



## **Your experience of Community Services in County Durham and Darlington**

### **Why are we asking for your opinions?**

You are currently a patient with the Community Services and we are hoping that you can help us understand the patients' views of the service(s).

From time to time the NHS commissioners (people who plan and pay for local NHS services) need to review local services and their contracts.

The purpose of this questionnaire is to find out about your experiences of Community Services in County Durham and Darlington and any ideas you have for these services in the future.

Any feedback that you provide will be treated and kept confidentially and be specifically used to think about how the quality and efficiency of services for our patients can be improved.

### **What are community services?**

Community services are made up by teams of nurses and therapists who coordinate care, working with other professions including GPs and social care.

These teams provide a wide range of care, from supporting patients to manage long-term conditions (such as diabetes), helping patients to recover from a period of illness or injury (such as through physiotherapy) to treating those who are seriously ill with complex conditions.

Examples of Community Services would be; District nursing, Physiotherapy, Podiatry (foot health), Speech and Language Therapy, Occupational Therapy and more.

### **Will my care be affected?**

There will be no changes to the direct care and treatment that you currently receive.

Efforts are being made to grow and improve the community services provided in County Durham and Darlington through the ways services are co-ordinated and work together to best support our patients.

**1. Are you completing this as;**

- <sup>1</sup> A patient
- <sup>2</sup> A friend / relative/ carer
- <sup>3</sup> A friend / care / relative filling this out on behalf of a patient

**2. Which of the following services are you currently being supported / cared for by? (tick all that apply)**

- <sup>1</sup> Community Nursing
- <sup>2</sup> Community Matron /VAWAS
- <sup>3</sup> Continence services
- <sup>4</sup> Coronary Heart Disease
- <sup>5</sup> Dietetics
- <sup>6</sup> District nursing
- <sup>7</sup> Intermediate care services
- <sup>8</sup> Falls and Osteoporosis services
- <sup>9</sup> Physiotherapy
- <sup>10</sup> Podiatry
- <sup>11</sup> Speech and Language Therapy

**3. Approximately when did you first begin your treatment with the service(s)?**

- <sup>1</sup> months ago or
- <sup>2</sup> years ago

**4. Overall, how would you rate the experience of the service(s)?**

- <sup>1</sup> Very good
- <sup>2</sup> Somewhat good
- <sup>3</sup> Neither good nor poor
- <sup>4</sup> Somewhat poor
- <sup>5</sup> Very poor

**5. Overall, are you getting the care that matters to you?**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Unsure                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. Are you given enough information about the purpose of your treatment?**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Always                   | Sometimes                | No/ never                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. Do you get enough time to discuss your health problems?**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Always                   | Sometimes                | No/ never                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**8. Are you involved as much as you want to be in decisions about your care?**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Always                   | Sometimes                | No/ never                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**9. Do you know who to contact if you have any questions about your care?**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Unsure                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**10. Thinking about the last time you tried to contact the service(s) by telephone did you find it easy or difficult to do so?**

- <sup>1</sup> Very easy
- <sup>2</sup> Somewhat easy
- <sup>3</sup> Neither easy or difficult
- <sup>4</sup> Somewhat difficult
- <sup>5</sup> Very difficult

.....  
**11. Would you recommend the service(s) to someone with the same condition as you?**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Unsure                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

.....  
**12. Thinking about the care or treatment you have received...**

a. What is working well?

.....

b. What can be improved?

.....

**13. We have previously spoken to patients about their views of what good health services look like and the following themes have been highlighted.**

(Please tick all that are important to you)

- <sup>1</sup> Care delivered at home wherever clinically possible
- <sup>2</sup> Patients respected and valued as individuals
- <sup>3</sup> Care provided in a timely manner
- <sup>4</sup> Patient and carer involvement in decisions about the services and the support they receive
- <sup>5</sup> Treatment by health professionals who know their patients well
- <sup>6</sup> Improved patient self-awareness of their own health needs
- <sup>7</sup> Proactive support for patients to manage a long-term condition
- <sup>8</sup> Easier ways of finding your way around health and social care systems
- <sup>9</sup> Support in regaining independence
- <sup>10</sup> The avoidance of unplanned and unexpected care
- <sup>11</sup> Are there any other themes that you would like to add?

Please tell us here.

.....

*Please turn over for the final questions*

**EQUALITY MONITORING**

As a public sector organisation, it is important that the NHS finds out how different people experience services. These next questions ask for some information about you but, you DO NOT have to answer any questions if you don't want to.

**Are you**

- <sup>1</sup> A woman
- <sup>2</sup> A man
- <sup>3</sup> Transgender
- <sup>4</sup> Prefer not to say

**How old are you?**

- <sup>1</sup> 17 years & under
- <sup>2</sup> 18-29 years
- <sup>3</sup> 30-39 years
- <sup>4</sup> 40-49 years
- <sup>5</sup> 50-59 years
- <sup>6</sup> 60-69 years
- <sup>7</sup> 70-79 years
- <sup>8</sup> 80 years & over
- <sup>9</sup> Prefer not to say

**Do you have any of the following;**

- <sup>1</sup> Caring responsibilities for a family member, friend or neighbour
- <sup>2</sup> Children under 16 years of age

**Do you have a physical or mental impairment, which has lasted or will last at least 12 months and affects your ability to carry out normal day-to-day activities?**

- <sup>1</sup> Yes
- <sup>2</sup> No

If Yes, please indicate the nature of the disability;

\_\_\_\_\_

**Which of the following best describes your ethnicity?**

- <sup>1</sup> White
- <sup>2</sup> Asian or Asian British
- <sup>3</sup> Black or Black British
- <sup>4</sup> Gypsy / Romany / Irish traveller
- <sup>5</sup> Mixed dual heritage
- <sup>6</sup> Chinese
- <sup>7</sup> Another background
- <sup>8</sup> Prefers not to say

Please specify

\_\_\_\_\_

**Which of the following best describes your religion?**

- <sup>1</sup> No religion
- <sup>2</sup> Buddhist
- <sup>3</sup> Christian (eg. Catholic, Church of England, Methodist)
- <sup>4</sup> Hindu
- <sup>5</sup> Jewish
- <sup>6</sup> Muslim
- <sup>7</sup> Sikh
- <sup>8</sup> Prefers not to say

**Which of the following best describes your sexuality?**

- <sup>1</sup> Heterosexual/straight
- <sup>2</sup> Bi-sexual
- <sup>3</sup> Gay
- <sup>4</sup> Lesbian
- <sup>5</sup> Prefer not to say

**Please give us the first part of your postcode?**

**Thank you for completing this questionnaire.**

**Please return your completed questionnaire to a member of Community Service staff**