

## A proposal to build a new centre for surgery at Colchester Hospital

How we can provide patients with great care for their planned hip and knee surgery in a new state of the art NHS building in four years for people who live in Ipswich, east Suffolk and North East Essex.

Please visit our website at [www.esneft.nhs.uk/publicconsultation](http://www.esneft.nhs.uk/publicconsultation) to view or download the consultation documents and to see all of the documents relating to this public consultation.

1. Do you support this proposal to build a new planned orthopaedic surgerycentre at Colchester Hospital?

- Yes  
 No

If no, please explain why

2. What forms of transport would you use if you were to travel to this new centre? (select all that apply)

- private car or van  
 bus  
 train  
 community transport service  
 taxi

Other (please specify):

3. If you need to have planned (non – emergency) orthopaedic surgery, how would this proposal affect you?

4. If you need to have planned (non –emergency) orthopaedic surgery, how will this proposal affect others (such as your family, relatives, friends, carers)?

5. What could we do to make this centre for planned orthopaedic surgery in Colchester easier for you to access?

6. What else would you like to say about this proposal?

### About you

7. I am

- |                                              |                                       |
|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> A service user      | <input type="checkbox"/> NHS employee |
| <input type="checkbox"/> Carer/Family member | <input type="checkbox"/> Other        |

I am representing (Name of Organisation) (optional)

8. I am

- |                                            |                                 |
|--------------------------------------------|---------------------------------|
| <input type="checkbox"/> Male              | <input type="checkbox"/> Female |
| <input type="checkbox"/> Transgender       | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Prefer not to say |                                 |

If you prefer to use your own term please specify here:

9. I am

- |                                   |                                     |                                            |
|-----------------------------------|-------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 18 – 24    | <input type="checkbox"/> 25 – 34           |
| <input type="checkbox"/> 35 – 44  | <input type="checkbox"/> 45 – 54    | <input type="checkbox"/> 55 – 64           |
| <input type="checkbox"/> 65 – 74  | <input type="checkbox"/> 75 or over | <input type="checkbox"/> Prefer not to say |

10. I am

- |                                                |                                            |                                            |
|------------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Gay Man           | <input type="checkbox"/> Lesbian/Gay Woman |
| <input type="checkbox"/> Bisexual              | <input type="checkbox"/> Prefer not to say |                                            |

If you prefer to use your own term, please specify here:

11. I am

<input type="checkbox"/> No religion	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Prefer not to say	
Other (please specify):		
<input type="text"/>		

12. I am

- White: White British, Irish, Gypsy/Irish traveller, Polish, Other white background
- Mixed: White and Black Caribbean, White and Black African, White and Asian
- Other mixed background
- Asian or Asian British: Indian, Pakistani, Bangladeshi, Nepalese
- Other Asian background: All Asian groups
- Black or Black British: Caribbean, African, Other black background, All Black groups
- Other: Somali, Romany, Arab
- Prefer not to say

Other ethnic group (please describe below)

13. Do you consider yourself to have a disability, long-term illness or health condition?

- |                                                 |                          |     |                          |    |
|-------------------------------------------------|--------------------------|-----|--------------------------|----|
| Physical disability                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Sensory disability                              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Speech and language difficulty                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Learning difficulty                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Autism                                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Diagnosis of Cancer, HIV+ or Multiple Sclerosis | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other progressive disabilities                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Mental health issues                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Hidden disability such as Epilepsy or IBS       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other (please specify)                          |                          |     |                          |    |

14. Do you have a caring responsibility?

- Yes       No

15. If 'Yes' please tick all that apply:

- Primary carer of a child/children (under 18)
- Primary carer of disabled child/children
- Primary carer of disabled adult (18 and over)
- Primary carer of older person
- Secondary carer (another person carries out the main caring role)
- Prefer not to say

16. Are you currently pregnant or have you given birth in the last year?

- Yes                       No                       Prefer not to say



**East Suffolk and North Essex**  
NHS Foundation Trust

17. Please state your commonly spoken language.

18. Please provide your email address if you would like to be kept up to date with this consultation.

Thank you for providing your views on this consultation

Once you have completed this form, please send it to us at

**Freepost Orthopaedic Surgery Centre Public Consultation**