

Questionnaire - Staff Knowledge, Attitudes, and Practices Survey FINAL2

What is this survey and why are we asking you to complete it?

Dear Colleague,

We invite you to take part in this important survey that will help [redacted] Clinical Commissioning Groups to improve out of hospital care.

The survey focuses on four areas that pose different kinds of challenges for integrated care. You will be asked to consider patients that have recently visited your general practice surgery, and your own efforts to support their particular needs, as related to:

1. Dementia
2. Diabetes
3. Child and Family Health
4. Depression and Anxiety in Black & Minority Ethnic (BME) populations

The survey also includes questions about your experiences of team-working and collaboration between various healthcare services.

Involvement is entirely voluntary and your responses are entirely confidential. You may have been asked to complete a similar survey in Spring 2011. This is a shorter follow-up survey. You do not have to have completed the first survey in order to participate now. Online data will be encrypted and IP addresses will be masked from the survey author and any staff of the NHS. To provide greatest perspective, ALL members of GP Surgery staff are invited to take part in the survey. We hope that as many staff as possible in your practice will take part.

A summary report analysing the results will be fed back to participating practices and commissioning groups. No individual respondent will be identified in any reports. At the end of the survey you will be asked to describe your role and practice; but no personally identifying information will be provided in any form to any NHS staff or published reports. This study has been reviewed and given approval by the NHS Research Ethics Committee: [redacted]
REC 1 reference number: [redacted]

This research is led by health researchers from King's College London and funded by the National Institute of Health Research (NIHR) Health Services Research programme.

If you would like further information about the project, please call Laura Nasir on [redacted] email: laura.1.nasir@kcl.ac.uk or Glenn Robert on [redacted] email: glenn.robert@kcl.ac.uk

If you are happy to participate, please complete this survey online in one sitting. It should take about 5-15 minutes. Please hit the "Next" button below to proceed to the survey.

version 28nov2011 v.210

Questionnaire - Staff Knowledge, Attitudes, and Practices Survey FINAL2

First, some questions about you at work

1. Please rate the following:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
I am confident in my ability to do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have mastered the skills necessary for my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to deal with most problems in my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find the work that I do full of meaning and purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am enthusiastic about my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job inspires me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud of the work that I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident about making a valuable contribution to GP Commissioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Overall, how satisfied are you with your job?

- Very Dissatisfied Dissatisfied Neither Satisfied nor Dissatisfied Satisfied Very Satisfied

Questionnaire – Staff Knowledge, Attitudes, and Practices Survey FINAL2

Dementia

Now we will ask you about four areas of care.

Firstly, please answer the following questions about DEMENTIA services.

3. Please think about how often your practice provides care for patients with DEMENTIA.

	Never	Rarely	Weekly	More than once a week	Daily
How often do you see a patient at the practice in need of services for dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

4. Please rate the care for patients with DEMENTIA in your local practice area.

	Poor	Fair	Average	Very Good	Excellent	Don't Know
The degree of practical help when there is a crisis related to a patient with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The degree of coordination between different services for patients with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

5. Please rate the the care your practice provides for patients with DEMENTIA:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
I can quickly find the information I need to help patients with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our practice makes a difference to the quality of life of patients with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good working relationship with local dementia services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Questionnaire - Staff Knowledge, Attitudes, and Practices Survey FINAL2

6. If you have any additional comments relating to local DEMENTIA services (particularly relating to the quality of services and how well coordinated and integrated services are) then please provide your thoughts in this space.



Questionnaire – Staff Knowledge, Attitudes, and Practices Survey FINAL2

Diabetes

Please answer the following questions about DIABETES services.

7. Please think about how often your practice provides care for patients with DIABETES.

	Never	Rarely	Weekly	More than once a week	Daily
How often do you see a patient at the practice in need of services for diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

8. Please rate the care for patients with DIABETES in your local practice area.

	Poor	Fair	Average	Very Good	Excellent	Don't Know
The degree of practical help when there is a crisis related to a patient with diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The degree of coordination between different services to provide care for patients with diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

9. Please rate the care your practice provides for patients with DIABETES:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
I can quickly find the information I need to help patients with diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our practice makes a difference to the quality of life of patients with diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good working relationship with local diabetes services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

10. If you have any additional comments relating to local DIABETES services (particularly relating to the quality of services and how well coordinated and integrated services are) then please provide your thoughts in this space.

Questionnaire – Staff Knowledge, Attitudes, and Practices Survey FINAL2

Child and Family Health

Please answer the following questions about CHILD AND FAMILY HEALTH services.

11. Please think about how often your practice provides care for patients needing CHILD AND FAMILY HEALTH services.

	Never	Rarely	Weekly	More than once a week	Daily
How often do you see a patient at the practice in need of child and family health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

12. Please rate services for CHILD AND FAMILY HEALTH in your local practice area.

	Poor	Fair	Average	Very Good	Excellent	Don't Know
The degree of practical help when there is a crisis related to a patient needing child and family health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The degree of coordination between different services for children and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

13. Please rate the care your practice provides patients needing CHILD AND FAMILY HEALTH services:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
I can quickly find the information I need to help patients needing child and family health services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our practice makes a difference to the quality of life of patients needing child and family health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good working relationship with local child and family health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Questionnaire - Staff Knowledge, Attitudes, and Practices Survey FINAL2

14. If you have any additional comments relating to local support for CHILDREN AND FAMILIES (particularly relating to the quality of support and how well coordinated and integrated the support is) then please provide your thoughts in this space.



Questionnaire – Staff Knowledge, Attitudes, and Practices Survey FINAL2

Anxiety and Depression in Black and Minority Ethnic Populations

Please answer the following questions about services for BLACK AND MINORITY ETHNIC (BME) PATIENTS WITH ANXIETY AND DEPRESSION

15. Please think about how often your practice provides care for BLACK & MINORITY ETHNIC (BME) patients with with ANXIETY AND DEPRESSION

	Never	Rarely	Weekly	More than once a week	Daily
How often do you see a BME patient at the practice in need of services for anxiety and depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

16. Please rate the care for BLACK AND MINORITY ETHNIC (BME) patients with ANXIETY and DEPRESSION in your local practice area.

	Poor	Fair	Average	Very Good	Excellent	Don't Know
The degree of practical help when there is a crisis related to a BME patient needing services for anxiety and depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The degree of coordination of services to provide care for BME patients with anxiety and depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

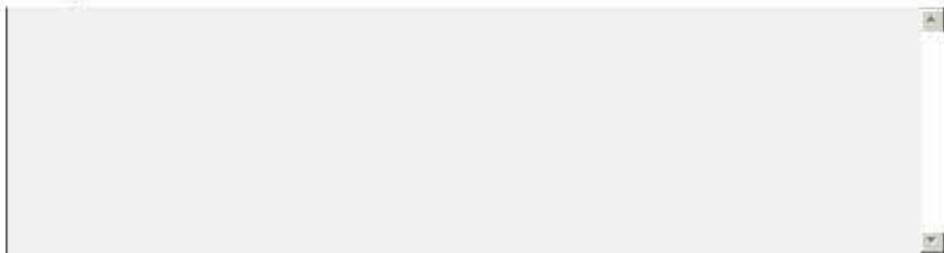
17. Please rate the care your practice provides for BLACK & MINORITY ETHNIC (BME) patients with ANXIETY AND DEPRESSION:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
I can quickly find the information I need to help BME patients with anxiety and depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our practice makes a difference to the quality of life of BME patients with anxiety and depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good working relationship with local services for BME patients with anxiety and depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Questionnaire - Staff Knowledge, Attitudes, and Practices Survey FINAL2

18. If you have any additional comments relating to local services for BME patients who have ANXIETY AND DEPRESSION (particularly relating to the quality of services and how well coordinated and integrated services are) then please provide your thoughts in this space.



Questionnaire – Staff Knowledge, Attitudes, and Practices Survey FINAL2

Team Working in Your Practice

19. Consider the General Practice WITHIN which you do MOST OF YOUR WORK. Please select the degree to which you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
We have a "we are in it together" attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People keep each other informed about work related issues in the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People feel understood and accepted by each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are real attempts to share information throughout the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this practice are always searching for fresh, new ways of looking at problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In this practice we take the time needed to develop new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in the practice cooperate to help develop and apply new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Please consider team-working in EXTENDED primary care.

I have good working relationships with:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
District Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative Care Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia Care Teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Care Teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Therapists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer Sector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify and rate)

Questionnaire - Staff Knowledge, Attitudes, and Practices Survey FINAL2

About your work

21. The following questions will help researchers see how GP commissioning and team-working have led to changes over a 12 month period.

Where is the General Practice where you do most of your work located?

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

22. Which is the specific General Practice where you do most of your work?

	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Practice Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>			

23. How many years have you worked in General Practice?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- More than 15 years

Questionnaire – Staff Knowledge, Attitudes, and Practices Survey FINAL2

24. What is your occupational group?

(Please tick one box only)

- | | |
|---|--|
| <input type="radio"/> General Practitioner | <input type="radio"/> Educational Psychologist |
| <input type="radio"/> Practice Nurse | <input type="radio"/> CBT Therapist |
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> Practice Manager |
| <input type="radio"/> School Nurse | <input type="radio"/> Other Manager |
| <input type="radio"/> Community Matron | <input type="radio"/> Receptionist |
| <input type="radio"/> District Nurse | <input type="radio"/> Commissioner |
| <input type="radio"/> Health Visitor | <input type="radio"/> Pharmacist |
| <input type="radio"/> Health Care Assistant | <input type="radio"/> Physical Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Volunteer Sector |
| <input type="radio"/> Social Worker | |

Other (please specify)

Questionnaire - Staff Knowledge, Attitudes, and Practices Survey FINAL2

Finally, about You.

25. What is your gender?

- Male Female

26. What is your age in years?

- 16-20 21-30 31-40 41-50 51-65 66+

27. What is your ethnic background?

White

- British
 Irish
 Any other White background

28. Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background

29. Asian / Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

30. Black/Black British

- Caribbean
 African
 Any other Black background

31. Chinese and other ethnic background

- Chinese
 Any other ethnic background

Questionnaire - Staff Knowledge, Attitudes, and Practices Survey FINAL2

Thank You

Thank You. We appreciate your time.
Thank you for your contribution to this important research study.
Enjoy the rest of your day.