# APMS Survey (Mollison Way Practice, Burnley Practice and Sudbury Surgery)

NW London NHS ICS

## APMS Survey

**Your views on GP services at Mollison Way Practice, Burnley Practice and Sudbury Surgery**

We would like to hear your views about your GP practice. Your feedback will help us decide who should run the practice in future and what matters most to patients.

Your responses will be confidential and used to help us improve local GP services. The questionnaire should take between 5–10 minutes. You do not need to give your name, but if you would like updates, you can leave your email address at the end.

**About you and your practice**

Which practice are you answering for?

(Choose all that apply)

- ☐ Mollison Way Practice
- ☐ Burnley Practice
- ☐ Sudbury Surgery

Are you a registered patient at the practice you have chosen?

(Choose all that apply)

- ☐ Yes
- ☐ No
- ☐ I am answering on behalf of a registered patient

**Your experience**

How do you feel about your experience with the practice?

(Choose all that apply)

- ☐ Very positive
- ☐ Fairly positive
- ☐ Mixed/neutral
- ☐ Fairly negative
- ☐ Very negative
- ☐ Don't know

What works well and what needs to be improved? Please write your comments in the box below

What would make the GP practice better for you? Please write your comments in the box below

What is your experience of seeing other healthcare professionals (e.g. pharmacist, physiotherapist, mental health professional, etc.) at the practice? Please write your comments in the box below

What is important to you when talking to or visiting your GP reception? Please write your comments in the box below

Do you or someone you care for usually need an interpreter when speaking with the doctor, nurse, or other practice staff?

(Choose all that apply)

- [ ] Yes
- [ ] No
- [ ] If yes, please tell us which language you speak

Any other comments

Is there anything else you would like us to consider when deciding who should run the practice? Please write your comments in the box below

Do you give consent for your responses to be shared with NHS North West London and its partner organisations as part of this process?

(Choose any one option)

- [ ] I consent
- [ ] I do not consent

If you would like to stay updated on the proposals, please provide your email address in the box below

**Equality and diversity monitoring**

We are asking these questions because we want to ensure that we hear from a wide range of people. This will help us check which different communities are taking part and improve how we involve people in future.

These questions a. If you answer them, your responses will stay anonymous. We may use anonymous data to understand who is taking part, but you will not be identified.

This information is collected in line with the Equality Act 2010 and UK data protection law.

**Monitoring questions**

What is your age range?

(Choose any one option)

- [ ] 16 to 25 years
- [ ] 26 to 35
- [ ] 36 to 45
- [ ] 46 to 55
- [ ] 56 to 65
- [ ] 66 to 75
- [ ] 75 +
- [ ] Prefer not to say

What is your gender?

(Choose any one option)

- [ ] Female
- [ ] Male
- [ ] Prefer not to say
- [ ] Prefer to self-describe

What is your ethnic background? Choose one that best describes you

(Choose any one option)

- [ ] Asian or Asian British:
- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Other Asian background
- [ ] Black or Black British:
- [ ] African
- [ ] Caribbean
- [ ] Other Black background
- [ ] Mixed
- [ ] White and Black African
- [ ] White and Black Caribbean
- [ ] White and Asian
- [ ] Other mixed background
- [ ] White
- [ ] English, Welsh, Scottish, Northern Irish or British
- [ ] Irish
- [ ] Gypsy or Irish Traveller
- [ ] Other White background
- [ ] Prefer not to say

What is your religion?

(Choose any one option)

- [ ] No religion
- [ ] Christian
- [ ] Muslim
- [ ] Hindu
- [ ] Sikh
- [ ] Buddhist
- [ ] Jewish
- [ ] Other
- [ ] Prefer not to say

What is your sexual orientation?

(Choose any one option)

- [ ] Heterosexual / straight
- [ ] Gay / lesbian
- [ ] Bisexual
- [ ] Prefer not to say
- [ ] Prefer to self-describe:

Do you consider yourself to have a disability? (Tick all that apply)

(Choose all that apply)

- [ ] Vision (e.g. blind or partially sighted)
- [ ] Hearing (e.g. deaf or hard of hearing)
- [ ] Mobility issues
- [ ] Learning difficulties
- [ ] Mental health needs
- [ ] Autism / ADHD
- [ ] No
- [ ] Prefer not to say
- [ ] Other (please specify)

Do you regularly look after, support or help a family member, friend, neighbour or someone else because of a long-term physical or mental health condition, disability, or problems related to old age?

(Choose any one option)

- [ ] Yes

- [ ] No
- [ ] Prefer not to say

**Terms and conditions**

Your answers are anonymous and will not be stored with any information that could identify you. We may use anonymous data to help us understand how we involve different communities and improve how we work.

No information will be published or shared that could identify you.

We collect this information under our duties in the Equality Act 2010. It is handled in line with UK GDPR and the Data Protection Act 2018

**Thank you for taking part in this survey**