

Continuing Healthcare Assessment Process Evaluation

Leeds South and East Clinical Commissioning Group on behalf of the NHS in Leeds are evaluating the patient experience of using the Continuing Healthcare Assessment Process. Following the Continuing Healthcare Assessment you have just had, we would like your help in telling us what you thought of the Assessment Process.

There are parts of the Assessment Process which we cannot change, such as the form that is used and the Decision Support Tool (DST), because these have to be used for everyone. What we can change though is the actual experience of the Assessment Process, by ensuring that it is as patient-centred as possible.

Leeds Involving People is a charity that carries patient engagement out of behalf of the NHS in Leeds. We would be grateful if you could take a moment to go through the following questions with one of their staff team members.

Your views will remain anonymous, which means no-one will see your name in connection with this survey.

- Q1 Are you the individual being assessed, or someone giving feedback on behalf of the individual being assessed?
- I am the person being assessed
 I am a relative or friend of the person being assessed
 I am a unpaid carer
 I am a paid carer
- Q2 At the time of completing this survey, are you aware of the outcome following your Decision Support Tool (DST) Assessment?
- Yes
 No
- Q3 Is this the first time that a Decision Support Tool (DST) Assessment has taken place?
- Yes
 No
 Unsure
- Q4 Did you receive any information about the DST Assessment before the meeting?
- Yes (Go to Q6)
 No
 Unsure (Go to Q6)

Q5 Would you have found information about the DST Assessment helpful?

- Yes No Unsure

Please explain your answer:

Q6 On a scale of 1 (very poor) to 5 (very good) how useful was the information that you received about the DST Assessment?

- 1 2 3 4 5

Please explain your answer:

Q7 Was the DST Assessment time convenient for you?

- Yes No

Please explain your answer:

Q8 Did the Continuing Healthcare (CHC) Nurse arrive on time?

- Yes No

Q9 Was the CHC Nurse polite and pleasant throughout the DST Assessment?

- Yes No Unsure

Please explain your answer:

Q10 From the CHC Nurse's explanation of the DST Assessment, could you understand the process?

- Yes No At times

Please explain your answer:



Q11 On a scale of 1 (strongly agree) to 5 (strongly disagree) how much do you agree with the following statements:

	1	2	3	4	5	N/A
I felt involved in the DST Assessment	<input type="radio"/>					
The CHC Nurse listened to me	<input type="radio"/>					
I felt respected by the CHC Nurse	<input type="radio"/>					
I had confidence in the CHC Nurse carrying out my DST Assessment	<input type="radio"/>					
The DST Assessment considered my individual needs	<input type="radio"/>					
The things that are important to me were considered in the DST Assessment	<input type="radio"/>					
I felt the DST Assessment involved all the people who it needed to involve e.g. carers, family members	<input type="radio"/>					
I felt that I was understood throughout the DST Assessment	<input type="radio"/>					
I felt the DST Assessment involved all the people who it needed to involve e.g. carers, family members	<input type="radio"/>					

Q12 Did the CHC Nurse explain the next steps in the DST Assessment process to you?

- Yes
 No
 A little

Please explain your answer:

Q13 If you wanted to contact someone in relation to your DST Assessment before the decision is made, would you know who to contact?

- Yes
 No
 N/A



Q14 Could anything have been improved with the DST Assessment that was carried out?

Q15 Did you think anything worked particularly well with the DST Assessment that was carried out?

Q16 Do you have any further comments that you would like to add?

Thank you for taking the time to complete this survey. Please complete the following equality monitoring questions.

Equality Monitoring

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. The information you provide will be kept confidential. No personal information will be shared and your information will be protected and stored securely in line with strict data protection rules.

Q17 What is the first part of your postcode?

Q18 What is the year that you were born?



Q19 Are you disabled? (The Equality Act 2010 defines disability as ‘a physical, sensory or mental impairment which has substantial and long term adverse effect on a person's ability to carry out day to day activities’)

Yes
 No
 Prefer not to answer

Q20 If yes, what type of disability?

Physical disability
 Long standing health condition
 Hearing disability (such as Deaf or hard of hearing)

Learning disability
 Visual disability (such as blind or partially sighted)
 Prefer not to answer

Mental health condition

Q21 Ethnic background

White British
 Mixed White and Black African
 Asian/Asian British Pakistani
 Black/Black British African

White Irish
 Mixed White and Asian
 Asian/Asian British
 Chinese

Gypsy or Irish Traveller
 Asian/Asian British Indian
 Black/Black British Caribbean
 Arab

Mixed White and Black Caribbean
 Prefer not to answer

Other (please state)

Q22 Are you

Male
 Female
 Prefer not to answer

Q23 Is the gender identity the same gender you were assigned at birth?

Yes
 No
 Prefer not to answer

Q24 Pregnancy and maternity (The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period)

	Yes	No	Prefer not to answer
Are you pregnant at this time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you recently given birth (within a 26 week period)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q25 Religion or belief

- Buddhist Muslim Jewish No religion
 Hindu Christian Sikh Prefer not to answer

Other (please state)

Q26 Please select the option that best represents your sexual orientation?

- Heterosexual /straight Lesbian/gay woman Prefer not to answer
 Gay man Bisexual

Q27 Are you a carer?

- Yes No Prefer not to answer

Thank you very much for taking the time to complete this survey

You can return this survey to:

Business Reply Licence Number RRGY-TZAG-UEBR
FAO. Amy Rebane
Leeds Involving People
Unit 8 Gemini Park
Sheepscar Way
Leeds
LS7 3JB

If you have any comments or questions, please email Amy Rebane on amy.rebane@leedsinvolvement.org.uk or phone (0113) 2374508

