

### Questionnaire for Community Phlebotomy (Blood testing) Service Users

We are from Healthwatch Waltham Forest, your independent consumer champion for health and social care in this borough. We give local people a powerful voice, making sure your views and experiences are heard by those who run, plan and regulate health and social care services in the borough.

Today we are carrying out an 'Enter & View' visit, which means we have come to observe the blood testing services at this centre and to speak/survey those who are using the services today to find out about their experiences. We will then compile a report about our visit with recommendations and once we have the responses from the service provider, the report will be published on our website and the contents shared with the service provider and the CCG who commission (buy) this service on behalf of local people. Please help us improve blood testing services in Waltham Forest by feeding back your views and completing this survey.

For more information on Healthwatch please visit [www.healthwatchwalthamforest.co.uk](http://www.healthwatchwalthamforest.co.uk)

Please tick (✓) to show how you feel about the following aspects of this testing centre:	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	N/A						
Access by public transport												
Parking facilities												
Signage to and in the blood testing section												
Getting in and moving around the building												
Waiting area												
Cleanliness												
Current drop-in system (e.g. with numbered tickets)												
Helpfulness of staff												
Waiting times for blood tests												
Waiting time for results												
1.	Where did you find the information about where to go for your blood test? (Please tick ✓ all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Leaflet/paperwork from GP</td> <td><input type="checkbox"/> Verbal instructions from GP</td> </tr> <tr> <td><input type="checkbox"/> I asked the GP/reception</td> <td><input type="checkbox"/> It was on the form</td> </tr> <tr> <td><input type="checkbox"/> Leaflet from hospital</td> <td><input type="checkbox"/> Other (please state)</td> </tr> </table>						<input type="checkbox"/> Leaflet/paperwork from GP	<input type="checkbox"/> Verbal instructions from GP	<input type="checkbox"/> I asked the GP/reception	<input type="checkbox"/> It was on the form	<input type="checkbox"/> Leaflet from hospital	<input type="checkbox"/> Other (please state)
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<input type="checkbox"/> Leaflet from hospital	<input type="checkbox"/> Other (please state)											
2.	What is the name of your GP practice?											

3.	Have you come for a fasting blood test? (Please tick ✓ one only) <input type="checkbox"/> No <input type="checkbox"/> Yes	
4.	Why did you choose <u>this</u> centre for your blood test? (Please tick ✓ all that apply)  <input type="checkbox"/> It's near where I live <input type="checkbox"/> It's near where I work <input type="checkbox"/> I like the opening hours <input type="checkbox"/> The doctor told me to come here <input type="checkbox"/> It's my GP practice <input type="checkbox"/> Other (please state)	
5.	What changes would you like to see to the building and/or waiting area to make the experience better (e.g. more seating, cleanliness?)	
6.	What time did you arrive at the centre today?	
	What time is it now?	
	How long do you still expect to wait?	
7.	If the service were changed what would you prefer? (Please tick ✓ one only) <input type="checkbox"/> Fewer centres, with more staff at each so a shorter waiting time <input type="checkbox"/> More centres with fewer staff at each so a longer waiting time <input type="checkbox"/> Not sure	
8.	When would you like this bloodtesting service to be available? (i.e. give days and times)	
9.	Which people, if any, would you like the service to prioritise so they are seen more quickly than others?	





## About You

Healthwatch Waltham Forest is committed to eliminating discrimination and promoting equal opportunities. We want deliver and improve our services and ensure they are available to all members of our community. The data from this form will help us achieve this aim. The information you provide on this form will remain confidential and only used for monitoring.

Q1. Are you:

- Male  Female  Prefer not to say

Q2. Is your gender identity the same gender you were assigned at birth?

- Yes  No  Prefer not to say

Q3. What age group are you in?

- |                                 |                                |  |
|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> 0 - 17 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 85+               |
| <input type="checkbox"/> 18-24  | <input type="checkbox"/> 55-64 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 25-34  | <input type="checkbox"/> 65-74 |  |
| <input type="checkbox"/> 35-44  | <input type="checkbox"/> 75-84 |  |

Q4. Do you consider yourself to be a disabled person\*?

- Yes  No  Prefer not to say

Q5. How would you describe your religion or beliefs?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Sikh                      |
| <input type="checkbox"/> Christian | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Prefer not to say         |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Any other (specify) _____ |
| <input type="checkbox"/> Muslim    |  |

Q6. How would you define your sexual orientation?

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Lesbian  | <input type="checkbox"/> Heterosexual              |
| <input type="checkbox"/> Gay man  | <input type="checkbox"/> Prefer not to say         |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Any other (specify) _____ |

**Q7.** How would you describe your ethnic origin?

**A. White**

- British  
 Irish

Any other (specify) \_\_\_\_\_

**B. Mixed/Multiple ethnic groups**

- White & Black Caribbean  
 White & Black African  
 White & Asian

Any other (specify) \_\_\_\_\_

**C. Asian/British Asian**

- Indian  
 Pakistani  
 Bangladeshi

Any other (specify) \_\_\_\_\_

**D. Black/African/Caribbean/Black British**

- African  
 Caribbean

Any other (specify) \_\_\_\_\_

**E. Chinese/British Chinese**

- Chinese

Any other (specify) \_\_\_\_\_

**F. Other ethnic groups**

- Gypsy / Traveller  
 Prefer not to say

Any other (specify) \_\_\_\_\_

\*The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment, which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.” This includes people with physical impairments, visual impairments, hearing impairments, deaf BSL users, people with learning difficulties including people with specific learning difficulties like dyslexia, people with mental health needs and people living with a health condition. E.g. HIV, multiple sclerosis, cancer.

**Q8.** What is the postcode area where you live

- E4  
 E10  
 E11

E17  
 Other (specify) \_\_\_\_\_