

Willows Health – Proposed Practice Merger: Feedback Questionnaire

Q1. Please tick the main option which applies to you. I am;

- A patient at one of the GP practices
- A parent, relative, friend or carer of a patient who is registered at one of the GP practices
- A staff member at one of the GP practices
- I am interested in these services
- Other (please tell us) _____

Q2. If possible, please tell us which GP practice you are registered with?

- Willows Medical Centre

- Willowbrook Medical Centre
 - Springfield Road Health Centre (sub-branch)

- Clarendon Park Medical Centre

- Pasley Road Health Centre

- Heatherbrook Surgery

- Willows Health Evington

Q3 Are you supportive of the 6 GP practices merging?

- Yes
- No
- Don't know

Q4. Do you have any further comments or feedback?

Equality Monitoring

Please complete as much of the information about yourself as you feel comfortable with, as this will help us understand who is taking part in the consultation. The information you provide will be kept in accordance with the terms of the Data Protection Acts 1998 and 2000 and will be used for monitoring purposes and questionnaire analysis.

Gender

1. What is your gender?

Male

Female

Non-binary

Prefer not to say

Other (please tell us)

Gender reassignment

2. Do you identify as the gender you were assigned at birth?

Yes

No

Prefer not to say

Pregnancy/maternity

3. Are you pregnant or have you given birth in the last 26 weeks?

Yes

No

Prefer not to say

Age

4. What is your age?

- Under 16
- 16 - 24
- 25 - 34
- 35 - 59
- 60 - 75
- 76+
- Prefer not to say

Disability

5. Do you consider yourself to have a disability or suffer from poor health?

- Yes, I have a disability
- Yes, I am in poor health
- Neither
- Prefer not to say

Condition

6. If you have selected 'yes', please tell us which condition:

- Physical
 - Partial or total loss of vision
 - Learning disability/ difficulty
 - Partial or total loss of hearing
 - Mental health condition or disorder
 - Long standing illness or disease
 - Speech impediment or impairment
 - Other medical condition or impairment, please tell us here:
-

Race

7. What is your ethnicity?

Asian or Asian British:

- Bangladeshi
- Chinese
- Indian
- Pakistani

Black or Black British:

- African
- Caribbean

Mixed:

- Asian and white
- Black African and White
- Black Caribbean and White
- Any other mixed background _____

White British:

- British, English, Northern Irish, Scottish, Welsh
- Irish
- Gypsy/ Traveller

Other:

- Arab
- Polish
- Somali
- Prefer not to say
- Any other ethnicity _____

Religion or belief

8. What is your religion or belief?

- No religion
- Bahá'í
- Buddhist

- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other, please tell us here: _____

Relationship Status

9. What is your relationship status?

- Single
- Married/civil partnership
- Separated or divorced
- Partnered/living with partner
- Widowed/surviving civil partner
- Prefer not to say

Sexual orientation

10. What is your sexual orientation (preference)?

- Bisexual
- Homosexual
- Heterosexual
- Lesbian
- Prefer not to say
- Other, please tell us here: _____