Patient feedback

1095

08:43

Closed Status

Responses

Average time to complete

1. Which is your registered GP Practice?





2. Early morning appointments

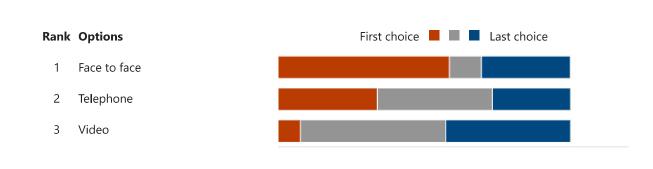




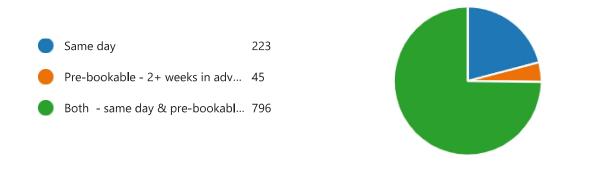
3. Appointment Times

Rank Options First choice Last choice 1 Week day evening (after 6.30pm) 2 Week day early morning (before... 3 Saturday morning 4 Saturday afternoon

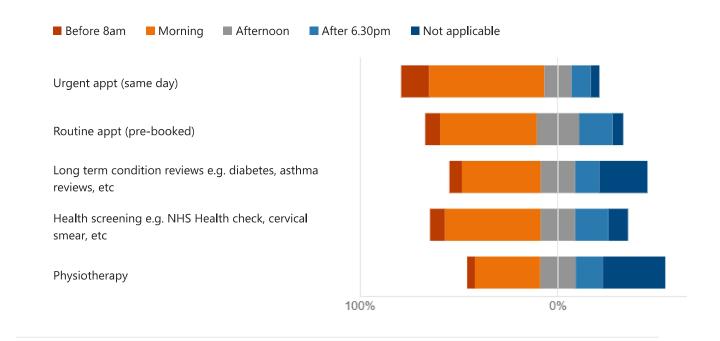
4. Appointment Type



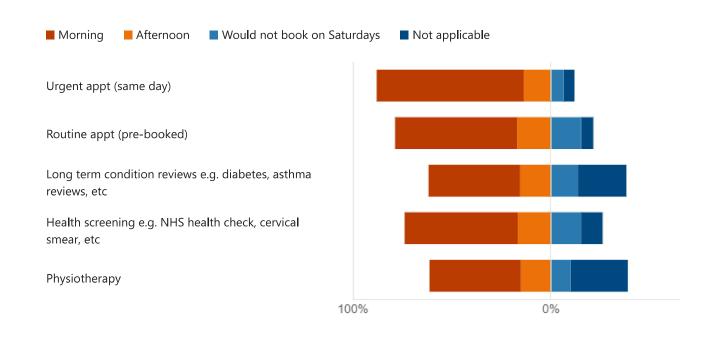
5. Appointment availability



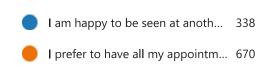
6. Your preferred appointment times - Monday to Friday



7. Your preferred appointment times - Saturdays

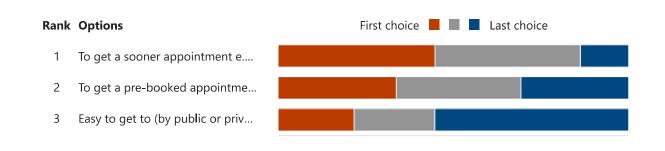


8. Appointments at a different location?

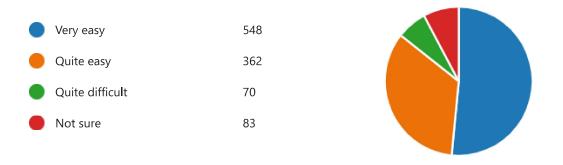




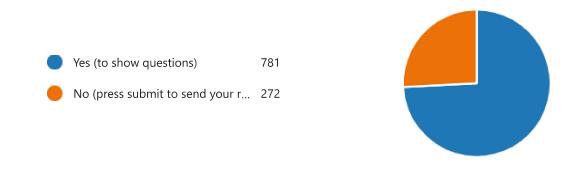
9. Getting to a different location?



10. Is the Enhanced Primary Care Hub at Queen Mary Hospital an easy location for you to reach?



11. We would like to collect some information about you?



12. What is your ethnicity?

White - English/Welsh/Scottish/	543
White - Irish	18
White - Gypsy or Irish Traveller	0
Mixed - White & Black African	7
Mixed - White & Black Caribbean	9
Mixed - White & Asian	11
Black or Black British - African	12
Black or Black British - Caribbean	8
Black or Black British - Black Brit	1
Asian or Asian British - Indian	16
Asian or Asian British - Pakistani	13
Asian or Asian British - Banglad	0

Asian or Asian British - Tamil

Asian or Asian British - Korean

Asian or Asian British - Chinese

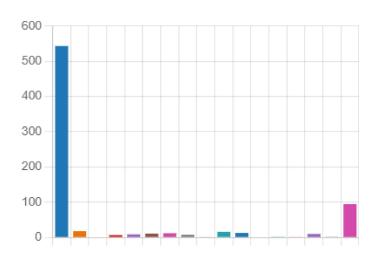
Asian or Asian British - Filipino

2

1

10

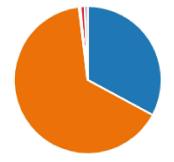
95



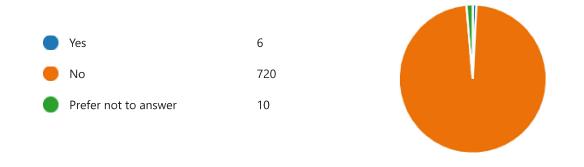
13. What is your gender?

Other

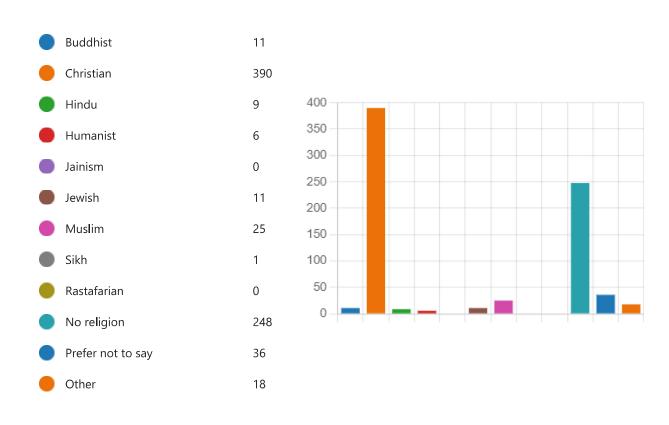
Male (including transgender men) 252
Female (including transgender ... 500
Non binary 3
Prefer not to answer 7
Other 5



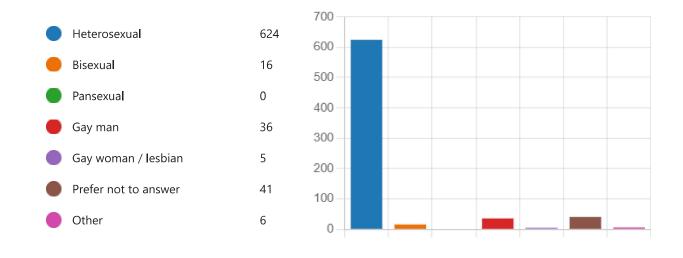
14. Gender reassignment - does your gender differ from your birth sex?



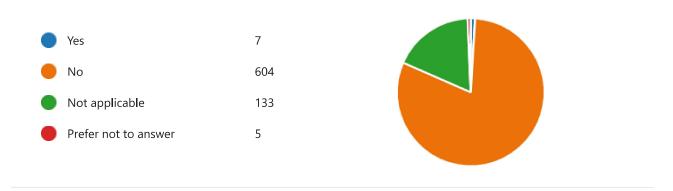
15. What is your Religion or belief?



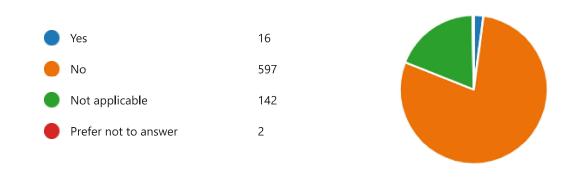
16. What is your sexual orientation?



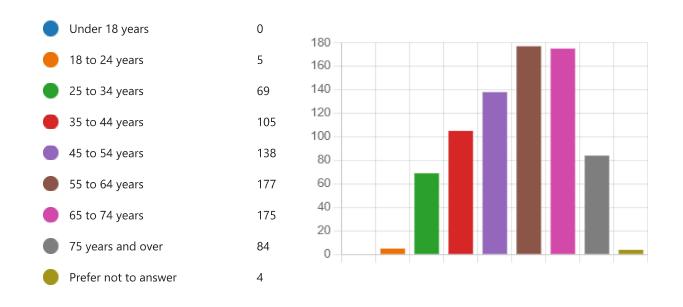
17. Are you pregnant?



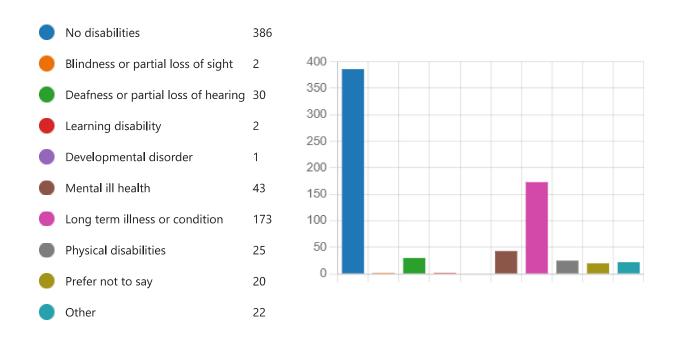
18. Have you had a baby in the last 12 months?



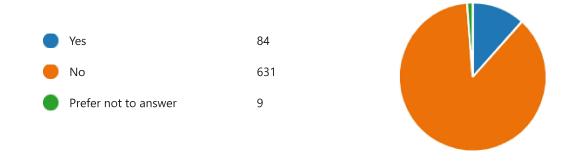
19. What is your age group?



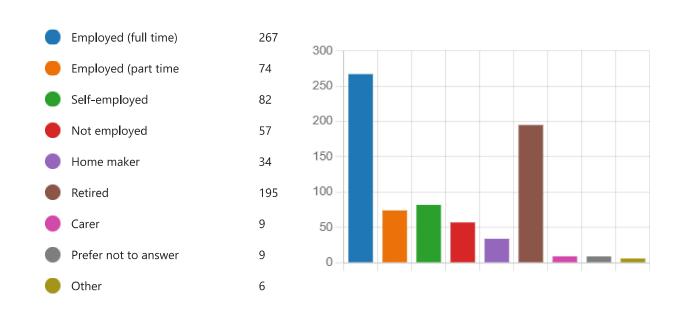
20. Do you have any of the following conditions that have lasted or expected to last for at least 12 months?



21. Are you a carer for someone with additional needs?



22. What is your employment status?



23. What is your preferred method of travel?

