**Healthwatch and Frimley Health and Care ICS Long Term Plan Survey 2019**

Frimley Health and Care Integrated Care System (ICS) is a group of organisations such as hospital trusts, GPs and Local Authorities, working together to provide the local population with a joined-up health, care and wellbeing system.

In January 2019 the NHS Long Term Plan was published. As environments and society develop, the way that we all look after our health and wellbeing must change so that in 10 years' time, we have a service which can face the challenges of the future.

Your local Healthwatch services, coordinated by Healthwatch Bracknell Forest, are supporting Frimley Health and Care ICS to find out what is important to you and your family so that your views can help to shape local plans so that you receive the right care at the right time in the right place.

The feedback from this survey will be shared, anonymously, with local health and care services and a report will be made available on the websites of your local Healthwatch services and Frimley Health and Care ICS in July 2019.

The survey will take approximately 10-15 minutes to complete.

If you have any questions or concerns related to this survey, please contact Healthwatch Bracknell Forest:

01344 266911

enquiries@healthwatchbracknellforest.co.uk

Do you consent to Healthwatch Bracknell Forest using your responses?

YES

NO

# Tell us a bit about you

By telling us some information about yourself, you will help us better understand how people's experiences and needs differ depending on their personal characteristics. However, if you do not wish to answer some or all of these questions you do not have to.

Which of the following locations is closest to where you live?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Aldershot** |  |  | **Crowthorne** |  |  |  | **Maidenhead** |
| **Ascot** |  |  | **Farnborough** |  |  |  | **Sandhurst** |
|  |  |  |  |  |  |  |  |
| **Ash** |  |  | **Farnham** |  |  |  | **Slough** |
|  |  |  |  |  |  |  |  |
| **Bagshot** |  |  | **Fleet** |  |  |  | **Windsor** |
|  |  |  |  |  |  |  |  |
| **Bracknell** |  |  | **Frimley** |  |  |  | **Yateley** |
|  |  |  |  |  |  |  |  |
| **Camberley** |  |  | **Lightwater** |  |  |  | **Prefer not to** |
|  |  |  |  |  |  |  | **say** |
| **Other** |  |  |  |  |  |  |  |
| **What is your age?** |  |  |  |  |  |  |  |
| **Under 18** | **18-24** |  | **25-34** |  |  |  | **35-44** |
|  |  |  |  |  |  |  |  |
| **45-54** | **55-64** |  | **65-74** |  |  |  | **75+** |
|  |  |  |  |  |  |  |  |
| **Prefer not to say** |  |  |  |  |  |  |  |

What gender do you identify as?

Male Female Prefer not to Say

Other

What is your ethnicity?

**African Caribbean Any other**

**white background**

**Arab Gypsy or Any other mixed**

**Irish Traveller background**

Asian British Indian Prefer not to say

Bangladeshi Pakistani Other

Black British White British

How many children 0-18 are there living in your household?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **0** |  | **1** |  | **2** |
|  |  |  |  |  |
| **3** |  | **4+** |  | **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?

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 (excluding Carers Allowance)

Yes No Prefer not to say

Do you work for one of the organisations that make up the Frimley Health and Care Integrated Care System (ICS)?

Yes No Prefer not to say

If you answered yes, is the organisation you work for a:

Healthcare provider Social care Local Authority

Provider

Clinical Commission- Service Voluntary ing Group (CCG) Commissioner Sector

Prefer not to say Other

# Main survey questions

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| **When you/someone in your family/person you provide care for becomes unwell, do you feel confident in the following? (1 = most confident, 5 = least****confident/do not use). Please answer all that apply.** |
|  | **For yourself** | **For a child** | **For a family member or someone you provide****care for** |
| **I know where to go to find helpful****information when I need it** |  |  |  |
| **I know which service is the most appropriate for me/us** |  |  |  |
| **I know how to contact and access the****service that I/we need** |  |  |  |
| **I use digital technology (internet, apps, email, skype etc.) to find helpful****information when I need it** |  |  |  |
| **I use digital technology (internet, apps, email, skype etc.) to make contact with the service I need** |  |  |  |

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| **Thinking about you/your family/person you provide care for, please rank the following statements in order of importance to you. (1 = most important, 5 = least important)** |
|  |  | **Ranking** |
| **I want easy access to the information I need to help me make decisions about my/our health and care** |  |
| **I want the knowledge to help me do what I can to prevent ill****health** |  |
| **I want access to the help and treatment I/we need at a time that is right for me/us** |  |
| **I want professionals that listen to me with respect when I speak to them about my concerns** |  |
| **I want to better understand what services are available for me/us** |  |

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

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| **In the last six months from which of the following sources, if any, have you received information or advice on how you and your family can stay healthy and well? (Select all that apply)** |
|  | **For yourself** | **For a child** | **For a family member or someone you provide****care for** |
| **Health apps** |  |  |  |
| **Health websites online** |  |  |  |
| **Healthwatch** |  |  |  |
| **Health books/manuals/magazines** |  |  |  |
| **Carers support service** |  |  |  |
| **Your family, friends or colleagues** |  |  |  |
| **Social prescribers** |  |  |  |
| **Community support group/charity** |  |  |  |
| **Local Authority e.g. Care Manager, Social Worker** |  |  |  |
| **Audio or video clips e.g. YouTube** |  |  |  |
| **Health shows on TV or online** |  |  |  |
| **None of these** |  |  |  |
| **Don't know** |  |  |  |
| **Other (please state):** |  |  |  |

Is there anything you would like to tell us about the information or advice you received? (if possible, please give details of the source of the information and how it did/didn't help)

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

|  |
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| **If you were considering going to Accident and Emergency, where would you seek advice or information before making the decision to attend?****(select all that apply)** |
|  | **For yourself** | **For a child** | **For a family member or someone you provide****care for** |
| **NHS 111** |  |  |  |
| **NHS 111 online** |  |  |  |
| **GP** |  |  |  |
| **Practice Nurse** |  |  |  |
| **Pharmacist** |  |  |  |
| **999** |  |  |  |
| **Friend or relative** |  |  |  |
| **Social media** |  |  |  |
| **School** |  |  |  |
| **Nursery** |  |  |  |
| **Healthwatch** |  |  |  |
| **Website** |  |  |  |
| **Other (please state):** |  |  |  |
| **I would not seek information or advice** |  |  |  |

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| **Have you/someone in your family/person you provide care for used any of the following services in the past six months? (select all that apply)** |
|  | **For yourself** | **For a child** | **For a family member or someone you provide****care for** |
| **NHS 111** |  |  |  |
| **NHS 111 online** |  |  |  |
| **GP** |  |  |  |
| **Practice Nurse** |  |  |  |
| **Pharmacist** |  |  |  |
| **Accident & Emergency Department** |  |  |  |
| **Out of hours emergency services** |  |  |  |
| **Hospital in-patient** |  |  |  |
| **Hospital out-patient** |  |  |  |
| **Health Visitor / Community Nurse / District Nurse** |  |  |  |
| **Mental health services** |  |  |  |
| **Sexual health services** |  |  |  |
| **Walk in centre** |  |  |  |
| **Urgent care centre** |  |  |  |
| **Online consultation with a GP/ health****professional** |  |  |  |
| **Telephone consultation with a GP / health professional** |  |  |  |
| **Therapists such as physiotherapist,****chiropodist, occupational therapist** |  |  |  |
| **Complementary therapist such as homeopath, osteopath** |  |  |  |
| **Social care services such as support in****the home (domiciliary care)** |  |  |  |
| **None of the above** |  |  |  |

Thinking about your most recent experiences of health and care, please tell us one thing that worked well.

Thinking about your most recent experiences of health and care, 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 I am already signed up to my local Healthwatch service

NO

# Data protection information

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

We collect your post code in order to identify which service you should be passed to.

The information on this form will be entered on to Survey Monkey where it will be stored and will only be accessed by authorised Healthwatch Bracknell Forest staff. The form will then be shredded and disposed of.

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

Do you agree to this use of your personal information?

YES

NO

My contact details are Name:

Post Code:

Email Address:

Postal address (only if no email)