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| --- | --- | --- | --- | --- |
| **Feedback – Changing the way mental health support is provided in Leicester’s Hospitals** | | | | |
| **Do you support the proposals for changes to the way mental health support is provided in Leicester’s Hospitals?** | | | | |
| Yes |  | No |  |  |
| Please add any comments about why you answered this way | | | | |
| **Do you support the proposals for expanding access to NHS and other services in the community that can support mental health?** | | | | |
| Yes |  | No |  |  |
| Please add any comments about why you answered this way | | | | |
| **Do you support the proposals for expanding access to NHS and other services in the community that can support mental health?** | | | | |
| Yes |  | No |  |  |
| Please add any comments about why you answered this way | | | | |
| **Do you support the proposals for expanding access to NHS and other services in the community that can support mental health?** | | | | |
| Yes |  | No |  |  |
| Please add any comments about why you answered this way | | | | |
| **Would you like to be involved in other work to transform mental health services across Leicester, Leicestershire and Rutland?** | | | | |
| Yes |  | No |  |  |
| If yes, please add your contact information below. | | | | |
| **Would you like to comment further on mental health support for patients using acute hospital services?** | | | | |
| **About you:** Please tick the statement which best describes you | | | | |
| 1. I am a service user with the psycho-oncology service | | | | |
| 1. I am a service user with the mental health liaison service | | | | |
| 1. I am a service user with the FOPALS service | | | | |
| 1. I am or have been supported by the mental health triage service based at the LRI | | | | |
| 1. I am a relative or carer of a service user | | | | |
| 1. I am a member of LPT staff | | | | |
| 1. I am a professional and I have referred to the service or worked with the service | | | | |
| 1. Other (please specify) | | | | |
| Please respond by 21 December 2020  **We ask that you also complete the equality and diversity information below** | | | | |
| **Equality and diversity information**  **Gender – are you:**  Male  Female  Prefer not to say  Is your gender identity the same as the gender you were assigned at birth?  Yes  No  Prefer not to say  **Age – What age range best describes you?**  0-18  18-64  65 and over  **Disability – Do you have any long standing illness, disability or health problem?**  Yes  No  Prefer not to say  **Ethnicity**  White British  White Irish  Other white background  Mixed Black Caribbean  Mix/Black African  Mix Asian  Mix other background  Asian Indian  Asian Pakistani  Asian Bangladeshi  Other Asian background  Black/British Caribbean  Black/British African  Black/Other  Chinese  Any other Ethnic group known    **Religion – What is your religion?**  No religion  Hindu  Sikh  Buddhist  Jewish  Christian  Muslim  Other  **Sexual Orientation – are you:**  Heterosexual  Bisexual  Gay or Lesbian  Prefer not to say  Other  You can either email your completed form to [LPTPatientExperience@leicspart.nhs.uk](mailto:LPTPatientExperience@leicspart.nhs.uk) or post it to FREEPOST LPT Patient Experience | | | | |