

Patient Experience Survey

13. Which ethnic group do you belong to?

- | | |
|---|---|
| <input type="radio"/> Bangladeshi/Bangladeshi British | <input type="radio"/> Indian/ Indian British |
| <input type="radio"/> Pakistani/Pakistani British | <input type="radio"/> Any other Asian background |
| <input type="radio"/> African/ African British | <input type="radio"/> Caribbean/Caribbean British |
| <input type="radio"/> Any other Black background | |
| <input type="radio"/> White/White British | <input type="radio"/> White /Irish |
| <input type="radio"/> White/Other | <input type="radio"/> Any other White background |
| <input type="radio"/> Arabic | <input type="radio"/> Chinese |
| <input type="radio"/> Gypsy or Irish Traveller | <input type="radio"/> Other ethnic group |
| <input type="radio"/> Prefer not to say | |

If other ethnic group, please state here _____

14. What is your religion or belief?

- | | | |
|---|---|---|
| <input type="radio"/> No religion or belief | <input type="radio"/> Buddhist | <input type="radio"/> Catholic |
| <input type="radio"/> Christian | <input type="radio"/> Church of England | <input type="radio"/> Hindu |
| <input type="radio"/> Jewish | <input type="radio"/> Muslim | <input type="radio"/> Prefer not to say |

If other religion or belief, please state here _____

15. Are you a Refugee or an Asylum seeker?

- No
- A Refugee
- An Asylum seeker
- Prefer not to say

Please return this form to the reception team/comments box.

Central London Healthcare CIC (CLH) is a community interest company which is owned and run by local primary care clinicians as a not for profit company to improve health and wellbeing in Westminster. We are responsible for many of the services at your practice.

Our Patient Experience Survey is an important opportunity for you to provide feedback on the care and treatment you receive and to improve services.

Your answer is voluntary. But if you do answer, your feedback will provide valuable information for CLH to celebrate good practice, and identify opportunities to make improvements.

1. Which of the below services did you receive?

- Ambulatory Blood Pressure Monitoring (Helps diagnose blood pressure problems by measuring your blood pressure throughout the course of a day)
- Diabetic care (Management of diabetes)
- Diabetes Risk (Diabetes prevention – annual review)
- Drug Monitoring (Regular blood tests to ensure certain drugs are not causing unwanted side effects)
- ECG (Test to check your heart's rhythm and electrical activity)
- General Blood Testing/Phlebotomy
- Mental Illness and Mental Health Problems (Management of mental health problems and annual physical health review)
- Proactive Care Planning (To support patients at high risk of hospital admission or those with complex health and/or social care needs)
- Spirometry (To help diagnose and monitor certain lung conditions)
- Warfarin Advanced Monitoring (Starting anticoagulant and monitoring any complexities)
- Warfarin Monitoring (Regular blood test to ensure your anticoagulant dose is correct)
- Wound Care

Equality and Diversity Survey

By filling in this section you are helping to ensure that the feedback captured is a detailed and accurate reflection on Central London's population. This is optional and you do not have to complete the questionnaire.

2. How easy was it to make your appointment?

- Very easy Easy Difficult
 Very difficult Neither easy nor difficult

3. Did you feel that the staff providing the service were caring, competent and treated you with dignity?

- Yes, definitely No, they could have done more

If No, please provide more information

4. Did you feel that you understood the treatment/health advice?

- Yes I completely understood it Yes I understood some of it
 No, I did not understand any of it Don't know/ can't remember

5. How likely are you to recommend this service to friends and family if they needed similar care or treatment?

- Extremely Likely Likely Neither Likely nor Unlikely
 Unlikely Extremely Unlikely Don't know

6. Can you tell us why you gave that response?

7. What's your Gender?

- Female Male Transgender Non-binary Prefer not to say

8. What age group are you in?

- Under 18 18-25 26-35 36-45
 46-55 56-65 65+

9. What is your sexual orientation?

- Bisexual Gay Heterosexual
 Lesbian Other Prefer not to say

10. Are you married or in a civil partnership?

- yes No Prefer not to say

11. Do you consider yourself to have a disability or long term condition?

- Yes No Prefer not to say

12. Do you care for/look after someone?

- No
- Primary carer of a child/children (under18)
- 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