

DRAFT – For Comment – May 2017

Continuing Healthcare - Your Experience of Your Care

We would be very grateful if you could complete this short questionnaire about your experience of the care you receive. Feedback from this questionnaire will help us to identify things that are working well and those that are not working so well. Your opinions are therefore very valuable in helping us to improve.

Please answer all the questions below. There are no right or wrong answers and all of your answers and comments will be treated confidentially. If you have any specific issues or concerns please contact us via (insert e-mail and telephone number)

If you have any questions or would like this questionnaire in an alternative format, for example large print or easy read, or if you need help with communicating with us, please let us know. You can call us on xxxxxxxxxx or email xxxxxxxxxxxx.

Please tick (✓) Are you filling this questionnaire in for:

Yourself **As someone's Carer/Relative/Friend**

Who provides your care: Please write the name of the Nursing Home or Homecare agency in the box below

When thinking about your experience of the care you receive please tick the box which you agree with most for each of the following statements.

1) I have confidence in the team that provide my care?

Yes
No

Any Comments?

2) I feel the team who provide my care have the right knowledge and skills to meet my needs?

Yes
No

Any Comments?

3) I feel the team who provide my care communicate well with me?

Yes
No

Any Comments?

DRAFT

4) I feel the team who provide my care and support me are working well with each other?

Yes

No

Any Comments?

5) I feel listened to by the team who provide my care?

Yes

No

Any Comments?

6) I feel like I am treated with kindness, compassion and respect by the team who provide my care?

Yes

No

Any Comments?

7) I know who to contact if there is a problem with my care?

Yes

No

Any Comments?

8) I feel there is enough time given to my care?

Yes

No

Any Comments?

9) The team who provide my care know and understand me?

Yes

No

Any Comments?

10) Overall I am pleased with my standard of care?

Yes

No

Any Comments?

11) Is there anything that can be improved in relation to the care provided to you? (Please state in the box below)

Please hand this questionnaire to a member or staff or put in the freepost envelope provided. (Insert organisation) will hold your information securely in accordance with the Data Protection Act (1998).

We may share information you provide with our services as part of our ongoing commitment to improving the quality of the services we deliver.

Please tick here if you are NOT happy for us to use your feedback in this way.

Please tick here if you are NOT happy for your feedback to be used anonymously on service information leaflets and webpages

About you – equality monitoring

Please provide us with some information about yourself. All the information you provide will be kept completely confidential by the Clinical Commissioning Group. No identifiable information about you will be passed on to any other bodies, members of the public or press.

1 What is your sex?

Tick one box only.

Male

Female

Transgender

2 Which age group applies to you?

Tick one box only.

0-15

16-24

25-34

35-44

45-54

55-64

65-74

75-84

85+

3 Do you have a disability as defined by the Disability Discrimination Act (DDA)?

Tick one box only.

The Disability Discrimination Act (DDA) defines a person with a disability as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

Yes

No

4 What is your ethnic group?

Tick one box only.

A White

British

Irish

Any other White background, write below

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, write below

C Asian, or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, write below

D Black, or Black British

Caribbean

African

Any other Black background, write below

E Chinese, or other ethnic group

Chinese

Any other, write below

5 What is your religion or belief?

Tick one box only.

Christian includes Church of Wales, Catholic, Protestant and all other Christian denominations.

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Other, write below

6 Which of the following best describes your sexual orientation?

Tick one box only.

Only answer this question if you are aged **16** years or over.

- Heterosexual / Straight
- Lesbian / Gay Woman
- Gay Man
- Bisexual
- Prefer not to answer

Other, write below