**Dr A. KASHIF MBBS FRCS(Ed) FRCSI DSM**

**LANARK MEDICAL CENTRE GROUND FLOOR**

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Ground Floor The Lanark Medical Centre Relocation Survey

Please note that we can only make a decision regarding relocation once we have received a response from our patients.

Overview

This survey is in relation to the proposed relocation of Dr A kashif’s Surgery, Ground Floor, The Lanark Medical Centre, 165 Lanark Road, London W9 1NZ. We are responsible for services in area, and we are seeking your views before a decision is taken.

**This does not mean that your GP practice will close or that you will need to find a new doctor – your GP practice services will continue uninterrupted.**

The surgery is considering the option of relocating to a new location

The proposed relocation to The Lanark Medical Centre , 2-4 Elgin Avenue, London W9 3QP and the travel times are:

19 minutes’ walk.

4 minutes cycling.

16 minutes by public transport on bus 36,31,328 route that comes every 4 minutes. To reassure you, you will not need to find a new GP, it would just be in a new location You can give your feedback using the online patient survey below.

Or you can complete a paper survey, please request a copy from the reception at Dr A kashif’s Surgery, Ground Floor, The Lanark Medical Centre, 165 Lanark Road, London W9 1NZ

The practice is open from 8:00 AM to 6:30 PM, Monday to Friday. Once you have completed the survey, please return it to the reception.

Further information is provided on the practice website @ https://www.drakashif.co.uk

If you have any queries, please contact Neelam Begum Practice Manager

**The deadline to submit your views is by 21.03.2025**

Patient Feedback

**1** How often do you come to the practice GF The Lanark Medical Centre?

*Please select only one item*

More than once a month

Every month

Every six months

Once a year

Less than once a year

Never

**2** How do you travel to practice GF The Lanark Medical Centre?

Walk

By car

Public Transport

Bike

Other - please provide details below:

*Please select only one item*

If you have said other, please provide more information

**3** How long does it currently take for you to travel from your home to the practice GF The Lanark Medical centre?

*Please select only one item* Up to 10 minutes

Up to 20 minutes

Up to 30 minutes

More than 30 minutes

**4** How easy is your travel journey to practice GF The Lanark Medical Centre?

*Please select only one item*

Very easy

Fairly easy

Fairly difficult

Very difficult

**5** If GP services at GF The Lanark Medical Centre building move to the new site, 2-4 Elgin Avenue, London W9 3QP , how would you access GP practice services (Please select one option from those provided below which applies most to you)

I would continue to access services from New Site GF The Lanark Medical centre

It would make it harder for me to travel to appointments.

I would register with another practice

Other (Please state here)

Prefer not to say

*Please select only one item*

If you have said other, please provide more information

1. How easy or difficult is your journey to GF The Lanark Medical Centre Practice?

Very Easy

Easy

Difficult

Very Difficult

Prefer not to say

Other – please give details

*Please select only one item*

If you have said other, please provide more information

1. If GF The Lanark Medical Centre Practice moves, how would you travel to new practice The Lanark Medical Centre 2-4 Elgin Avenue London W9 3QP?

Walk

By car

Public Transport

Bike

Other

*Please select only one item*

If you have said other, please provide more information

1. How long would it take for you to travel from your home to The Lanark Medical Centre,2-4 Elgin Avenue London W9 3QP?

Up to 10 minutes

Up to 20 minutes

Up to 30 minutes

More than 30 minutes

*Please select only one item*

If you have said other, please provide more information

1. Generally, how easy is it to get through to someone at your current GP practice on the phone?

*Please select only one item*

Very easy

Fairly easy

Not very easy

Not at all easy

Haven’t tried

1. Generally, can you receive an appointment within two weeks?

*Please select only one item*

Always

Almost always

Sometimes

Rarely

Never

1. For urgent needs, can you receive an appointment on the same or next day?

*Please select only one item*

Always

Almost always

Sometimes

Rarely

Never

1. How satisfied are you with the general practice appointment times that are available to you?

*Please select only one item* Very satisfied

Fairly satisfied

Neither satisfied nor dissatisfied

Fairly dissatisfied

Very dissatisfied

I’m not sure when I get an appointment

1. How easy is it to get a face-to-face appointment at your practice when you need one?

*Please select only one item*

Very easy

Fairly Easy

Not very easy

Not at all easy

Haven’t tried

1. Do you have any other comments you would like us to consider?
2. What is your postcode? This will help us to understand how far you live from the practice.

Some questions about you

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential and will not be linked to your medical records.

1. Which of the following best describes you?

Female

Male

Non-binary

Prefer not to say

*Please select only one item*

Prefer to self describe

1. Is your gender identity the same as the sex you were registered at birth?

*Please select only one item*

Yes

No

Prefer not to say

1. What is your ethnic group?

*Please select only one item*

White: Welsh/English/Scottish/Northern Irish/British

White: Irish

White: Gypsy or Irish Traveller

White: Any other White background

Mixed: White and Black Caribbean

Mixed: White and Black African

Mixed: White and Asian

Mixed: Any other mixed background

Asian/Asian British: Indian

Asian/Asian British: Pakistani

Asian/Asian British: Bangladeshi

Asian/Asian British: Any other Asian background

Black or Black British: Black - Caribbean

Black or Black British: Black - African

Black or Black British: Any other Black background

Other ethnic background: Chinese

Other ethnic background: Any other ethnic group

Prefer not to say

1. Do you consider yourself to have a disability?

*Please select only one item*

Yes

No

Prefer not to say

1. If you have said yes to the above, what type of disability do you have

(Tick all those that apply)

Learning disability

Long-standing illness or health condition

Mental Health condition

Physical Mobility

Hearing

Visual

Prefer not to say

Other

*Please select all that apply*

If you have said other, please provide more information

1. If consider yourself to have a disability, do you need support to see, to hear, to speak, to read or understand what is being said?

I do not have a long-term condition.

Prefer not to say.

Yes, I do have a long-term condition

*Please select only one item*

If you said yes, please let us know which long-term condition you have below:

1. Do you get information from the doctors in a way you can understand? For example, easy read, braille, audio? Please mark one box

*Please select only one item*

Always

Most of the time

Sometimes

Not very often Never

Prefer not to say

1. Do you consider yourself to have a long term condition?

I do not have a long-term condition.

Prefer not to say.

Yes, I do have a long-term condition

*Please select only one item*

If you said yes, please let us know which long-term condition you have below:

1. How old are you?

*Please select only one item*

Under 16

16 to 17

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 to 84

85 or over

1. Which of these best describes what you are doing at present? If more than one of these applies to you, please select the main one only.

*Please select only one item*

In full-time paid work (30 hours or more each week)

In part-time paid work (under 30 hours each week)

In full-time education at school, college or university

Unemployed

Permanently sick or disabled

Fully retired from work

Looking after the family or home

Doing something else

1. Do you look after, or give any help or support to family members, friends, neighbours, or others because of either:

**long-term physical or mental ill health / disability problems related to old age?**

**Don’t count anything you do as part of your paid employment.**

Please select only one item.

*Please select only one item*

No

Yes, 1 to 9 hours a week

Yes, 10 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

**27** Are you a parent of or a legal guardian for any children aged under 16 living in your home?

*Please select only one item*

Yes

No

**28** Are you a deaf person who uses sign language?

*Please select only one item*

Yes

No

1. Which of the following best describes how you think of yourself?

*Please select only one item*

Heterosexual or straight

Gay or lesbian

Bisexual

Other

* 1. would prefer not to say

1. Which, if any, of the following best describes your religion?

*Please select only one item*

No religion

Buddhist

Christian (including Church of England, Catholic, Protestant, and other Christian denominations)

Hindu

Jewish

Muslim

Sikh

Other

* 1. would prefer not to say