|  |
| --- |
| **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 sayIs 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 [ ]  OtherYou can either email your completed form to LPTPatientExperience@leicspart.nhs.uk or post it to FREEPOST LPT Patient Experience  |