

## Your views: Relocation of breast screening services from Warrington Hospital to Bath Street Health and Wellbeing Centre, Warrington

We welcome your views on the proposed relocation of Breast Screening Services (Mammography). Details are available from our website and from staff. The consultation will close on Monday June 20<sup>th</sup>.

**Other formats** - If you have any concerns or questions about the survey, require the questionnaire in another language or format, including large print, easy read, Braille, audio or British Sign Language, or simply require assistance in completing the form please email [whh.engagement@nhs.net](mailto:whh.engagement@nhs.net) or call 01925 662114 / 01925 665981.

You can read the full proposals and Frequently Asked Questions using the following link or using the QR code:  
<https://whh.nhs.uk/about-us/membership-and-engagement/breast-service-consultation>



### Q1 Have you used any of the following services provided by the Trust?

- a. Breast Screening (if yes state location)
- b. Breast Assessment Clinic (This means you were recalled following routine screening), if yes state location)
- c. Outpatient Symptomatic Breast Clinic (This means you were directly referred by your GP following a concern about your breasts), if yes state location

### Q2 Have you been made aware of the proposal to consolidate (bring together) breast screening services in Warrington to one site, at Bath St.?

- a. Yes
- b. No
- c. I don't know

### Q3 Do you feel that you have been given enough information to form an opinion on our proposals?

- a. Yes
- b. No
- c. I don't know
- d. If no, what else would you like to know .....

**Q4 If you were invited to attend for a breast screening appointment in Warrington please indicate which venue you would prefer below. (Please note that breast screening is offered at venues in other boroughs.**

- a. Bath Street Health and Wellbeing Centre, Warrington
- b. Warrington Hospital’s Kendrick Wing
- c. None of these (please say why.....)

**Q5 Which of the following are/would be most important for you when attending a breast screening and assessment service? Please rank from one to six where 1 is most important and 6 is least important**

Outcome of my treatment	
Waiting times to access the service	
The environment and facilities	
The location of the service	
Car parking	
Staff expertise	

**Q6 How satisfied would you be to access breast screening services at Bath Street Health and Wellbeing Centre?**

- a. Very satisfied
- b. Satisfied
- c. Neither satisfied nor dissatisfied
- d. Dissatisfied
- e. Very dissatisfied
- f. Don’t know

**Q7 Is there anything else you think we should consider?**

**Q8 If we received funding for a new hospital what do you think is important we deliver to have the greatest impact for our patients and for the local community**



## About You:

The following section is about you and will enable us to ensure we have engaged a wide range of people. You do not have to complete the following section and this information will only be used to theme the responses.

### Are you completing the survey as an individual or representative of an organisation?

- Individual
- Organisation

### What is your age?

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or over

### What is your ethnicity?

- White British
- White Irish
- White European
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Caribbean
- African
- Any other Black background
- Chinese
- Any other Asian background
- Bangladeshi
- Indian
- Pakistani
- Any other Ethnic Group
- I do not wish to disclose my ethnic origin

### What is your gender? Male Female Other (please state).....

- Prefer not to say

### Do you identify as the same gender you were assigned at birth?

- Yes
- No
- Prefer not to say

### What is your religion or belief?

- Christianity
- Hinduism
- Islam
- Judaism
- Buddhism
- Sikhism
- Other (please specify)
- Prefer not to say

### What is your sexual orientation?

- Heterosexual (people of the opposite sex)
- Gay (both men)
- Lesbian (both female)
- Bisexual (people of either sex)
- Other (please specify)

### What is your relationship status?



- Single, Never Married
- Married
- Separated
- Divorced
- Widowed
- Civil Partnership
- Prefer not to say
- Other (please specify)

**We need to know we've spoken to women who are pregnant or have recently given birth. Please tick below if you:**

- Are pregnant at this time
- Have you recently given birth? (within the last 26 week period)

**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 is long term (12 month period or longer) or has substantial adverse effects on their ability to carry out day to day activities).

- Yes
- No
- Please state if yes.....

Carers play a crucial role in health and social care. We need to know we've gathered the views of carers. Please tell us if you care for someone and how old they are.

- I am not a carer for anyone
- I care for a young person/s aged younger than 24 years of age
- I care for a adults/s aged 25 to 49 years of age
- I care for an older person/s aged 50 years of age or older

Thank you for taking the time to complete the survey.