NHS West Yorkshire
Integrated Care Board

Nook Surgery Survey

NHS West Yorkshire Integrated Care Board (WYICB) plan and buy NHS services for the population of Kirklees and make sure people get the healthcare they need.

We want to know what people who use the Nook Surgery think about it. The current contract for the Nook Surgery, Salendine Nook, Huddersfield ends on 31 March 2027. The views gathered will be used to help us decide what GP services are needed for the practice population registered at Nook Surgery.

How can I share my views?

Tell us what you think by filling in this survey. It is anonymous so we won't know who completed the survey.

We will use what people tell us to understand what works well and what can be better, what people want and need, and what we can do to improve the service.

Please fill in the survey and send it to the address below for **free** by **Friday, 13 February 2026.**

Freepost RUBC–XUTK–GUUC
West Yorkshire ICB (Kirklees)
Norwich Union House
24 High Street
Huddersfield
HD1 2LR

Or you can fill the in survey online at: https://www.smartsurvey.co.uk/s/NookSurgery/

If you need help to fill in the survey or need it in a different format (language or size) please email: wyicb-kirk.engagement@nhs.net or call: 01484 464000.

Thank you for taking the time to complete this survey, your views are important to us.

1. **Please tell us the first part of your postcode e.g. WF17**

2. **I am answering this survey as:**

- ☐ A Patient
- ☐ A Carer
- ☐ A member of staff
- ☐ Other (please tell us)

3. **How do you get to the Nook Surgery?**

- ☐ Walk
- ☐ Public transport – bus or train
- ☐ Bike
- ☐ Own or family car
- ☐ Taxi
- ☐ Access bus
- ☐ Volunteer transport
- ☐ Lift from family or friend

About the service you receive at Nook Surgery

4. **Thinking about the service you receive at Nook Surgery, please tell us how you feel about the following statements below. Please just tick one box per line.**

Statements	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The surgery is easy for me to get to					
I find it easy to book an appointment					
I can usually have an appointment at a time that suits me					
I can usually see or speak with the same GP / nurse if I want to					
The surgery offers a wide range of services					
The staff involve me in decisions about my care and treatment					
I have been given enough support and information to help me manage my own medical condition					

5. **Apart from being able to see a GP or Nurse when you are ill, are there any other health services currently provided at your GP surgery that you particularly value?**

   ☐ Yes

   ☐ No

   ☐ Don't know

   Please tell us more

6. **Overall, how would you describe your experience of Nook Surgery?**

   ☐ Very good

   ☐ Fairly good

   ☐ Neither good nor poor

   ☐ Fairly poor

   ☐ Very poor

7. **Please tell us what you like about the Nook Surgery.**

8. **Please tell us what could be improved.**

9. **Is there anything else we should know when deciding what GP services patients need at Nook Surgery?**

Equality Monitoring Form

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports, no personal information will be shared. Your information will be protected and stored securely in line with data protection rules. If you would like to know how we use this information, please visit our privacy notice.

1. **What is your gender?** (Please tick one option)

☐ Man
☐ Woman
☐ Non-Binary
☐ Prefer Not to say
☐ I describe my gender in another way (Please tell us):

2. **How old are you? (**Example 42)

☐ Prefer not to say

3. **What country were you born in? (Please tick one option)**

☐ United Kingdom
☐ Prefer not to say
☐ Other country: (Please tell us):

4. **What is your religion?** (Please tick one option)

☐ No religion
☐ Christian (including Church of England, Catholic, Protestant and all other denominations)
☐ Muslim
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Sikh
☐ Prefer not to say
☐ Other religion (please tell us):

5. **What is your ethnic group?** (Please tick one option)

☐ Prefer not to say

Asian or Asian British

☐ Pakistani

☐ Bangladeshi
☐ Indian
☐ Chinese
☐ Any other Asian background (Please tell us):

Black, Black British, Caribbean, or African:
☐ Caribbean
☐ African
☐ Any other Black background(Please tell us):

Mixed or multiple ethnic groups

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Other Mixed background (Please tell us):

White

☐ English, Welsh, Scottish, Northern Irish or British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Roma
☐ Other White background (Please tell us):

Other ethnic groups
☐ Arab
☐ Any other ethnic background (Please tell us)

6. Are you disabled?

☐ Yes
☐ No
☐ Prefer not to say

7. Do you have any long-term conditions, impairments or illness? (Please tick all that apply or go to next question if not relevant)

☐ Prefer not to say
☐ Physical or mobility impairment: (such as using a wheelchair, difficulty walking or using your hands)
☐ Hearing impairment: (such as being D/deaf or hard of hearing)
☐ Sight impairment: (such as being blind or partially sighted)
☐ Mental health condition: (such as having depression, schizophrenia, bipolar disorder)
☐ Learning, understanding, concentrating or memory: (such as Down's Syndrome, stroke or head injury)
☐ Neurodivergent conditions: (such as autism, ADHD and / or dyslexia)

☐ Long term conditions: (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

☐ Other: (please tell us):

8. **Are you a carer? (Do you provide unpaid care or support to someone who is older, disabled or has a long-term condition)**

☐ Yes

☐ No

☐ Prefer not to say

9. **What is your sexual orientation?**

☐ Bi / Pansexual

☐ Gay

☐ Lesbian

☐ Heterosexual / Straight

☐ Asexual

☐ Prefer not to say

☐ I prefer to use another term (please tell us):

10. **Are you Trans?** (Trans is a term used to describe people whose gender identity is not the same as the sex registered at birth.)

☐ Yes

☐ No

☐ Prefer not to say

11. **The cost of living can impact experiences of health and outcomes can you tell us about your current financial situation?** (Please tick one option)

☐ Very comfortable (I have more than enough money for food and bills and a lot left over)

☐ Quite comfortable (I have enough money for food and bills, and some left over)

☐ Just getting by (I have just enough money for food and bills and a nothing left over)

☐ Really struggling (I don't have enough money for food and bills and sometimes run out of money)

☐ I don't know

☐ Prefer not to say

(We ask this question to help us understand the impact of income on experiences of services or health)

12. Are you pregnant or have you given birth in the last 6 months?

☐ Yes
☐ No
☐ Prefer not to say

13. Are you a parent or primary carer of a child or children, if yes, how old are they? (Please tick any that apply)

☐ No
☐ 0 to 4
☐ 5 to 9
☐ 10 to 14
☐ 15 to 19
☐ Prefer not to say

Thank you for taking the time to complete this form.