

Halton Clinical Commissioning Group is responsible for making sure patients have received the healthcare they need. We are working closely with the nursing teams such as District Nurses and Community Matrons who provide patient care in communities including people's homes. We know there are many things that work well, but we also know that some things could be improved and Halton CCG is committed to making sure that our patients receive the best healthcare available.

We are asking you to complete a short survey, which should take about 10 minutes of your time. We would like your views on the care you receive from community health services, both in clinics and in your home. The survey is anonymous and in no way will the person who cares for you be able to see who has completed it.

If you have any questions about this survey please contact: Ann Nolan - ann.nolan@halton.gov.uk

Thank you for taking the time to complete this survey.

1. From the list below please tell us the community nursing services that you, or members of your family, have received in the past twelve months? Please 'X' all that apply

<input type="checkbox"/> Community Matrons	<input type="checkbox"/> District Nursing Service	<input type="checkbox"/> Macmillan Service
<input type="checkbox"/> Community Stroke Services	<input type="checkbox"/> Heart Failure Service	<input type="checkbox"/> Tissue Viability Service
<input type="checkbox"/> Continence Service	<input type="checkbox"/> IV Therapy Service	<input type="checkbox"/> Treatment Room Service

2. Which ONE of these services have you / your family used the MOST? Please tell us in the box below

Please answer the following questions in relation to the service you / your family have used the MOST

3. Please tell us about your experience with appointments? Please 'X' one box only for each statement

	All of the time	Most of the time	Some of the time	Never	N/A
Appointments / visits took place on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a say in the time of my appointments / visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough time during appointments / visits to ask questions and get the information I needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it easy to contact staff from the service to change an appointment / visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you answered SOME of the time or NEVER for any of the above please tell us why in the box below?

5. Please tell us about your care and treatment? Please 'X' one box only for each statement

	All of the time	Most of the time	Some of the time	Never	N/A
I was involved in decisions about care and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect and dignity by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in the ability of staff in this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you answered SOME of the time or NEVER for any of the above please tell us why in the box below?

7. Please tell us about general health and support advice? Please 'X' one box only for each statement

	Yes	No
The staff in the service give advice on how to prevent illness or how to stay healthy	<input type="checkbox"/>	<input type="checkbox"/>
The staff in the service provide information / advice about other support or services needed	<input type="checkbox"/>	<input type="checkbox"/>

8. Overall how would you rate the standard of the service you received? Please 'X' one box only

Very Good
 Good
 OK
 Poor
 Very Poor

9. What, if anything, did you particularly like about the service? Please tell us in the box below

10. What, if anything, would you improve about the service? Please tell us in the box below

11. Thinking about Community Nursing Services in general please tell us, from the list below, which are the most important to you? Please 'X' up to THREE boxes only

<input type="checkbox"/> A. You see the same nurse each time	<input type="checkbox"/> F. The nurse is compassionate and caring
<input type="checkbox"/> B. The nurse understands your care & treatment	<input type="checkbox"/> G. The nurse works closely with your GP, practice nurse and hospital consultant where appropriate
<input type="checkbox"/> C. The nurse is easy to contact	<input type="checkbox"/> H. The nurse co-ordinates your care, bringing together the support that you need
<input type="checkbox"/> D. The nurse gives you a timed appointment which is convenient for you	<input type="checkbox"/> I. I feel listened to
<input type="checkbox"/> E. The nurse responds quickly when contacted	<input type="checkbox"/> J. None of these

12. Of those you have selected in Q11, which ONE is the most important to you / your family? Please write ONE letter in the box opposite

Halton CCG is committed to ensuring we are accessible. By completing the following questions you will help us measure how effectively we reach all sections of the community we serve. Answer as much or as little as you want. Whatever information you give, we will not be able to identify you as an individual, so your identity is safe. Information you supply simply goes towards providing an overall profile of the 'type' of people that we engage with so we can ensure that we are meeting the needs of our entire community.

13. Are you...? Please 'X' one box only

Male Female

14. Which age group do you belong to? Please 'X' one box only

Under 18 18-25 26-35 36-45 46-55 56-65 66-75 75+

15. Please tell us the first part of your postcode (ie: the first 3 or 4 characters)

16. Do you consider yourself to have a disability? Please 'X' one box only

Yes (go to q17) No (go to q18)

17. Please state the impairment type(s) which applies to you? Please 'X' all boxes that apply

Hearing Impairment / Deafness Mobility
 Learning Difficulties Physical Impairment
 Long term illness that affects your daily activity Visual Impairment
 Mental Health Other (please specify below)

18. From the list below please tell us your ethnicity? Please 'X' one box only

Asian: Bangladeshi White: British
 Asian: Indian White: English
 Asian: Pakistani White: Welsh
 Asian: Chinese White: Scottish
 Black: African White: Northern Irish
 Black: Caribbean White: Irish
 Mixed Ethnic Background: Asian & White White: Gypsy / Irish Traveller
 Mixed Ethnic Background: Black African & White Other (please specify below)
 Mixed Ethnic Background: Black Caribbean & White

Thank you. The following questions are a little more personal and you can choose to stop here if you wish.

19. Which of these options best describes your situation? Please 'X' one box only

Full time work Fully retired
 Part time work Unable to work due to illness/disability
 Self Employed Looking after the home/family
 Government Scheme Full time carer
 Full time education Other (please specify below)
 Unemployed but available for work

20. Do you have a religion or belief? Please 'X' one box only

Buddhist Christian Hindu Jewish Muslim Sikh None Other

21. How would you describe your sexual orientation? Please 'X' one box only

Heterosexual Gay Lesbian Bisexual

22. Do you currently live in the gender you were given at birth? Please 'X' one box only

Yes No

Thank you for taking the time to complete this survey.

Monitoring Information: By completing this questionnaire you are informed that information provided to Halton Borough Council by you will be subject to the Data Protection Act 1998 and other legal provisions. The Council will use the information for any Council purposes and would only disclose so far as the law requires or permits. The information will be used primarily for analysis purposes as well as helping to identify relevant services that can be provided. If the questionnaire is completed and returned you are agreeing for your information to be used as stated.