

# 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 has to 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](mailto: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?

<input type="checkbox"/>	Aldershot	<input type="checkbox"/>	Crowthorne	<input type="checkbox"/>	Maidenhead
<input type="checkbox"/>	Ascot	<input type="checkbox"/>	Farnborough	<input type="checkbox"/>	Sandhurst
<input type="checkbox"/>	Ash	<input type="checkbox"/>	Farnham	<input type="checkbox"/>	Slough
<input type="checkbox"/>	Bagshot	<input type="checkbox"/>	Fleet	<input type="checkbox"/>	Windsor
<input type="checkbox"/>	Bracknell	<input type="checkbox"/>	Frimley	<input type="checkbox"/>	Yateley
<input type="checkbox"/>	Camberley	<input type="checkbox"/>	Lightwater	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other	<input type="text"/>			

What is your age?

<input type="checkbox"/>	Under 18	<input type="checkbox"/>	18-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-44
<input type="checkbox"/>	45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65-74	<input type="checkbox"/>	75+
<input type="checkbox"/>	Prefer not to say						

**What gender do you identify as?**

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to Say
<input type="checkbox"/> Other	<input type="text"/>	

**What is your ethnicity?**

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

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

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 4+	<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?**

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 Provider   
  Local Authority  
 Clinical Commissioning Group (CCG)   
  Service Commissioner   
  Voluntary Sector  
 Prefer not to say   
  Other

## Main survey questions

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			

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	

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:	

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?**

**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			



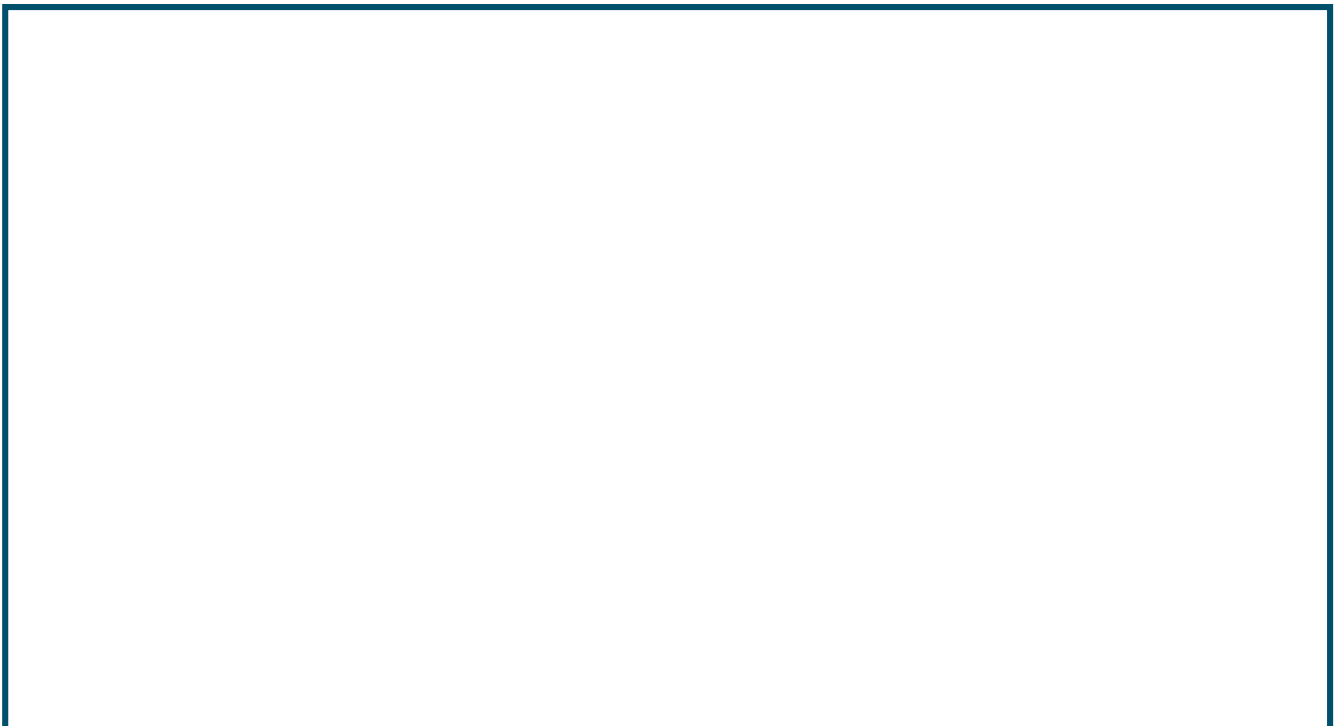
Have you/someone in your family/person you provide care for used any of the following services in the past six months? (select all that apply)

	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.**

A large, empty rectangular box with a dark blue border, intended for the user to write their response to the question above.

**Thinking about your most recent experiences of health and care, please tell us one thing that could have been better.**

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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)**

**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](mailto:enquiries@healthwatchbracknellforest.co.uk)**