

Healthwatch Rotherham

A consultation survey for the development of Healthwatch Rotherham

Your new local Healthwatch will provide information, advice and support to help you find out about and how to access health and social care services, as well as gather your views and experiences to improve services for people in Rotherham.

To determine how your local Healthwatch will work, we are seeking the views of people who have experience of using health and social care services in Rotherham.

We have also developed a vision for Healthwatch Rotherham and we would welcome your views on this.

If you could complete this survey your comments will be used to inform the development of Healthwatch Rotherham which will be in place from April 2013.

This survey is also available on line at www.rotherham.gov.uk

Our Vision for HealthWatch Rotherham

HealthWatch Rotherham will work with local people to ensure that they receive the best quality health and social care services by:

- *Providing information, advice and support that will enable Rotherham people to make choices and access health and social care services.*
- *Providing leadership and support to strengthen the collective voice of local people.*
- *Ensuring that service user's views and experiences influence, shape and improve health and social care services and reduce health inequalities.*
- *Working collaboratively with local community networks, building on existing information, advice and local knowledge.*

1. Do you feel the vision above represents what you feel Healthwatch Rotherham should aim to achieve?

Yes

No

If no, what do you think the vision should include?

Advice, Information and Signposting – helping you to make informed choices.

2. Where do you currently get information and advice from about health and social care? (tick all that apply)

GP Practice	<input type="checkbox"/>	Library	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	NHS Direct	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	NHS Choices website	<input type="checkbox"/>
PALS	<input type="checkbox"/>	Family Information Service	<input type="checkbox"/>
The Council	<input type="checkbox"/>	Family or Friend	

If other, please state: _____

3. How would you like to receive information and/or advice about health and social care in the future? (tick all that apply)

GP Practice	<input type="checkbox"/>	Healthwatch Rotherham	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	NHS Direct	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	NHS Choices website	<input type="checkbox"/>
Library	<input type="checkbox"/>	Family Information Service	<input type="checkbox"/>
The Council	<input type="checkbox"/>	Family or Friend	<input type="checkbox"/>

If other, please state: _____

4. What is most important to you when receiving information about health and social care? (tick all that apply)

Helpful Staff	<input type="checkbox"/>	Time spent explaining information	<input type="checkbox"/>
Fact to face contact	<input type="checkbox"/>	From an organisation recommended	<input type="checkbox"/>
Easy to read	<input type="checkbox"/>	From an organisation you can trust	<input type="checkbox"/>

If other, please state: _____

Public and Patient Engagement – ensuring your views improve services.

5. How are you currently consulted about your views and experiences of services? (tick all that apply)

Telephone	<input type="checkbox"/>	Community Event / Drop In Session	<input type="checkbox"/>
Email	<input type="checkbox"/>	Community Interest Group	<input type="checkbox"/>
Letter	<input type="checkbox"/>	Please state which one:	
Paper Survey	<input type="checkbox"/>	Voluntary and Community Sector Group	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Please state which one:	
		I am not currently consulted	<input type="checkbox"/>

If other, please state: _____

6. How would you prefer to be consulted about your views and experiences of health and social care services in the future? (tick all that apply)

Telephone	<input type="checkbox"/>	Healthwatch Rotherham	<input type="checkbox"/>
Email	<input type="checkbox"/>	Community Event / Drop In Session	<input type="checkbox"/>
Letter	<input type="checkbox"/>	Community Interest Group	<input type="checkbox"/>
Paper Survey	<input type="checkbox"/>	Please state which one:	
Internet	<input type="checkbox"/>	Voluntary and Community Sector Group	<input type="checkbox"/>
		Please state which one:	

If other, please state: _____

NHS Complaints Advocacy – there to help you make a complaint if you need to

7. If you needed to make a complaint, which individual or organisation do you think would best support you to do this?

Independent regional advocacy organisation	<input type="checkbox"/>
Independent local advocacy organisation	<input type="checkbox"/>
Local community group	<input type="checkbox"/>
Friends or Family Member	<input type="checkbox"/>

Other, please state _____

Healthwatch Rotherham

8. What would you like your local Healthwatch to do?

Please tell us briefly what you think.

9. Please tell us your postcode:

Thank you for taking the time to complete this survey.

Equal Opportunities

The information you provide will be treated in the strictest confidence and will only be used to monitor take up of services and ensure that no particular individual or group of people are discriminated against in the provision of service. This monitoring information could be passed on to other services of the Council, who need to use it for the same purpose.

1. What is your gender?

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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2. Is your gender identity the same as the sex you were assigned at birth?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. What is your age?

4. Are you disabled or do you have a long term limiting illness or condition?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please give further details below if you wish:

- Physical or mobility impairment (such as difficulty using your arms or mobility issues which means using a wheelchair or crutches):
- Sensory impairment (such as being blind or deaf or visual / hearing impairment)
- Mental health condition (such as depression or schizophrenia):
- Learning disability/difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder):
- Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy):
- Other (Please Specify):

5. Are you a Carer?

A Carer is someone who looks after a partner, relative or friend who is an older person, has a disability or long term illness. The Carer may, or may not live in the same household.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. What is your sexual orientation / sexuality?

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian / Gay
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7. How do you describe your ethnic origin?

<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Other white background - please specify: _____</p> <p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Kashmiri</p> <p><input type="checkbox"/> Other Asian background - please specify: _____</p> <p>Multiple Heritage</p> <p><input type="checkbox"/> Asian and White</p> <p><input type="checkbox"/> Black African and White</p> <p><input type="checkbox"/> Black Caribbean and White</p> <p><input type="checkbox"/> Other multiple Heritage - please specify: _____</p>	<p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other black background – please specify _____</p> <p>Gypsy or Traveller</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> Irish Traveller</p> <p><input type="checkbox"/> Other Gypsy or Traveller background - please specify: _____</p> <p>Chinese, Yemeni, Arab</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Yemeni</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Other Ethnic Group - please specify: _____</p>
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8. What is your religion or belief (if any)?

<p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> Other please specify _____</p>	<p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Humanism</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> No religion or belief</p>
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Thank you for completing this form. The information you have provided will be used to help us to improve our services to you and other people in Rotherham.