

Proposed relocation of PCS City and PCS Mulberry

NHS

Primary Care
Sheffield



This leaflet is to give you more information about the proposal to bring together GP surgeries and other services under one roof



We want to know what our patients think about this idea



We would be grateful if you could fill in a patient survey



The consultation will run from 31st July—29th October 2023



SCAN ME

The survey can be completed online at www.bit.ly/sheffieldcityhealthcentre



Or you can pick up a copy from your GP practice reception



made with photosymbols®

Translated by



Why do we need to make a change?



- We need more clinical staff
- Accessible and higher quality services



- Some of the GP practice buildings are too small to deliver healthcare
- Waiting rooms are cramped



- There are not enough consultation rooms and space for other services
- Better premises and technology



- New health centres would help us to do more for patients on one site.



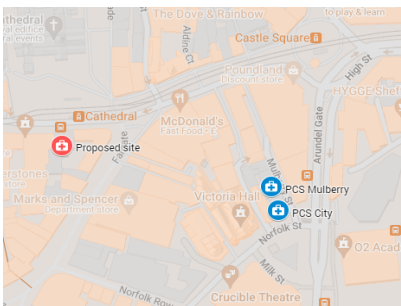
New health centres would help us to protect the future of general practice in north east and centre of Sheffield



We have a huge opportunity to improve healthcare in Sheffield. 37 million pounds is available in government funding to transform healthcare in Sheffield



Most of this money may be used to build new health centres in some areas that need them the most, bringing together GP and other services under one roof



PCS City and PCS Mulberry are proposing to relocate to a new site at the former Royal Bank of Scotland building on Church Street.



The building would be renovated and remodelled to better meet the needs of the practices.

300 metres

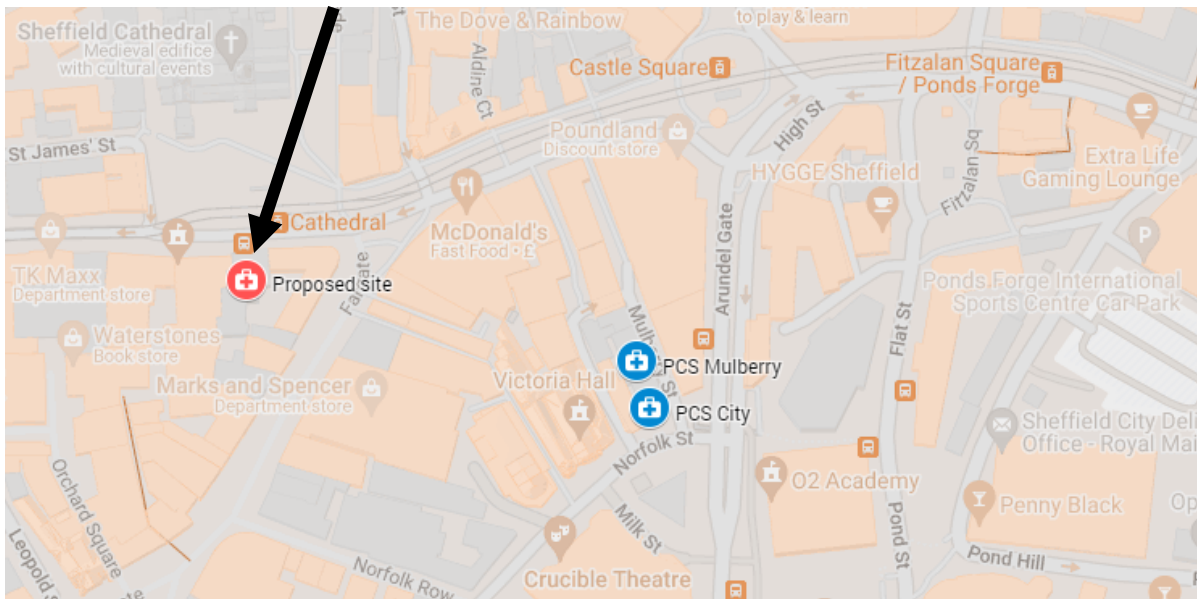


The new location is within 300 metres of the current practice sites



It benefits from bus and tram stops directly outside the building offering good access by public transport

Here is the map below. The new proposed site is in red



If the proposal was to go ahead all patients would continue to be registered with their current GP Practice

Patient Survey

Are you responding as a...?



Patient



Stakeholder

What GP Practice are you registered with?



PCS City

PCS Mulberry

How often do you use your GP Practice?

More often than once
per month

Every month

Every six months

Once a year

Less than once
a year

Never



How long does it take you to travel to your GP Practice?



Less than 10 minutes



20-30 minutes



10- 20 minutes



More than 30 minutes

How do you normally travel to your GP Practice?

Please tick



Car



Walking



Public Transport



Taxi



Bicycle

Other:



Please tell us how the relocation of your GP would affect you?



Blank space for writing an answer to the question about the effect of GP relocation.



If your GP Practice was to move to the new site what would make things easier for you?



Blank space for writing an answer to the question about what would make things easier if the GP practice moved.



Is there anything we should consider or be aware of?

Blank space for writing an answer to the question about considerations or awareness.

If your GP Practice was to move would you use the Practice or move to a different GP Practice?

Please tick



Yes, I would use this practice



No, I would move to a different practice



Equality Monitoring – OPTIONAL



This information will be kept confidential and you do not have to answer all of these questions



This is so we can provide the best service for all communities



What is the first part of your postcode?



What is your sex?

Please tick



Male

Female

Other

Prefer not to say

Gender reassignment. Have you gone through a process to change from the sex you were described as at birth?



Yes

No

Prefer not to say





What is your ethnic background?

Please Tick



White

White British

Other White background

Gypsy/ Traveller

Asian, Or Asian British

Chinese

Pakistani

Indian

Other Asian background

Black, or Black British

African

Other Black background

Caribbean

Mixed/multiple ethnic group

Asian & White

Black African & White

Other mixed/multiple
ethnic background

Other: Please Specify _____

Arab

Do you consider yourself to belong to any religion?

Buddhism	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	<input type="text" value="Other, please specify"/>	
Christianity	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>		

Do you consider yourself to be disabled?



Yes No Prefer not to say

If yes above, what type of disability or impairment do you have?

Autism	<input type="checkbox"/>	Physical or mobility	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Visual	<input type="checkbox"/>
Long-standing health condition or illness		<input type="checkbox"/>	
Prefer not to say	<input type="checkbox"/>	<input type="text" value="Other, please specify"/>	

Do you provide care for someone?



Yes No Prefer not to say



What is your age?



(In years)

Prefer not to say

What is your sexual orientation?



Bisexual

Homosexual

Heterosexual

Prefer not to say

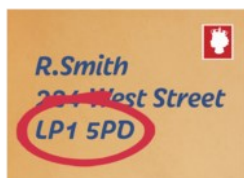
(other please specify)

Where to return your form



Return to your GP practice reception

or



Post to **FREEPOST NHS South Yorkshire**

or



Complete online at www.bit.ly/sheffieldcityhealthcentre

Patient Survey

Are you responding as a...?



Patient



Stakeholder

What GP Practice are you registered with??



PCS City

PCS Mulberry

How often do you use your GP Practice?

More often than once
per month

Every month

Every six months

Once a year

Less than once
a year

Never



How long does it take you to travel to your GP Practice?



Less than 10 minutes



20-30 minutes



10- 20 minutes



More than 30 minutes

How do you normally travel to your GP Practice?

Please tick



Car



Walking



Public Transport



Taxi



Bicycle

Other:



Please tell us how the relocation of your GP would affect you?



Blank space for writing an answer to the question about the effect of GP relocation.



If your GP Practice was to move to the new site what would make things easier for you?



Blank space for writing an answer to the question about what would make things easier if the GP practice moved.



Is there anything we should consider or be aware of?

Blank space for writing an answer to the question about considerations or awareness.

If your GP Practice was to move would you use the Practice or move to a different GP Practice?

Please tick



Yes, I would use this practice



No, I would move to a different practice



Equality Monitoring – OPTIONAL



This information will be kept confidential and you do not have to answer all of these questions



This is so we can provide the best service for all communities



What is the first part of your postcode?



What is your sex?

Please tick



Male

Female

Other

Prefer not to say

Gender reassignment. Have you gone through a process to change from the sex you were described as at birth?



Yes

No

Prefer not to say





What is your ethnic background?

Please Tick



White

White British

Other White background

Gypsy/ Traveller

Asian, Or Asian British

Chinese

Pakistani

Indian

Other Asian background

Black, or Black British

African

Other Black background

Caribbean

Mixed/multiple ethnic group

Asian & White

Black African & White

Other mixed/multiple
ethnic background

Other: Please Specify _____

Arab

Do you consider yourself to belong to any religion?

Buddhism	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	<input type="text" value="Other, please specify"/>	
Christianity	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>		

Do you consider yourself to be disabled?



Yes No Prefer not to say

If yes above, what type of disability or impairment do you have?

Autism	<input type="checkbox"/>	Physical or mobility	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Visual	<input type="checkbox"/>
Long-standing health condition or illness		<input type="checkbox"/>	
Prefer not to say	<input type="checkbox"/>	<input type="text" value="Other, please specify"/>	

Do you provide care for someone?



Yes No Prefer not to say



What is your age?



(In years)

Prefer not to say



What is your sexual orientation?



Bisexual

Homosexual

Heterosexual

Prefer not to say

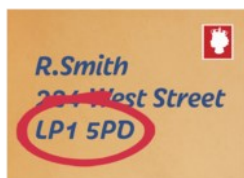
(other please specify)

Where to return your form



Return to your GP practice reception

or



Post to **FREEPOST NHS South Yorkshire**

or



Complete online at www.bit.ly/sheffieldcityhealthcentre