



Patient Experience Survey – Anticoagulation Services

Anticoagulation Services are provided in a primary care setting or in the Acute Hospitals.

The Clinical Commissioning Groups (CCGs) would like to gather the views of service users to understand the expectations from existing services and to find out what is important to you when accessing anticoagulation services.

We are particularly targeting patients and their family / carers, with experience in this area of service provision.

We would value your views and opinions to help to shape future provision including improvements you might like to suggest. Any feedback you are able to provide would be greatly appreciated.

We value your views because they help us provide the services you need in the way you need them. Please take a couple of minutes to fill in this form and tell us what you think. This survey is confidential, and you don't need to provide your name.

Data Protection

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) have been commissioned by the CCGs to collect, handle, process and report on the responses gathered in the consultation. MLCSU uses a survey tool called Snap which is owned by Snap Surveys Ltd, an organisation specialising in the delivery and management of surveys.

Further information on Snap can be found here <https://www.snapsurveys.com/gdpr/>

Any information you provide will be added to Snap for analysis and handled in accordance with The Data Protection Act 2018.

Your involvement is voluntary, and you are free to exit the survey at any time. You can also refuse to answer questions in the survey, should you wish.

MLCSU will also collect demographic information such as age, ethnicity, religion, gender, sexual orientation, relationship status, if you have a disability or are pregnant and whether you care for someone. These questions are not mandatory and can be skipped at any time.

Q1 *Please tick here to confirm you have read and accept the terms outlined within the Data Protection statement as above

What is important, expectations and experience

Q2 Please tell us the name of the GP practice you are registered with:

Q3 Are you currently taking anticoagulation medication?

- Yes
 No

Q4 What is the name of the medication?

- Warfarin
 Rivaroxaban
 Dabigatran (Pradaxa)
 Apixaban (Eliquis)
 Edoxaban (Lixiana)
 Other

Please state the name of your medication

Q5 When you started treatment were you consulted on the decision and given time to consider the options?

- Yes
 No

Q6 Comments:

Q7 If you have recently changed medication, were you involved in the decision to switch and provided with the necessary information to make an informed decision?

- Yes
 No

Q8 Comments:

Q9 How far do you normally travel to your anticoagulant clinic?

- Up to 1 mile
 1-5 miles
 6-10 miles
 Over 10 miles

Q10 If you are currently taking anticoagulation medication, how satisfied are you with the current service?

- 1 - very dissatisfied
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - very satisfied

Q11 How often do you attend an anticoagulation clinic?

- Weekly
- Fortnightly
- Monthly
- Annually
- Other

Please state how often you attend

Q12 How do you normally travel to your anticoagulation clinic?

- Car (driver)
- Car (passenger)
- Cycle
- Public transport
- Walk
- Taxi
- Other

Please state

Q13 How is your blood currently tested?

- Phlebotomy (taking blood from a vein in the arm)
- Finger prick

Q14 If offered the choice, what would your preferred approach be?

- Phlebotomy (taking blood from a vein in the arm)
- Finger prick

Developing an accessible service

Q15 What THREE factors are most important when choosing the location of an anticoagulant clinic?

- All services in one place
- Venues in different part of the city
- Good public transport links
- Disabled access
- Local amenities nearby (shops, cafes, etc.)
- Parking available nearby

Q16 What do you think is an acceptable distance to travel for your blood test?

- Up to 1 mile
- 1-5 miles
- 6-10 miles
- Over 10 miles
- No preference

Q17 How would you prefer to travel to your appointment?

- Car (driver)
- Car (passenger)
- Cycle
- Public transport
- Walk
- Taxi
- Other

Please state

Q18 What days would be most convenient for you to attend an appointment?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Q19 What times would be most convenient for you to attend an appointment?

- Mornings (before 9am)
- Mornings (after 9am)
- Afternoons
- Evenings (after 6pm)

Q20 Please provide any other feedback you would like to share in relation to your experience or any improvements you feel could be made to the current provision of services.

About you

The following questions will help us understand more about who has responded to this survey. This will help us to ensure we have listened to as many different people as possible. You can leave this section blank if you wish.

Q21 What is your race?

- White: British
- White: Irish
- White: Polish
- White: Other European
- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Bangladeshi
- Asian or Asian British: Other
- Black: Caribbean
- Black: African
- Black: British
- Black: Other
- Mixed / multi ethnic: White and Black Caribbean
- Mixed / multi ethnic: White and Black African
- Mixed / multi ethnic: White and Black Asian
- Mixed / multi ethnic: Other
- Chinese or other ethnic group: Chinese
- Chinese or other ethnic group: Philippine
- Chinese or other ethnic group: Vietnamese
- Chinese or other ethnic group: Thai
- Chinese or other ethnic group: Other
- Gypsy or Traveller: Irish
- Gypsy or Traveller: Romany
- Gypsy or Traveller: Other
- Other ethnic group: Arab
- Other ethnic group: Any other ethnic group

White: Other European. Please specify below:

Asian or Asian British: Other. Please specify below:

Black: Other. Please specify below:

Mixed / multi-ethnic: Other. Please specify below:

Chinese or other ethnic group: Other. Please specify below:

Gypsy or Traveller: Other. Please specify below

Any other ethnic group. Please specify below:

Q22 What is your age category?

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81 and over

Q23 What is your religion or belief?

- Hinduism
- Christianity
- Judaism
- Sikhism
- Islam
- Buddhism
- Other
- Prefer not to say

Other, please specify below:

Q24 What is your gender?

- Male
- Femae
- Intersex
- Other
- Prefer not to say

Q25 Have you gone through any part of a process or do you intend to (including thoughts and actions) **to bring your physical sex appearance and/or your gender role more in line with your gender identity?** (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)?

- Yes
- No
- Prefer not to say

Q26 What is your sexual orientation?

- Hetrosexual (people of the opposite sex)
- Lesbian (both female)
- Gay (both men)
- Bisexual (people of either sex)

Q27 What is your relationship status?

- Married
- Single
- Divorced
- Lives with partner
- Separated
- Widowed
- Civil partnership
- Other

Q28 The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period. Are you pregant at this time?

- Yes
- No

Q29 Have you recently given birth? (within the last 26 week period)

- Yes
- No

Q30 Do you consider yourself to have a disability? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities).

- Physical impairment
- Sensory impairment
- Mental health need
- Learning difficulty or disability
- Long term illness
- Other

Please describe your physical impairment.

Please describe your sensory impairment.

Please describe your long term illness.

Other, please describe below:

Q31 Do you care for someone? (Tick as many boxes as appropriate)

- Yes, care for young person/s aged younger than 24 years of age
- Yes, care for adult/s aged 25 to 49 years of age
- Yes, care for older person/s aged over 50 years of age
- No
- Prefer not to say

Thank you for taking the time to complete this survey, please send your responses to:

Melanie Mahon
Head of Primary Care Commissioning
2 Staffordshire Place
Stafford
ST16 2DH