

A new location for outpatient physiotherapy and therapy community services

We are planning to move outpatient physiotherapy and community therapy services from Shipley Hospital to alternative sites in and around north Bradford. This is so we can provide modern, fit for purpose facilities for our patients and an improved working environment for our staff. We also want to move these services to locations that will be able to meet future demand.

Your views are important

We want to hear from patients and carers, so we know what is important to you as we plan to move the services to the new locations.

Before answering this survey, please read our involvement document which sets out information about the services, why they need to move, and the proposed new locations. This is available online at engagebdc.com or you can contact us on the phone number below to receive a printed copy or ask any questions.

You can also complete this survey online if you prefer.



or visit engagebdc.com

Easy Read information, an audio recording and BSL video of this information is available online at www.engagebdc.com/shipley-hospital

You can call or text 07779 996756 to request information in different languages or formats.

1. Are you filling this in for yourself or on behalf of someone else or an organisation?
(Tick all that apply)
 - ☐ For myself
 - ☐ On behalf of someone else
 - ☐ On behalf of an organisation (please name the organisation below)
2. Are you currently using outpatient physiotherapy services or community therapy services?
Or, have you used them in the past (including at any other location)?
(Tick all that apply)
 - ☐ Yes, outpatient physiotherapy at Shipley Hospital
 - ☐ Yes, community therapy at Shipley Hospital
 - ☐ Yes, community therapy at a different location
 - ☐ Yes, outpatient physiotherapy at a different location
 - ☐ No, I have not used these services
3. We propose to move **outpatient physiotherapy services** from Shipley Hospital to our preferred new location of Eccleshill Community Hospital, as well as these services remaining available at GP practices and other sites in the local area.
After reading the involvement document, would you describe this as:
(Choose one option)
 - ☐ A very good option
 - ☐ A good option
 - ☐ Neither a good nor a poor option
 - ☐ A poor option
 - ☐ A very poor option
4. How would the proposal to provide outpatient physiotherapy services from Eccleshill Community Hospital as well as local GP practices and hospital locations affect you and your family?
(Choose one option)
 - ☐ It would have a significant positive impact
 - ☐ It would have a slight positive impact
 - ☐ It would have no impact
 - ☐ It would have a slight negative impact
 - ☐ It would have a significant negative impact

5. We propose to move community therapy services from Shipley Hospital to our preferred new location of Westbourne Green Community Hospital. After reading the involvement document, would you describe this as:

(Choose one option)

- ☐ A very good option
- ☐ A good option
- ☐ Neither a good nor a poor option
- ☐ A poor option
- ☐ A very poor option

6. How would the proposal to move **community therapy services** from Shipley Hospital to Westbourne Green Community Hospital affect you and your family?

(Choose one option)

- ☐ It would have a significant positive impact
- ☐ It would have a slight positive impact
- ☐ It would have no impact
- ☐ It would have a slight negative impact
- ☐ It would have a significant negative impact

7. Please tell us how you would be impacted by the changes and what could help make this a positive change?

8. Having read the themes from public engagement and the information about the potential locations, are there any other factors we should consider when making our decision?

9. Please tell us any additional information we should take into account? This may include other suitable locations for community physiotherapy services, information about the Shipley Hospital building, or anything else that you feel is relevant.

Equality monitoring collects data about people, it is important for us to collect and analyse this data to make sure we provide the right services. This information helps us understand which communities' views are being heard and which are not. Your information will be protected and stored securely in line with data protection rules and no personal information will be shared. Some questions may feel personal, you do not have to answer them.

Who is this form about? (Please tick)

- ☐ Me
- ☐ Someone else - using their information

What is the first part of your postcode? Example HD6

What is your gender? (Please tick)

- ☐ Male
- ☐ Female
- ☐ Non-binary

How old are you? Example 42

Which race or ethnic background best describes you?

- | | |
|-----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Mixed race: black and white |
| <input type="checkbox"/> Asian/British Asian: Bangladeshi | <input type="checkbox"/> Mixed race: Asian and white |
| <input type="checkbox"/> Asian/British Asian: Chinese | <input type="checkbox"/> Mixed race: black and Asian |
| <input type="checkbox"/> Asian/British Asian: Indian | <input type="checkbox"/> Mixed race: other |
| <input type="checkbox"/> Asian/British Asian: Pakistani | <input type="checkbox"/> Traveller: Gypsy or Roma |
| <input type="checkbox"/> Asian/British Asian: Other | <input type="checkbox"/> Traveller: Irish |
| <input type="checkbox"/> Black/British black: African | <input type="checkbox"/> White: British |
| <input type="checkbox"/> Black/British black: Caribbean | <input type="checkbox"/> White: Irish |
| <input type="checkbox"/> Black/British black: other | <input type="checkbox"/> White: European |

Other (please specify)

What is your religion? (Please tick)

- ☐ No religion
- ☐ Christian
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Sikh

Other (please specify)

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

- ☐ Yes
- ☐ No

Do you consider yourself to be disabled?

- ☐ No
- ☐ Yes