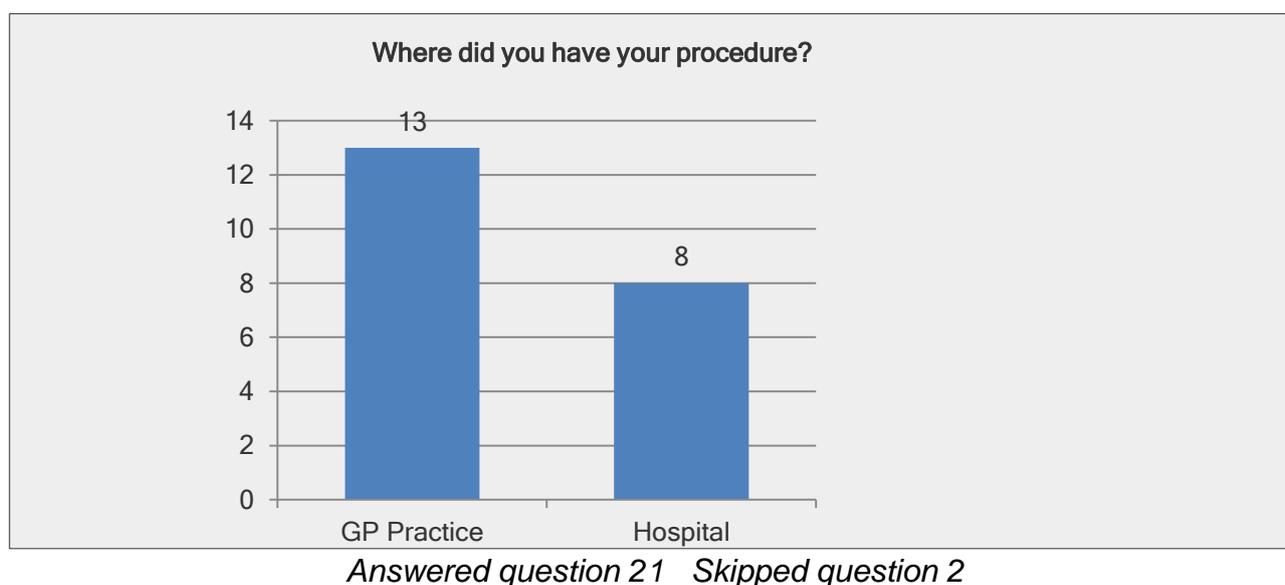
Calderdale and Huddersfield Foundation Trust (CHFT) were also undertaking patient engagement for their Early Pregnancy Assessment Unit and Emergency Gynaecology services during the same period. In order to avoid duplication a joint approach was adopted when distributing the surveys which also included encouraging staff working within Gynaecology clinics at Huddersfield Royal Infirmary to gather views for both pieces of engagement.

Due to low numbers initially received the engagement was extended for a further four weeks in order to gain more views.

## 6. Findings from the engagement process

23 completed or partially completed surveys were received from people who are registered from a range of GP Practices across Greater Huddersfield (see appendix 4 for breakdown of GP Practices). Due to the low numbers the sample group is not representative therefore the results are presented but further analysis is not beneficial. Findings from the survey results are below.

13 people said they had their procedures at their GP Practice and eight people said the hospital.



Of those people who had their procedure either at their GP Practice or the Hospital the majority ranked their experiences as a seven or above. We also asked if there anything that they would like to tell us about their experience?

- It was good that the gynaecologist carried out the procedure immediately on examination and discovery instead of having to wait for another appointment
- Sometimes it would be a male doing the test, as me being a woman it's much more appropriate if it's a woman doing the test

**From your experience of using this service how would you rank the following? From 1 being very poor to 10 being excellent (Please pick the number that applies)**

Answer Options	1	2	3	4	5	6	7	8	9	10	Rating Average	Response Count
Getting an appointment	1	0	1	0	2	0	3	6	5	4	7.64	22
Being seen quickly	1	0	0	1	2	1	3	3	8	3	7.64	22
Location of this service	0	0	0	0	1	1	3	8	4	5	8.27	22
The waiting area	0	0	0	0	1	5	4	5	5	2	7.64	22
Cleanliness of the building	0	0	0	0	0	4	3	7	4	4	8.05	22

Care and treatment you received	0	0	0	0	0	3	1	6	6	6	8.50	22
Is there anything else you would like to tell us about your experience?												3
<i>answered question</i>												<b>22</b>
<i>skipped question</i>												<b>1</b>

22 people answered the question below with the majority preferring to go to their GP Practice for their procedure and gave the following reasons;

- It's handy
- I have been going there a long time and feel very comfortable with the GPs and nurses
- Has ease and trust
- Because now the female nurse will do it so I don't need to worry about being examined by a male
- Proximity to my home. usually evening appointments available



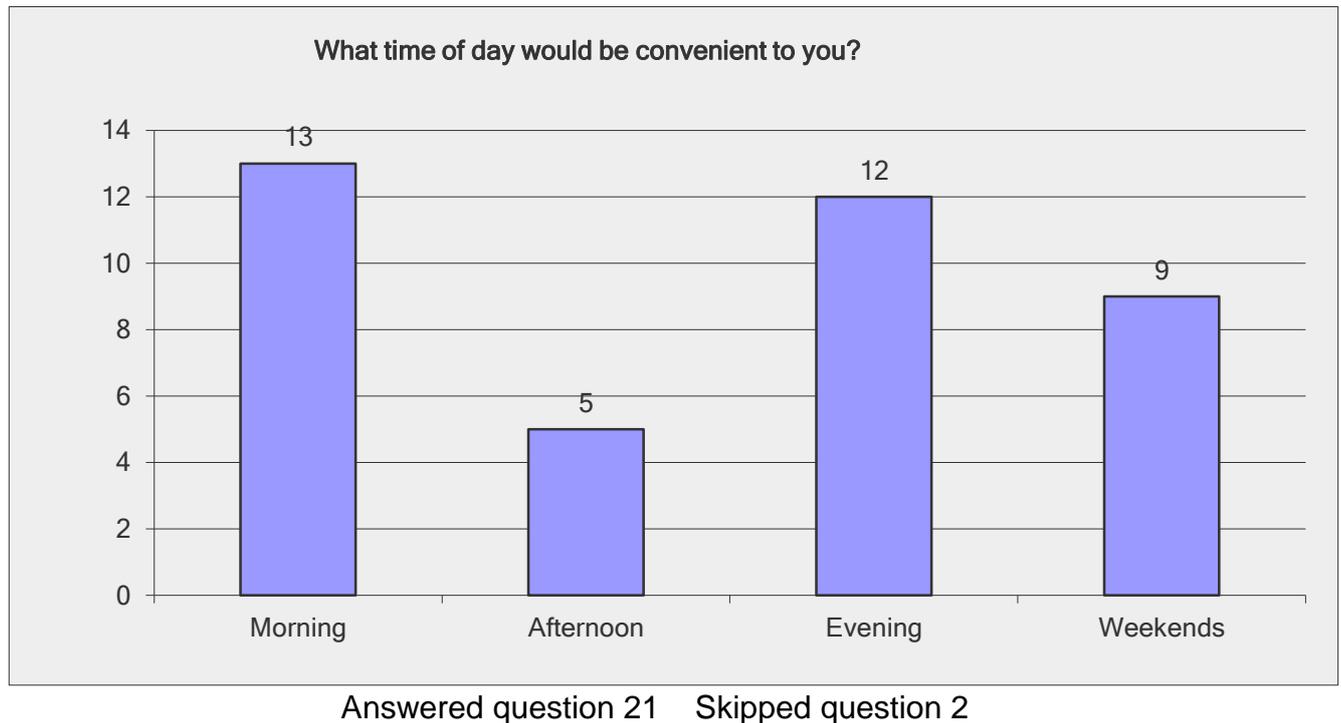
However, of those 22 people some said that they would also prefer to go to the hospital or local health centre for the following reasons;

- I don't really mind as long as it is reasonable easy to get to (I do drive so am happy to go most places in Hudds) and I can get an appointment reasonably quickly at a convenient time
- Ease of travel
- Smear – GP surgery & operation – hospital

A small number of people who just preferred to go to the hospital for their procedure said

- Staff are specialists in the procedures.
- Due to any complications that may occur - I am then able to have it done

There was a mixed response on what time of day would be convenient for people with an almost equal split between morning and evenings. Of those who answered this question it is worth noting that they chose more than one time that would be convenient to them.



## 7. Overall findings and common themes

The responses received from the questionnaire are too low to draw any conclusion. However, findings from the engagement have highlighted the following;

- Overall people are happy with their experiences at their GP Practice and the hospital
- The majority of people said they would prefer to go to their GP Practice
- There was a mixed response for the time of day convenient to people. However, morning and evening was the most preferred time of day.

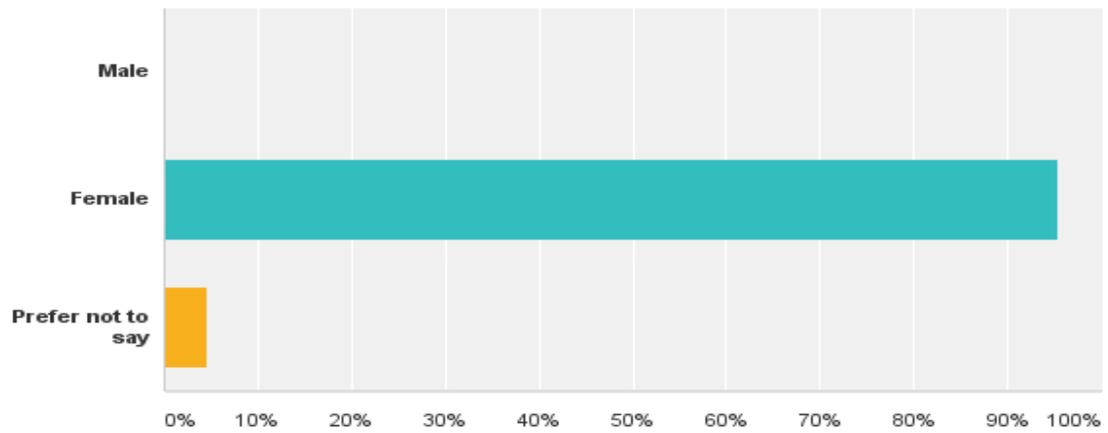
## 8. Equality

To assess if the survey respondents were representative of the women likely to access the service an equality monitoring form (see appendix 3) was attached to the survey and this has been used to consider if a representative sample was reached. However the low number of respondents has made comparisons difficult.

Usually the data would then be analysed to establish if there were any trends in relation to the protected groups, to see if one group reported a different experience than another, again due to the low sample it would be impossible to draw any safe conclusions from this data.

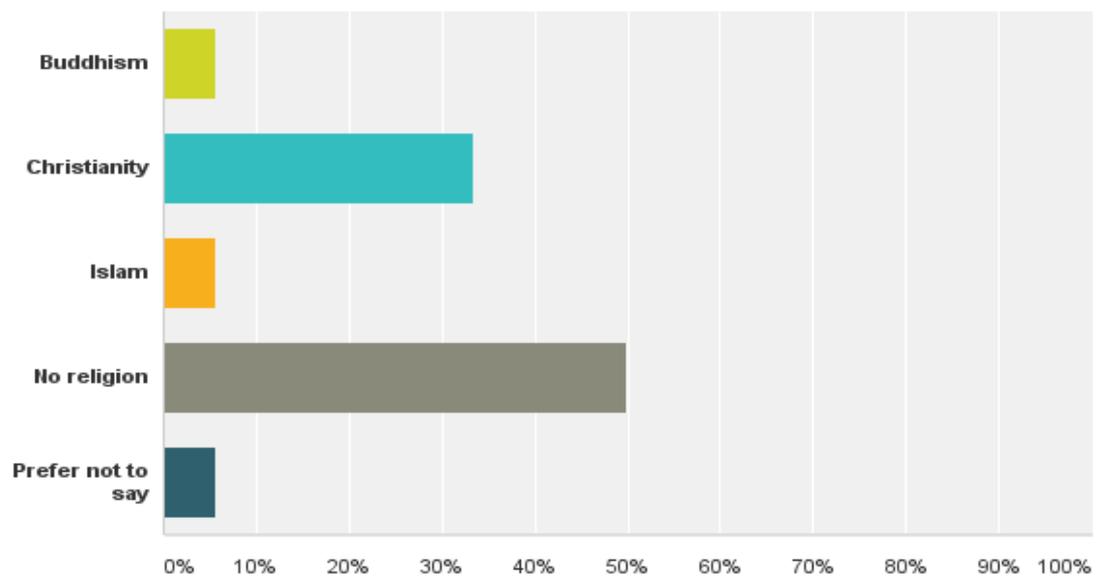
### Q9 What sex are you?

Answered: 22 Skipped: 1



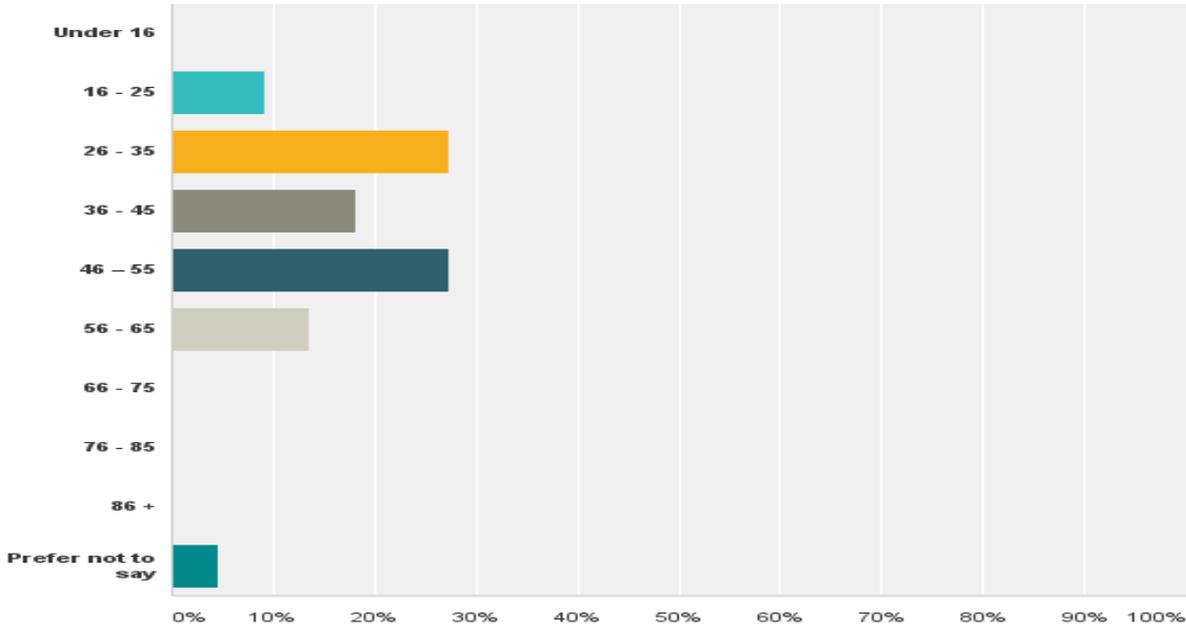
### Q14 Do you consider yourself to belong to any religion?

Answered: 18 Skipped: 5



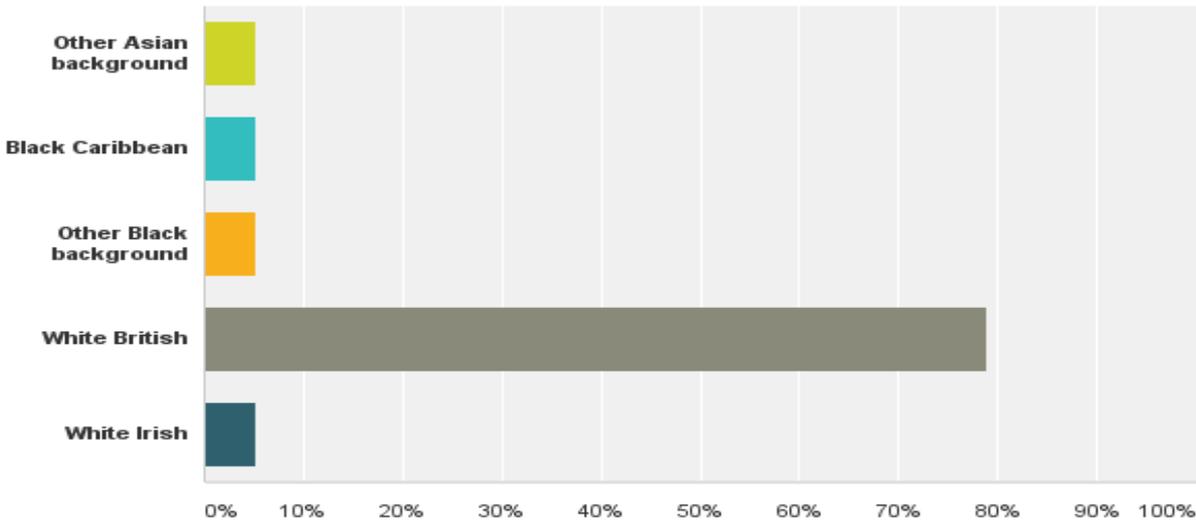
### Q11 What is your age?

Answered: 22 Skipped: 1



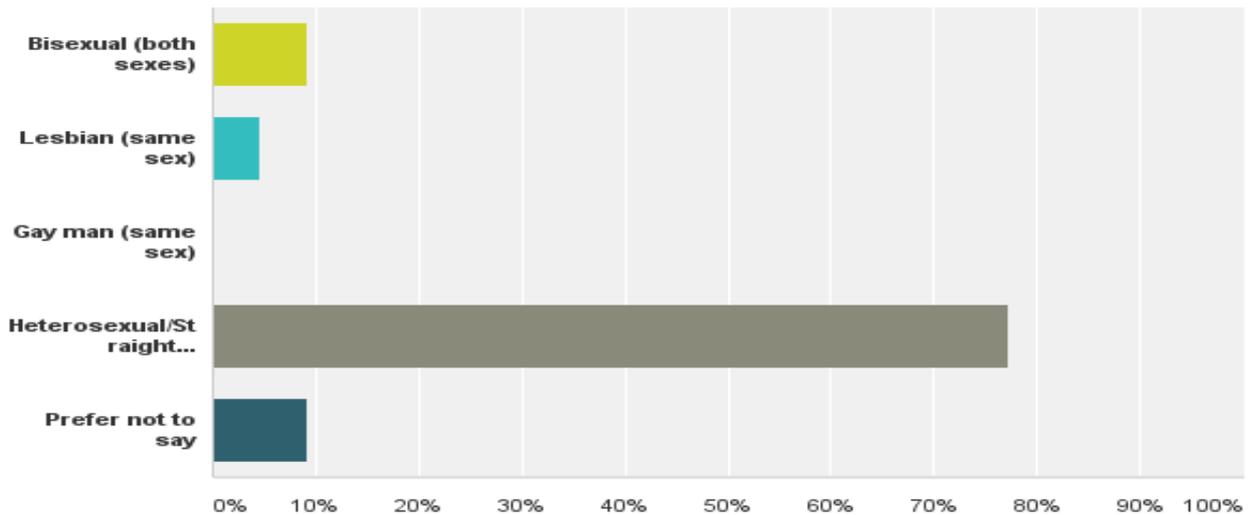
### Q13 What is your ethnic background?

Answered: 21 Skipped: 2



## Q12 What is your sexual orientation?

Answered: 22 Skipped: 1



24% of respondents were carers. 14% were disabled

### 9. How the findings will be used and next steps

The findings from the report will be shared with NHS Greater Huddersfield CCG to;

- Ensure the engagement is reflected in the specification for primary care gynaecology services
- Inform the wider review of primary care medical services

The report of will be fed back to patients, carers and service users via the NHS Greater Huddersfield CCG website and relevant practice websites.



## Appendix 1

# Engagement and equality action plan

## Primary Medical Services (PMS) Gynaecology

## Introduction

This plan sets out the communications, engagement and equality activity required to engage with women on the services they currently receive for Primary Medical Services (PMS) Gynaecology within Greater Huddersfield. NHS Greater Huddersfield Clinical Commissioning Group (CCG) want to engage on their plans to change the way the services are currently provided. The change would directly affect women living in Huddersfield and this document sets out our plans to communicate and engage with a representational sample group of these people who live in the Greater Huddersfield area.

## Background

In the summer of 2015 Greater Huddersfield CCG made the decision to commission a local scheme for gynaecology services provision that is delivered from within a practice.

At present there are four different procedures for Greater Huddersfield patients that are provided by Calderdale and Huddersfield Foundation Trust (CHFT) at Huddersfield Royal Infirmary (HRI) and by some GP practices.

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- **Vaginal vault smear test**  
A smear test as part of the follow-up for removal of the womb for cancer

The required outcome is that from 1<sup>st</sup> April 2016 more women are able to receive gynecology services in primary care. The main benefits of this would be that women can receive care closer to home.

## Aim and objectives of the engagement

The aim of the engagement process is to gather views of current gynaecology services in particular the procedures above that are delivered in Huddersfield, which may be subject to future changes. The views gathered will be used to identify the future provision of the service and support from completion of an equality impact assessment to determine the impact on women living in the Greater Huddersfield area.

By talking to service users and the public Greater Huddersfield CCG are committed to ensuring that relevant stakeholders are informed and have an opportunity to influence changes to the way services are currently provided or delivered.

The objectives for the CCG are:

- To communicate the intention for future services.
- Listen to the public and understand what the impact of this change would be to current service users and ensure people have an opportunity to have their say.
- Provide a report of findings on the engagement process.
- Ensure the views of service users and members of the public have been considered including any differential impact on equality groups.
- To complete an EQIA that supports the engagement process and will inform any decision making.
- Deliver a formal consultation process if required.

## **Legislation**

Under current legislation NHS Greater Huddersfield CCG are the accountable organisation for all engagement activity and it will be their role to oversee and agree any plans for engagement and or consultation prepared by the provider organisation CHFT. The legislation that the CCG must abide by is set out below:

### **Health and Social Care Act 2012**

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
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The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

### **The Equality Act 2010**

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## **The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

## **Engagement process**

### **Review of existing data**

We need to review any existing data gathered from patients and service users over the last year, this would include:

- Pals and complaints data
- Patient Opinion and NHS Choices postings
- Friends and family test
- Any previous engagement activity

### **Develop a questionnaire**

We will provide the opportunity for the service users and key stakeholders to have their say on gynaecology services using a questionnaire. The questionnaire will be available in a number of settings and both electronic and paper format and will be circulated to some wider stakeholder groups. (See appendix 1 – draft questions proposed for the questionnaire).

We will use the FREEPOST address to capture returns for postal surveys to encourage completion.

### **Engage with service users and key stakeholders**

We will use the questionnaire to engage with key stakeholder groups in the Greater Huddersfield area. The key groups we would like to engage with will include:

- Patients at GP Practices
- Kirklees Women's Centre
- Auntie Pam's – including families and fathers
- Sure Start centres across:
  - Valley South
  - Valley North
  - Rawthorpe
  - Huddersfield North
  - Huddersfield Central and South
  - Golcar
  - Crosland Moor

- Chestnut Centre
- National Childbirth Trust (NCT)
- Patient Reference Group members

All these organisations reach a wide range of families living across the locality of Greater Huddersfield including all women of child bearing age. In addition they will cover a range of women from diverse backgrounds and ensure we capture the views of people covered under the equality acts 9 protected characteristics. In addition we would want to encourage staff in the following service areas to gather views, this would include:

- Staff working within Gynaecology clinics at Huddersfield Royal Infirmary

The methods for engaging these groups will be discussed with each local setting and it is proposed that we use a combination of methods and approaches which include:

- Focus group work with specific groups
- Distribution of questionnaires
- Promoting the ways someone can be involved via local networks
- Other methods as identified by the local group

The target audience for this engagement will be people living in Greater Huddersfield who may use these services.

### Utilise social media

We will utilise social media networks to engage in conversations with women on current services and gather views through conversation platforms and via organisations already working with women. These will include, where appropriate:

- Little Feet
- Net mums
- Mums net

### Communication

Current communication channels will be utilised to reach service users, the public and stakeholders to distribute information and to raise awareness of the engagement on gynaecology services. Communication channels identified in this section will be used to disseminate information and will provide other opportunities for patients and the public to provide their views.

Audience	Method
<b>Service users, general public, third sector</b>	GHCCG internet website CHFT internet website CHFT newsletter CHFT Membership Council CHFT Members CSU relationship matrix Locala internet website
<b>OSC</b>	Email circulation / meeting

<b>GPs, practice staff and patient reference groups</b>	40fied Greater Huddersfield Internal bulletin  Email to Practice Managers for their information as well as distribution to PRGs where these are in place. Distribution via the cluster leads practice managers
<b>Healthwatch</b>	Email and personal discussion Newsletter
<b>Health and Wellbeing Boards</b>	Email secretary
<b>Elected members / Councillors</b>	Information to be circulated electronically – explanatory email with a link to web survey
<b>Local Professional Committees</b>	Information to be circulated electronically
<b>Media (will target online publications as well as print media)</b>	Press release Social Media

## Equality Data

All engagement activity will be equality monitored (see appendix 1: survey) and the information gathered will be used to assess the representativeness of the views we have gathered and identify where there are any gaps of protected groups or trends in opinion. All the information gathered will be used to inform future plans.

## Non pay budget items to be considered

<b>Engagement Budget</b>	
<i>Gynaecology Services</i>	
<b>Item</b>	<b>Estimated Cost</b>
<b>Development of an online survey</b>	<b>NIL – in house</b>
<b>FREEPOST</b>	<b>£500 (tbc)</b>
<b>Printing costs</b>	<b>£135</b>
<b>Social Media</b>	<b>NIL</b>
<b>TOTAL</b>	<b>tbc</b>

## Analysis of data and presentation of findings

Once the engagement process has taken place we will ensure that all recent and existing intelligence is captured into one report.

This report will be received through NHS Greater Huddersfield CCG internal reporting mechanisms and a decision will be made on the next steps.

Once the next steps have been agreed we will feedback the results of the engagement activity to service users and the wider public using the website and networks.

## Appendix 2 – Survey

### Gynaecology Services

NHS Greater Huddersfield Clinical Commissioning Group (CCG) is committed to continuously improving the healthcare available to all the people living across the district. As part of this continued work, we want to look at how some gynaecology services are provided locally.

We are looking at four different procedures:

#### Cervical polyp removal

Removal of a growth of tissue from the neck of the womb or the passageway between the vagina and the womb

#### Ring pessary insertion/replacement

Insertion or replacement of a device that supports the walls of your vagina after a pelvic organ prolapse

#### Cervical cautery

Treatment of cells on the neck of the womb using silver nitrate to reduce or stop discharge or irregular bleeding

#### Vaginal vault smear test

A smear test as part of the follow-up for removal of the womb for cancer

If you have had any of these procedures, we would like to take this opportunity to ask for your views by completing and returning this survey about the one you have had most recently.

Please complete and return by no later than **14<sup>th</sup> August 2015**

If you need any more information or would like help in completing this survey please ring; 01484 464189

### Your thoughts on the Gynaecology services

**Please tell us the first part of your postcode (e.g. HD1, HD7)**

Please enter here

Prefer not to say

**1. Which GP Practice do you belong to?**

Please enter here

Prefer not to say

**2 . Where did you have your procedure?**

GP Practice

Hospital

Other - please specify

**3. From your experience of using this service how would you rate the following? From 1 being very poor to 10 being excellent (Please circle the number that applies)**

Getting an appointment	1	2	3	4	5	6	7	8	9	10
Being seen quickly	1	2	3	4	5	6	7	8	9	10
Location of this service	1	2	3	4	5	6	7	8	9	10
The waiting area	1	2	3	4	5	6	7	8	9	10
Cleanliness of the building	1	2	3	4	5	6	7	8	9	10
Care and treatment you received	1	2	3	4	5	6	7	8	9	10

**4. Is there anything else you would like to tell us about your experience?**

This part of the questionnaire is about if you need to have any of these procedures in the future

**5. Where would you prefer to go for your procedure?**

<input type="checkbox"/>	My GP Practice
<input type="checkbox"/>	Any GP practice
<input type="checkbox"/>	Local health centre
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Other, please specify
<b>Please explain why –</b>	

**6. What time of day would be convenient to you?**

<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Weekends
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**Thank you for taking time to complete this questionnaire**

## Appendix 3 - Equality Monitoring - OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

**Please tell us the first part of your postcode (e.g. HD1, HD7)**

Please enter here

Prefer not to say

**What sex are you?**

Female

Male

Prefer not to say

**Transgender**

Is your gender identity different to the sex you were assumed to be at birth?

Yes

No

Prefer not to say

**What is your age?**

Under 16

16 - 25

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

76 - 85

86 +

Prefer not to say

**What is your sexual orientation?**

Bisexual (both sexes)

Lesbian (same sex)

Gay man (same sex)

Heterosexual/  
Straight (opposite sex)

Other Please specify

Prefer not to say

**What is your ethnic background?**

**Asian, or  
Asian British**

**Black, or  
Black British**

**Mixed / multiple  
ethnic group**

**White**

**Other**

Chinese

African

Asian & White

British

Arab

Indian

Caribbean

Black African  
& White

Gypsy/Traveller

Pakistani

Black  
Caribbean &  
White

Irish

Other Asian  
background

Other Black  
background

Other Mixed /  
multiple ethnic  
background

Other White  
background

Prefer not to say

Other:

Please specify any other ethnic group here

<b>Do you consider yourself to belong to any religion?</b>			
Buddhism	<input type="checkbox"/>	Christianity	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Judaism	<input type="checkbox"/>
No religion	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
		Other :	Please specify

<b>Do you consider yourself to be disabled?</b>			
The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

<b>If yes above, what type of disability do you have? (Tick all that apply)</b>			
Learning disability/difficulty	<input type="checkbox"/>	Long-standing illness or health condition	<input type="checkbox"/>
Physical or mobility	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Other:	Please specify

<b>Do you provide care for someone?</b>			
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

Thank you for taking the time to complete this form.

Please hand this form back to **reception** or return to the freepost address below.

**(No stamp is required)**  
 Freepost RTHC-ARSS-ABXC  
 Admin Team (Gynecology)  
 NHS Greater Huddersfield CCG  
 Broad Lea House, Dyson Wood Way  
 Huddersfield, HD2 1GZ

**Please return this form by 14<sup>th</sup> August 2015**



## Appendix 4 – Breakdown of GP Practices

Which GP Practice do you belong to?		
Answer Options	Response Percent	Response Count
Almondbury Surgery	4.3%	1
Birkby Health Centre	0.0%	0
Bradford Road Medical Centre	0.0%	0
Brook Street Medical Centre	0.0%	0
Clifton House Surgery	0.0%	0
Colne Valley Family Doctors	4.3%	1
Crosland Moor Practice	4.3%	1
Dalton Surgery	4.3%	1
Dearne Valley Health Centre	0.0%	0
Dr Glencross Surgery	0.0%	0
Dr Handa's Surgery	0.0%	0
Dr Wybrews Surgery	0.0%	0
Elmwood Family Doctors	8.7%	2
Fieldhead Surgery	0.0%	0
Honley Surgery	4.3%	1
Keldregate Surgery	0.0%	0
Kirkburton Health Centre	8.7%	2
Kirkheaton Surgery	0.0%	0
Lepton Surgery	0.0%	0
Lindley Group Practice	8.7%	2
Lindley Village Surgery	0.0%	0
Lockwood Surgery	4.3%	1
Longwood Village Surgery	0.0%	0
Marsden Health Centre	0.0%	0
Marsh Surgery	0.0%	0
Meltham Road Surgery	4.3%	1
Meltham Group Practice	4.3%	1
Meltham Village Surgery	0.0%	0
Newsome Surgery	4.3%	1
New Street Surgery	4.3%	1
Oaklands Health Centre	0.0%	0
Paddock and Longwood Family Doctors	4.3%	1
Shepley Health Centre	0.0%	0
Skelmanthorpe Family Doctors (Commercial Rd)	0.0%	0
Skelmanthorpe Family Doctors (Denby Dale)	0.0%	0
Slaithwaite Health Centre	0.0%	0
The Grange Group Practice	8.7%	2
The Junction Surgery	0.0%	0
The Netherpton Surgery	0.0%	0
The Nook Surgery	0.0%	0
Thornton Lodge	0.0%	0
University Health Centre	4.3%	1
Waterloo Health Centre	0.0%	0

Westborne Surgery	0.0%	0
Woodhouse Hill Surgery	4.3%	1
Whitehouse Centre	0.0%	0
Prefer not to say	8.7%	2
Other (please specify)		1
<i>answered question</i>		<b>23</b>
<i>skipped question</i>		<b>0</b>