


Webpage upload 1: Practice and patient surveys

Figure 1: Practice survey questionnaire

Di-Facto: Practice Survey



Promotion, help and support for patients to use online services

Q1. Which of the following **online** services do you **currently** offer to your patients (and their carers), and which services did you offer **before** the COVID-19 pandemic?

By 'online' we mean on a website, tablet or a smartphone app.

	We currently offer this service	We offered this service before COVID-19	We have not offered this service	Don't know
	Tick all that apply (✓)			
Booking appointments online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering repeat prescriptions online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing medical records online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing test results online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email enquiries to the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-line consultations (e.g. eConsult or AskMyGP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redirection to online self-care resources (e.g. websites, smart phone apps, online communities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify: _____



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Q2. Which of the following activities have you carried out in your practice to either **promote** the use of the online primary care services listed above, or to **help or support patients** to use them?

For the purposes of this survey we consider **promotion activities** to either inform patients about online services or encourage their use without necessarily providing any help or support to patients in using them. By **'help or support'** we mean providing assistance to facilitate patients' use of online services.

	Used for promotion of online services	Used to help or support patients to use online services	We do not use this activity to promote or support online services	Don't know
	Tick all that apply (✓)			
In-practice display (e.g. posters, TV display)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text messages and/or emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content on practice website (e.g. how to guide/video, or prominent pop-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of social media (e.g. Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ad hoc Promotion/support by practice staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employ or train a 'practice champion' with specific responsibility in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold scheduled workshops or events for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of tablets/computers for patients to access resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify: _____

Q3. When you have promoted or supported activities (as in Q2), which services was it for?

	Promotion activities	Support activities	Neither promotion or support activities	Don't know
	Tick all that apply (✓)			
Booking appointments online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering repeat prescriptions online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing medical records online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing test results online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email enquiries to the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-line consultations (e.g. eConsult or AskMyGP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redirection to online self-care resources (e.g. websites, smart phone apps, online communities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify: _____

Q4. When you have promoted or supported services which staff roles were involved?

Tick all that apply (✓)		Tick all that apply (✓)	
Doctors	<input type="checkbox"/>	IT staff	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	External contractors	<input type="checkbox"/>
Other healthcare professionals	<input type="checkbox"/>	Staff employed with specific major duties related to promoting and supporting the use of online services	<input type="checkbox"/>
Reception Staff	<input type="checkbox"/>	Voluntary services working with the practice	<input type="checkbox"/>
Administration Staff	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please specify: _____

Q5. When considering the promotion and support activities listed above, which of the following groups of people (if any) do you specifically target?

Tick all that apply (✓)		Tick all that apply (✓)	
Older adults (65 years or older)	<input type="checkbox"/>	Non-English speakers or those for whom English is a second language	<input type="checkbox"/>
People with physical health conditions (e.g. sight loss, mobility impairments, multi-morbidity)	<input type="checkbox"/>	People from Black, Asian and Minority Ethnic (BAME) communities	<input type="checkbox"/>
People with mental health conditions (e.g. depression, psychosis)	<input type="checkbox"/>	Lower income populations	<input type="checkbox"/>
People with limited or no internet access	<input type="checkbox"/>	People with low literacy levels	<input type="checkbox"/>
People with limited computer skills	<input type="checkbox"/>	Socially isolated individuals	<input type="checkbox"/>
People living in rural communities	<input type="checkbox"/>	Patients with caring responsibilities or patient carers	<input type="checkbox"/>
Other	<input type="checkbox"/>		

If other, please specify: _____

Changes in access to offline services since national lockdown

In this section, we are interested in changes in access to offline services that your practice may have made as a result of, or to encourage increasing use of online services.

Q6. Following the national lockdown starting on the 23rd March 2020, has your practice removed or reduced access to any of the following offline services?

	Access remained unchanged	Access was reduced	Access was removed	Don't know
Booking appointments in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Booking appointments on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face consultations with a GP at the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face consultations with a nurse at the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of paper prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering repeat prescriptions in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering repeat prescriptions by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify: _____

Q7. Prior to the national lockdown starting on the 23rd March 2020, had your practice removed or reduced access to any of the following offline services, either as a result of, or to encourage increasing use of online services?

	Access remained unchanged	Access was reduced	Access was removed	Don't know
Booking appointments in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Booking appointments on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face consultations with a GP at the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face consultations with a nurse at the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of paper prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering repeat prescriptions in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering repeat prescriptions by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify: _____

Your views

Q8a. Please rate to what extent you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
It is a general practice's responsibility to inform patients what online primary care services are being offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is a general practice's responsibility to support patients to use online primary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other parts of the NHS (e.g. CCGs, NHS England) are responsible for informing patients about what online primary care services are being offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other parts the NHS (e.g. CCGs, NHS England) are responsible for supporting patients to use online primary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 has been a key driver in the uptake of online primary care services by patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 has inhibited our ability to support patients in using online primary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 has led to an increase in the support we provide to patients in using online primary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8b. Please rate to what extent you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The support we provide to patients to use online primary care services is in response to patient demand/need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The support we provide to patients to use online primary care services is in response to demand from practice staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The support we provide to patients to use online primary care services is in response to demand from the CCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting patients to use online primary care services is a benefit to the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting patients to use online primary care services is a benefit to the patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We do not have the capacity to support patients in using online primary care services as much as we would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8c. Please rate to what extent you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Some patients are unlikely to use online primary care services no matter how much we support them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some patient groups (e.g. older or more deprived patients) require more support in using online primary care services than others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We hope to increase uptake of online primary care services by supporting our patients to use them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have managed to increase uptake of online primary care services by supporting our patients to use them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial incentives received by the practice influenced our decision to increase the support we provide to patients to use online primary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased patient uptake of online primary care services leads to operational efficiencies for the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online primary care services are complementary to traditional forms of access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online primary care services will ultimately replace traditional forms of access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9. Are you aware of, and have you used either the Royal College of General Practitioners Patient Online toolkit, or the NHS England online consultations in primary care toolkit?

	Aware of the toolkit	Have used the toolkit	Don't know
	Tick all that apply (✓)		
RCGP Patient Online toolkit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHSE online consultations in primary care toolkit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10. Please tell us anything else you consider relevant in respect of facilitating patients' access to online services: _____

Your role

Q11. Please tell us the role of the person who filled out this questionnaire

GP	<input type="checkbox"/>	Practice manager	<input type="checkbox"/>	Receptionist	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	IT manager or support	<input type="checkbox"/>	Member of administrative team	<input type="checkbox"/>
Other	<input type="checkbox"/>				

If other role, please specify: _____

Further work....

Q12. We intend to follow this questionnaire with a survey of around 100 patients in a sample of practices who respond, as well as to carry out some more in depth case study work (including staff interviews). Your participation in these additional activities would be recorded as research activity by your CRN and attract participation accruals. If you are interested in taking part in one or more

of these elements of research in 2021 please tick this box ☐

The research team will contact a sample of interested practices in 2021

We will be holding prize drawer of ten £250 vouchers for those who complete a questionnaire. If you would like to be included in the prize drawer, please provide your name and practice:

Name: _____ Practice Name: _____

Practice recruitment process


Table 1: Pilot Survey: October 2020 - 1st January 2021

Date	Recruitment process
Oct 2020	Received expressions of Interest (EOI) from practices regarding willingness to participate in pilot (N=30)
Nov 2020	Received EOIs from practices regarding willingness to participate in pilot (N=1)
19 th	19 th First invitation sent to interested practices via email (N=30)
25 th	First invitation sent to new interested practice via email (N=1)
24 th	1st Emailed survey reminder to non-responding practices (N=27)
24 th - 3 rd Dec	CRN (one region) followed up with non-responding practices
Dec 2020	Received EOIs from practices regarding willingness to participate in pilot (N=2)
2 nd	First invitation sent to new interested practice via email (N=1)
4 th	2nd Emailed survey reminder to non-responding practices (N=22)
8 th	First invitation sent to new interested practice via email (N=1)
1 st Jan 2021	Pilot survey closed

Table 2: Practice survey: January to May 2021

Method	January 2021	February 2021	March 2021	April 2021	May 2021
Via email from www.nhs.uk	Introductory letter (N=262) 11 th Jan 1st invitation to practices (N=247) 13 th Jan 1st survey reminder (N=246) 20 th Jan			2nd survey reminder to non-responding practices (N=236) 30 th April	3rd survey reminder to non-responding practices (N=203) 20 th May
Via website contact form	Introductory letter sent to practices 11 th Jan (N=262) 1st invitation to practices; 13 th Jan (N=247) 1st survey reminder; 20 th Jan (N=246)	1st paper survey mailed to practice managers 3 rd Feb (N=472)	1st paper mailed survey to named GPs at practices 9 th March (N=1691 GPs)		
Via post		1st paper survey mailed to practice managers 3 rd Feb (N=472)	1st paper mailed survey to named GPs at practices 9 th March (N=1691 GPs) 2nd paper survey mailed to practice managers 16 th March (N=460)		
CRN activities	E-mail from lead CRN to alert CRNs to provision of support 7 th Jan			Lead CRN emails CRNs to contact non-responding practices 6 th April Research team contact individual CRNs to remind to support practice follow-up 13 th April	Research team contact individual CRNs to remind to support practice follow-up 29 th April - 24 th May


Figure 2: Patient survey questionnaire



Access to online NHS primary care services

Please answer the questions below by putting an **X** in one box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers confidential.

If you would prefer to fill in the **survey online**, please go to online link www.xx.xxxxxx.co.uk/survey (or scan the QR code) and enter your survey number and password:

Your Survey number:	Your Online password:	Your QR code:
<input type="text" value="ABBA"/>	<input type="text" value="16FR3"/>	

Please answer even if you have not heard of, or used any online services.

When you have finished please check that you have answered all the questions and **return the survey in the pre-paid envelope enclosed**. You do not need to add a stamp. For queries, call 01392 725406

Thank you for your help in completing this research study

USING A COMPUTER, SMART PHONE AND ACCESSING THE INTERNET

<p>1. Do you have access to the internet at home (e.g. on a computer or smart phone)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>5. How confident are you in installing apps on a device (e.g. on a smart phone or tablet)?</p> <p><input type="checkbox"/> Very confident</p> <p><input type="checkbox"/> Quite confident</p> <p><input type="checkbox"/> Not very confident / I can't do this</p>
<p>2. How confident are you in using a search engine (e.g. Google) to look for information online (on the internet)?</p> <p><input type="checkbox"/> Very confident</p> <p><input type="checkbox"/> Quite confident</p> <p><input type="checkbox"/> Not very confident / I can't do this</p>	<p>6. How confident are you in sending a personal message to another person via an online messaging service (e.g. WhatsApp)?</p> <p><input type="checkbox"/> Very confident</p> <p><input type="checkbox"/> Quite confident</p> <p><input type="checkbox"/> Not very confident / I can't do this</p>
<p>3. How confident are you in completing online application forms which include personal details?</p> <p><input type="checkbox"/> Very confident</p> <p><input type="checkbox"/> Quite confident</p> <p><input type="checkbox"/> Not very confident / I can't do this</p>	<p>7. How easy is it to use your GP practice's website to look for information or access online services?</p> <p><input type="checkbox"/> Very easy</p> <p><input type="checkbox"/> Fairly easy</p> <p><input type="checkbox"/> Not very easy</p> <p><input type="checkbox"/> Not at all easy</p> <p><input type="checkbox"/> Haven't tried</p>
<p>4. How confident are you in sending a personal message to another person via email?</p> <p><input type="checkbox"/> Very confident</p> <p><input type="checkbox"/> Quite confident</p> <p><input type="checkbox"/> Not very confident / I can't do this</p>	

Please turnover ➡

ONLINE SERVICES ON OFFER AT YOUR GP PRACTICE

By 'online' we mean on a website or smartphone app.

Please put an **X** in all the boxes that apply to you

8. As far as you know, which of the following online services does your GP practice offer?

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing my medical records online
- ☐ Accessing test results online
- ☐ Email enquiries to the practice
- ☐ Getting help or advice from your GP or other health professional by using an online form, often called online consultations or eConsults
- ☐ Online video consultations with a GP or other healthcare professional
- ☐ Other, please describe: _____

9. Which of the following general practice online services have you used in the past 12 months?

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing my medical records online
- ☐ Accessing test results online
- ☐ Email enquiries to the practice
- ☐ Getting help or advice from your GP or other health professional by using an online form, often called online consultations or eConsults
- ☐ Online video consultations with a GP or other healthcare professional
- ☐ Other, please describe: _____

10. As far as you know, in the last 12 months, has your general practice used any of the following ways to inform you about their online services (listed in questions 8 and 9) or to help you to use them?

- ☐ Displays in the practice (e.g. posters or TV displays)
- ☐ Leaflets about online services
- ☐ Text messages and/or emails
- ☐ Content on practice website (e.g. 'how to' guide/video, or prominent pop-up)
- ☐ Use of social media (e.g. Facebook)
- ☐ Scheduled workshops or events (in-person or online)
- ☐ Making tablets or computers available to you to access online services
- ☐ Other, please describe: _____

11. In the past 12 months, have you made use of any of the following ways provided by your general practice to inform you about their online services (e.g. read a poster or attended a workshop)?

- ☐ Displays in the practice (e.g. posters or TV displays)
- ☐ Leaflets about online services
- ☐ Text messages and/or emails
- ☐ Content on practice website (e.g. 'how to' guide/video, or prominent pop-up)
- ☐ Use of social media (e.g. Facebook)
- ☐ Scheduled workshops or events (in-person or online)
- ☐ Making tablets or computers available to you to access online services
- ☐ Other, please describe: _____

12. Have you ever been told about online health services by someone working at your general practice, either on the phone or in person?

- ☐ Yes
- ☐ No

HOW HELPFUL WAS ANY SUPPORT FROM YOUR PRACTICE?

13. Have you ever had help to use online health services by someone working at your general practice, either on the phone or in person?

- ☐ Yes
- ☐ No **If 'No' go to question 15**

Please turnover ➡

14. If you have received any support or help from your practice to use online services for yourself or someone you care for, how helpful was that support?

Support or help with the following:

Please put an X in all the boxes that apply to you:	Not helpful at all	Quite helpful	Very helpful	Don't know
Booking appointments online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering repeat prescriptions online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing my medical records online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing test results online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email enquiries to the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting help or advice from your GP or health care professional by using an online form (often called online consultations or eConsults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online video consultations with a GP or other healthcare professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: _____

15. Are there any reasons why you don't use online services at your practice?

Please put an X in all the boxes that apply to you

- | | |
|--|--|
| <input type="checkbox"/> I have little or no access to the internet | <input type="checkbox"/> The registration process was too difficult to complete |
| <input type="checkbox"/> I am worried about security of online services (e.g.fraud or data misuse) | <input type="checkbox"/> I do not know how to get the support that I need to use online services |
| <input type="checkbox"/> I am worried about who would see information about me | <input type="checkbox"/> Practice is too busy to provide help |
| <input type="checkbox"/> I don't know how to register for online services | <input type="checkbox"/> I would prefer to speak to someone in person |
| <input type="checkbox"/> Other, please explain _____ | |

16. What can the practice do to help you access the online services?

17. Is there anything else you would like to add about online services and the support at the practice to help you use them? If so please tell us about it here:

SOME QUESTIONS ABOUT YOU

18. Are you:

- ☐ Male
☐ Female

19. How old are you?

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 16 – 24 | <input type="checkbox"/> 45 – 54 | <input type="checkbox"/> 75 – 84 |
| <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> 55 – 64 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 35 – 44 | <input type="checkbox"/> 65 – 74 | |

20. Are you deaf or have a hearing impairment?

- ☐ Yes ☐ No

21. Are you blind or partially sighted?

- ☐ Yes ☐ No

22. Are you a parent or legal guardian for any children aged under 16 living in your home?

- ☐ Yes ☐ No

Please turnover ➡

23. What is your ethnic group?

A White

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

B Mixed / multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / multiple ethnic background

C Asian / Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

D Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/Caribbean

E Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group

For questions 24-25, by long-term, we mean anything lasting or expected to last for 12 months or more. Please include issues related to old age.

24. Do you have any long-term mental health conditions, disabilities or illnesses?

- ☐ Yes
- ☐ No
- ☐ Don't know / Can't say
- ☐ I would prefer not to say

25. Do you have any long-term physical conditions, disabilities or illnesses?

- ☐ Yes
- ☐ No
- ☐ Don't know / Can't say
- ☐ I would prefer not to say

26. Which of these best describes what you are doing at present?

If more than one of these applies to you, please put an **X** in the box next to the main one only.

- ☐ Full time paid work (30 hours or more each week)
- ☐ Part-time paid work (under 30 hours each week)
- ☐ Full-time education at school, college or university
- ☐ Unemployed
- ☐ Permanently sick or disabled
- ☐ Fully retired from work
- ☐ Looking after the family or home
- ☐ Doing something else
- ☐ Furloughed or reduced hours on account of COVID-19

27. Is English your first language?

- ☐ Yes ☐ No

28. Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical or mental ill health/disability, or problems related to old age? *Don't count anything you do as part of your paid employment.*

- ☐ Yes ☐ No

29. Do you receive repeat prescriptions for medication on an ongoing basis?

- ☐ Yes ☐ No

30. Did you need help to complete this survey?

- ☐ Yes ☐ No

Thank you for completing this survey. If you would like to be entered into the prize draw for one of ten **£25 gift cards**, please enter your name and address (or email address here):

Your Name: _____

Address or Email _____

Your details will only be used for the purposes of sending you the token in the event of winning.

Thank you for your time.

Please put the questionnaire in the reply paid envelope (you do not need a stamp)