

Healthwatch and Frimley Health and Care ICS

Long Term Plan Survey 2019



Easyread version for people with learning difficulties/disabilities and/or communication difficulties



Frimley Health and Care Integrated Care System (ICS) is a group of organisations such as hospitals, GPs and local councils.

They work together to provide people with services to look after their health, care and wellbeing.



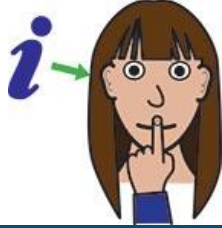
They have asked your local healthwatch services to find out what is important to you and your family, so that your views can help to make sure that in the future you receive the right care, at the right time, in the right place.



Local healthwatch organisations will send the link to the survey online and send out paper versions; including this Easyread version.



Healthwatch Bracknell Forest will take all the survey answers and write a report.



The report will make sure no one will be able to tell or know what you told us; your answers will be anonymous.



From July 2019 you will be able to read the report on your local healthwatch website and on the Frimley Health and Care ICS website.



If you want to talk to anyone about this survey you can speak to Healthwatch Bracknell Forest:

01344 266911

enquiries@healthwatchbracknellforest.co.uk

Do you agree to Healthwatch Bracknell Forest using your answers in the report and are you happy to complete the survey?

YES

NO



Tell us a bit about you

By telling us some information about yourself you will help us understand the different needs of different groups of people.



You do not have to tell us any personal information if you do not want to.



Where do you live?

Choose the area closest to you

Aldershot

Windsor

Ascot

Yateley

Ash

Prefer not to say

Bagshot

Other:

Bracknell

Camberley

Crowthorne

Farnborough

Farnham

Fleet

Frimley

Lightwater

Maidenhead

Sandhurst

Slough



How old are you?

Under 18

18-24

25-34

35-44

45-54

55-64

65-74

75 or older

Prefer not to say



What gender (sex) are you?

Male

Female

Prefer not to say

Other:



What is your ethnicity?

Ethnic groups are people who share similar culture, heritage and often language and physical appearance.

- | | | | |
|--------------------------|---------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | African | <input type="checkbox"/> | Any other white background |
| <input type="checkbox"/> | Arab | <input type="checkbox"/> | Any other mixed background |
| <input type="checkbox"/> | Asian British | <input type="checkbox"/> | Prefer not to say |
| <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | Black British | <input type="text"/> | |
| <input type="checkbox"/> | Caribbean | | |
| <input type="checkbox"/> | Gypsy or Irish Traveller | | |
| <input type="checkbox"/> | Indian | | |
| <input type="checkbox"/> | Pakistani | | |
| <input type="checkbox"/> | White British | | |



Do you live with children that YOU are responsible for?

This means you look after them & make decisions for them.

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | No children (0) |
| <input type="checkbox"/> | 1 |
| <input type="checkbox"/> | 2 |
| <input type="checkbox"/> | 3 |
| <input type="checkbox"/> | 4 or more |
| <input type="checkbox"/> | Prefer not to say |



Do you have one or more long term health conditions?
e.g. diabetes, Parkinson's disease, depression.

Yes

No

Prefer not to say



Do you consider yourself to have a disability?

Yes

No

Prefer not to say



Do you regularly take prescribed medication?

Tablets and medicines your doctor writes a prescription for – usually taken every day.

Yes

No

Prefer not to say



Are you an unpaid carer?

This means you provide regular help, support or care for a family member or friend for no payment (apart from Carers Allowance).

Yes

No

Prefer not to say



Do you do paid work for one of the organisations that are part of the Frimley Health and Care Integrated Care System (ICS)?

Yes

No

Prefer not to say

If you answered **YES**, who do you work for?

Healthcare provider (hospital, GP etc.)

Service commissioner

Social care provider (care company)

Voluntary sector (charity)

Local Authority (council)

Prefer not to say

Clinical Commissioning Group (CCG)

Other:




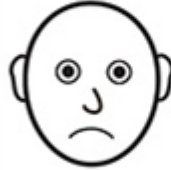



Main survey questions






When you feel unwell, do you feel confident in the following?

(1 = most confident, 5 = least confident/do not use)

I know where to go to find helpful information when I need it

| 1 | 2 | 3 | 4 | 5 |
|--|--|--|---|--|
|  |  |  |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |






I know which service is the most appropriate for me

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|--|---|
|  |  |  |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |






When you feel unwell, do you feel confident in the following? (continued)

(1 = most confident, 5 = least confident/do not use)

I know how to contact and access the service that I need

| 1 | 2 | 3 | 4 | 5 |
|--|--|--|---|--|
|  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |






I use digital technology (internet, apps, email, skype etc.) to find helpful information when I need it

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|--|---|
|  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |

When you feel unwell, do you feel confident in the following? (continued)

(1 = most confident, 5 = least confident/do not use)

I use digital technology (internet, apps, email, skype etc.) to make contact with the service I need

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|--|---|
|  |  |  |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Please rank the following statements in order of importance to you.
(1 = most important, 5 = least important)**

Do this by drawing a line between the statement and the number you think represents how important it is (only one statement per number)

I want easy access to the information I need to help me make decisions about my health and care

1

I want the knowledge to help me do what I can to prevent ill health

2

I want access to the help and treatment I need at a time that is right for me

3

I want professionals that listen to me with respect when I speak to them about my concerns

4

I want to better understand what services are available for me

5

What, if anything, stops you from leading a healthy lifestyle?

(tick all that apply)

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Lack of access to technology that helps you improve health (e.g. apps and/or devices that measure things like weight or step count) | <input type="checkbox"/> | A lack of support from local community groups and organisations |
| <input type="checkbox"/> | Not understanding the information available about healthy lifestyles | <input type="checkbox"/> | A lack of easy access to information about healthy lifestyles |
| <input type="checkbox"/> | Conflicting advice and information about healthy lifestyles | <input type="checkbox"/> | A lack of local accessible healthy activities or safe outdoor spaces |
| <input type="checkbox"/> | A lack of money | <input type="checkbox"/> | A lack of support from GPs and health professionals |
| <input type="checkbox"/> | A lack of time | <input type="checkbox"/> | A lack of support from family and friends |
| <input type="checkbox"/> | A lack of interest or motivation | <input type="checkbox"/> | Not knowing how to use technology to help improve health |
| <input type="checkbox"/> | A lack of self-esteem | <input type="checkbox"/> | Don't know |
| <input type="checkbox"/> | Poor body image | <input type="checkbox"/> | Nothing stops me and my family from leading a healthy lifestyle |
| <input type="checkbox"/> | Caring responsibilities | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | A lack of self-confidence to attend groups and activities in the community | <input type="text"/> | |
| <input type="checkbox"/> | A lack of support from national charities, patient organisations and voluntary agencies e.g. Asthma UK, Diabetes UK etc. | | |

In the last six months from which of the following sources, if any, have you received information or advice on how you can stay healthy and well?

(tick all that apply)



- | | |
|--|--|
| <input type="checkbox"/> Health apps | <input type="checkbox"/> Health shows on TV or online |
| <input type="checkbox"/> Health websites online | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Healthwatch | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Health books/manuals/magazines | <input type="checkbox"/> Other |
| <input type="checkbox"/> Carers support service | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| <input type="checkbox"/> Your family, friends or colleagues | |
| <input type="checkbox"/> Local Authority e.g. Care Manager, Social Worker | |
| <input type="checkbox"/> Audio or video clips e.g. YouTube | |

Is there anything you would like to tell us about the information or advice you received?

(if possible, please give details about where you got the information from and if it did/didn't help)



If there was one more thing that would help you to live a healthy life, what would it be?

If you were feeling unwell/had an accident and were thinking about going to Accident and Emergency, where would you seek advice or information before making the decision to attend? *(tick all that apply)*



- | | | | |
|--------------------------|--------------------|--------------------------|--|
| <input type="checkbox"/> | NHS 111 | <input type="checkbox"/> | School/college |
| <input type="checkbox"/> | NHS 111 online | <input type="checkbox"/> | Nursery |
| <input type="checkbox"/> | GP | <input type="checkbox"/> | Healthwatch |
| <input type="checkbox"/> | Practice nurse | <input type="checkbox"/> | Website |
| <input type="checkbox"/> | Pharmacist | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | 999 | <input type="text"/> | |
| <input type="checkbox"/> | Friend or relative | | |
| <input type="checkbox"/> | Social media | <input type="checkbox"/> | I would not seek information or advice |

Have you used any of the following services in the past six months?

(tick all that apply)



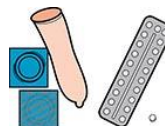
NHS 111



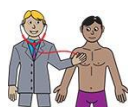
Mental health services



NHS 111 online



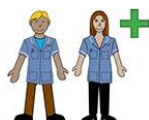
Sexual health services



GP



Walk in centre



Practice Nurse



Urgent care centre



Pharmacist



Online consultation with a GP/ health professional



Accident & Emergency Department



Telephone consultation with a GP / health professional



Out of hours emergency services



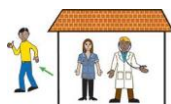
Therapists such as chiropodist, occupational therapist



Hospital in-patient



Complementary therapist such as homeopath, osteopath



Hospital out-patient



Social care services such as support in the home (domiciliary care)



Health Visitor / Community Nurse / District Nurse



None of the above



Thinking about your most recent experiences of health and care services, (visiting the doctor, hospital etc.) please tell us one thing that worked well.



Thinking about your most recent experiences of health and care services, (visiting the doctor, hospital etc.) please tell us one thing that could have been better.



Signing up to your local healthwatch is one way of receiving up to date information about your local health and social care services.

Would you like to provide contact details to be passed to your local service?

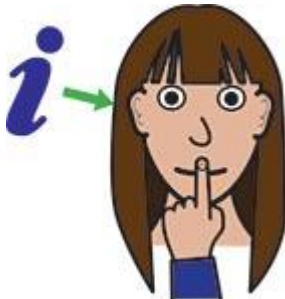
YES

NO

I am already signed up to my local healthwatch service

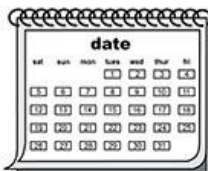


Data protection information



We collect basic contact information from you, including your postcode, to pass to your local healthwatch service so they are able to contact you.

The information on this form will only be seen by authorised staff working on the survey.



This signposting will take place by the end of **June 2019** and we will then delete this information from all of our systems.

Do you agree to this use of your personal contact information?

YES

NO

My contact details are:

Name

Postcode

Email address

Postal address
*(only if no email
address)*

Once complete please return to Healthwatch Bracknell Forest
either in person or by post:

Healthwatch Bracknell Forest (LTP survey)
The Space
20 Market Street
Bracknell
Berkshire
RG12 1JG

Or scan and email to:
enquiries@healthwatchbracknellforest.co.uk



This survey has been made into
Easyread by The Ark Trust Ltd and EBE²

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