

# MERGER QUESTIONNAIRE



**MAYFIELD  
MEDICAL  
CENTRES**

Old Farm  
SURGERY Helping you live well

## MERGER OF MAYFIELD MEDICAL CENTRES AND OLD FARM SURGERY, PAIGNTON

Mayfield Medical Centres and Old Farm Surgery are proposing to merge from 1 January 2019, or as soon as practicable thereafter. The views of our combined patients are important to us, and will play an integral part in the merger process. The planned merger will allow the combined practice to thrive and provide the facilities and services that our patients deserve. Every member of staff is committed to making healthcare for our patients the best it can be, and it is our combined view that the merger will be positive for patient care.

We understand there may be concerns or ideas on how it can best work and we would like to encourage our patients to let us know via this survey.

Please complete and return this survey to either Reception or by email to [oldfarm.surgery@nhs.net](mailto:oldfarm.surgery@nhs.net) or [enquiries.mayfield@nhs.net](mailto:enquiries.mayfield@nhs.net) by Friday 14<sup>th</sup> September 2018  
(Please put "Merger" in the title of your email.)

Q1. Which GP surgery are you registered with? Please tick.

Old Farm Surgery

Mayfield Medical Centres

Q2. How do you think this merger will affect you and your family?

Q3. What are your overall views on the merger?

Q4. Please give us your views on how we can make a merger as straightforward and as smooth a process as possible for patients?

Q5. This survey is anonymous. If you have a specific question relating to this process you would like answered by the Practices please complete your contact details along with the question

Q6. Are there any other comments you would like to make?

**The following questions are optional and do not have to be answered. If you choose to answer any or all of them it will help us to understand the groups of our patients who have responded.**

Q7. What gender are you?

Male  Female  Other  Would prefer not to say

Q8. Please select your age category

Under 18    18-25    26-59    60-79    80+

Q9. Do you consider yourself to have a disability?

Yes  No  Would prefer not to say

Q10. Please give us your postcode (this information will not be shared with anyone else)

**If you have any other questions or concerns please feel free to speak to a member of staff at either GP Practice.**

**Thank you for taking the time to complete this survey**