

NHS Long Term Plan

The survey questions

Long term condition survey

what
would you do?

It's your NHS. Have your say.

About this survey

With growing pressure on the NHS - an ageing population, more people living with long-term conditions, and lifestyle choices affecting people's health - changes are needed to make sure everybody gets the support they need.

The Government is investing an extra £20bn a year in the NHS. The NHS has produced a Long Term Plan, setting out all the things it wants health services to do better for people across the country. Now your local NHS needs to hear from you about what those changes should look like in your community.

The Long Term Plan sets out what the NHS wants to do better, including making it easier for people to access support closer to home and via technology, doing more to help people stay well, and providing better support for people with cancer, mental health conditions, heart and lung diseases, long-term conditions, such as diabetes and arthritis, learning disabilities and autism, and for people as they get older and experience conditions such as dementia.

Your local NHS needs to hear from you about what it should do to make care better for your community.

- How would you help people live healthier lives?
- What would make health services better?
- How would you make it easier for people to take control of their own health and wellbeing?
- What would you do to make support better for people with long-term conditions?

Share your views and help make care better.

Survey 2 - NHS support for specific conditions

1. Do you consent to Healthwatch using your responses?

Yes (If yes, go to Q2)

No (If no, go to Q27)

2. Pick the area that best describes where you live

3. Please select the condition you would like to tell us about

Cancer

Learning disability

Heart and lung diseases

Autism

Mental Health

Long-term condition e.g. diabetes, arthritis

Dementia

4. Who are you responding on behalf of?

Myself

Someone else

5. Has the condition you are telling us about started within the last three years?

Yes

No

Your experience of getting help and support

6a. When you first tried to access help, did the support you received meet your needs?

Yes

Somewhat

No

Not applicable

6b Tell us whether the support met your needs and how it could have been improved

7. How would you describe your overall experience of getting help?

Very positive

Negative

Positive

Very negative

Average

Don't know

8. Do you have any other/additional conditions including long term conditions or disabilities?

Yes

No

9. If so, how would you describe the experience of seeking support for more than one condition at a time?

It made getting support easier

I don't know

No difference

Not applicable

It made getting support harder

The health and care support you received after initially seeking help

10a. How would you describe the time you had to wait to receive your initial assessment or diagnosis?

Very slow

Fast

Slow

Very fast

Ok

Don't know

10b. Please tell us more about the length of time you waited

11a. How would you describe the time you had to wait between your initial assessment/diagnosis and receiving treatment?

Very slow

Fast

Slow

Very fast

Ok

Don't know

12 After being diagnosed or assessed, were you offered access to further health and care support?

Yes (Go to Q13)

No (Go to Q15)

13. If you accessed support, what aspects worked well?

14. If you accessed support, what aspect could be improved?

15. Were you referred to a specialist? For example, a hospital consultant, psychiatrist or physiotherapist

Yes (If yes, go to Q16)

No (If no, go to Q17)

16a. How would you describe the time you had to wait between the initial appointment and seeing the specialist?

Very slow

Fast

Slow

Very fast

Ok

Don't know

16b. Please tell us more about the length of time you waited

17. If you needed it, how easy did you find it to access ongoing support after you were diagnosed or assessed?

Very easy

Very difficult

Easy

Don't know

OK

Not applicable

Difficult

18a. Did the support option you were offered meet your expectations?

Yes

Somewhat

No

18b. Please explain how the care did or did not meet your expectations and how it could have been improved.

19a. During your whole experience of getting support did you receive timeline and consistent communication from all of the services that you came into contact with?

- Yes Somewhat
 No

19b Please explain how the care did or did not meet your expectations and how it could have been improved.

Time spent travelling to access support and care

20. What is your main means of transport?

- Own car Bicycle
 Another person's car (getting a lift) Taxi
 Bus Other
 Train

21. How much time would you be willing to travel for to receive a quick and accurate diagnosis?

- Less than 30 minutes 1-2 hours
 30 minutes to 1 hour Over 2 hours

22. How much time would you be willing to travel for to receive specialist treatment or support?

- Under 30 minutes From one to two hours
 From 20 minutes to one hour More than two hours

Your expectations at each stage of your care

23. What is most important you?

	Seeing a health professional you normally see but you may have to wait	Seeing any medically appropriate health professional who is free immediately	Don't mind
When first seeking help			
When you first received a diagnosis and explanation of treatment or support options			
During your initial treatment or support			
During your long term support			

Supporting you to have more control over your own care

24. What level of support do you want the NHS to provide to help you stay healthy?

A lot of support

I don't need support

Some support

Don't know

25. What could the NHS do to help you stay healthy or manage any condition you have?

26. If you have any further comments please write them below

Tell us a bit about you

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

13. Your age

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 75+ |

14. Your ethnicity

- | | |
|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Arab | <input type="checkbox"/> White British |
| <input type="checkbox"/> Asian British | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other white background |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gypsy or Irish Traveller | |

15. Do you consider yourself to have a disability?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> No | |

16. Are you a carer?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

17. Do you have:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> a long term condition | <input type="checkbox"/> Neither |
| <input type="checkbox"/> multiple conditions | |

18. Which of the following best describes you?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Gay or lesbian | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other |

19. Your gender

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

Other

Prefer not to say

20. Your religion

Buddhist

Sikh

Christian

Other

Hindu

No religion

Jewish

I'd prefer not to say

Muslim