

# The development of pulmonary (lung) rehabilitation programmes in Leeds

## 1. Background Information

The pulmonary (lung) rehabilitation programme is for people who have recently been diagnosed with a lung condition, or have experienced their condition getting worse, and a health professional feels this programme will help them.

The pulmonary rehabilitation programmes includes a group exercise class (twice per week) and an education session (once per week). The pulmonary rehabilitation programme runs for eight weeks.

This survey will help us to find out what people think about the pulmonary rehabilitation programmes. We would also like to hear their suggestions for how we could develop the programme in future.

We are interested in hearing from everyone even if you don't have a lung condition or have not been invited to attend the pulmonary rehabilitation programme, as your views can help shape this development.

If you would like to be kept informed about the survey feedback we receive, and about the next steps in relation to the proposed changes, please provide your contact details at the end of this survey. Your personal data will be stored securely, in line with data protection rules and regulations.

This survey will close on Friday 27 March 2020

# Who is filling in this survey?

## I am filling this survey in as

- Someone who has attended a pulmonary rehabilitation programme (including a family member or carer).  
(Complete section 1, section 5 & 6 are optional)
- Someone who has **decided not to attend** a pulmonary rehabilitation programme (including a family member or carer).  
(Complete section 2, section 5 & 6 are optional)
- A member of the public.  
(Complete section 3, section 5 & 6 are optional)
- A staff member  
(Complete section 4, section 5 & 6 are optional)
- Other (please specify):  
(Complete section 3, section 5 & 6 are optional)

## 2. Someone who has attended the pulmonary rehabilitation programme.

What do you like about the pulmonary rehabilitation programme?

What do you think could be done differently?

Do you think the pulmonary rehabilitation programme has helped you?

- Yes
- No
- To some degree

Please explain why:

Did anything make it hard for you to attend the pulmonary rehabilitation programme?

- Yes
- No
- To some degree

Please explain why:

**People can find a range of support outside of pulmonary rehabilitation programmes. Has any other support helped you?**

- Friends and family (e.g. helping with appointments, having someone to talk to etc.)
- Community or support groups (e.g. coffee mornings, walking groups etc.)
- Charities (e.g. British Lung Foundation, Age UK etc.)
- No other support has helped me
- Other organisations (e.g. Citizen Advice Leeds, Carers Leeds etc.)

**What digital technologies have you used during your rehabilitation?**

- Apps (e.g. NHS App, Couch to 5K etc.)
- Websites (e.g. British Lung Foundation, NHS.uk etc.)
- Videos (e.g. YouTube videos about cardiac rehabilitation etc.)
- Podcasts (e.g. NHS mental wellbeing audio guides etc.)
- Social networking (e.g. Facebook, Twitter, Discussion forums etc.)
- None
- Other (please specify):

Please describe how this has helped you.

### 3. Someone who has decided not to attend the pulmonary rehabilitation programme

Why did you decide not to attend the pulmonary rehabilitation programme?

Did anything make it difficult for you to attend the pulmonary rehabilitation programme?

What would make it easier for you to attend the pulmonary rehabilitation programme?

People can find a range of support outside of pulmonary rehabilitation programmes. Has any other support helped you?

- Friends and family (e.g. helping with appointments, having someone to talk to etc.)
- Community or support groups (e.g. coffee mornings, walking groups etc.)
- Charities (e.g. British Lung Foundation, Age UK etc.)
- No other support has help me
- Other organisations (e.g. Citizen Advice Leeds, Carers Leeds etc.)

## 4. A member of the public

Before this survey, had you heard about the pulmonary rehabilitation programme?

- Yes
- No
- Not sure

If yes, please tell us what you know

The pulmonary (lung) rehabilitation programme is for people who have recently been diagnosed with a lung condition, or have experienced their condition getting worse, and a health professional feels this programme will help them.

The pulmonary rehabilitation programme includes a group exercise class (twice a week) and an education session (once a week). The pulmonary rehabilitation programme runs for eight weeks.

Please answer the following questions as if a healthcare professional has recommended that you attend a pulmonary rehabilitation programme:

Would you attend a pulmonary rehabilitation programme?

- Yes
- No
- Not sure

Please explain why:

Would anything make it difficult for you to attend a pulmonary rehabilitation programme?

**What would make it easier for you to attend a pulmonary rehabilitation programme?**

## 5. A staff member

**What organisation do you work for?**

- Leeds Community Healthcare NHS Trust
- Leeds Teaching Hospital NHS Trust
- Active Leeds
- A GP Practice
- Other (please specify):

**How do you think we could develop the pulmonary rehabilitation programmes?**

**What challenges are there to delivering the pulmonary rehabilitation programme?**

**What additional skills / knowledge / experience do you have to support people through pulmonary rehabilitation programmes? (Please tick all that apply)**

	Skills	Knowledge	Experience
Mental health support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social prescribing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other:



## 6. Equality Monitoring

We deliver a wide range of services and we need to know who is benefiting from our services and who might be missing out. We would really appreciate you answering the questions below by ticking the boxes that you feel most describe you. Some questions may feel personal, but the information we collect will be kept confidential, secure and kept separately from any personal information you might have provided elsewhere.

**Please tick here if you would prefer not to answer any of the equality monitoring questions**

I would prefer not to answer any of the equality monitoring questions

**What is your age?**

- Under 16
- 16-25
- 26-35
- 36-45
- 46-55
- 56-65
- 65+

**What is your postcode?**

**What is your gender?**

- Male
- Female
- Prefer not to say
- Other (please specify):

**Do you consider yourself to be a disabled person?(The Equality Act 2010 defines disability as ‘a physical, sensory or mental impairment which has, or has had, a substantial and long-term adverse affect on a person’s ability to carry out normal day to day activities’.)**

- Yes
- No
- Prefer not to answer

**If yes, what type of impairment do you have? (please tick all that apply)**

- Long-term condition
- Physical impairment
- Learning disability
- Mental health condition
- Hearing impairment (such as deaf or hard of hearing)
- Visual impairment (such as blind or partially sighted)
- Prefer not to answer
- Other (please specify):

**What is your ethnic background?**

- Prefer not to say
- British (English/Welsh/Scottish/Northern Irish)
- Irish
- Gypsy or Traveller
- European
- White and Black Caribbean
- White and Black African
- White and Asian
- Indian
- Pakistani
- Bangladeshi
- Chinese

- African
- Caribbean
- Arab
- Any other ethnic group (please state):

**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 say
Are you pregnant at this time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently given birth (within a 26 week period)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a parent or carer of a child or children under the age of five years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What is your religion or belief?**

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Prefer not to say
- Other (please specify):

**What is your sexual orientation?**

- Bisexual (both sexes)
- Gay man (same-sex)
- Lesbian/gay woman (same-sex)
- Straight/heterosexual (opposite sex)
- Prefer not to say
- Other (please specify):

**What is your relationship status?**

- Civil partnership
- Co-habiting (live with partner)
- Divorced
- Married
- Single
- Widowed
- Prefer not to say
- Other (please specify):

**What is your employment status? (please tick all that apply)**

- Student
- Student - at college
- Student - at university
- Employed - full time
- Employed - part time
- Self employed
- In receipt of state benefits (e.g. Personal Independence Payment (PIP), Universal Credit (UC))
- Unemployed - looking for work
- Unemployed - unable to work
- Unemployed - not looking for work
- Apprenticeship/training
- Retired
- Prefer not to answer
- Other (please specify):

**Carers (A carer is someone who provides unpaid support/care for a family member, friend, etc. who needs help with their day to day life; because they are disabled, have a long-term illness or they are elderly.)**

	Yes	No	Prefer not to say
Are you a carer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have unpaid responsibilities for children as a parent/grandparent/guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Would you describe yourself as homeless?**

- Yes
- No
- Prefer not to say

**What gender best describes you?**

- Woman (including trans women)
- Man (including trans man)
- Non-binary
- Prefer not to say
- Other (please specify):

**Are you transgender? (Is your gender identity different to the gender you were given at birth?)**

- Yes
- No
- Prefer not to say

## 7. Find out more

Please share your contact details below if you would like to receive a copy of the engagement report and see what people have said. Your details will be stored in our system securely for one year and will only be used for the above purpose and any updates regarding this project.

Your personal information will be kept separate from the answers and your response to the questions will be anonymous.

Please be aware that if you provide us with personal information in your survey responses it may mean that your survey answers are no longer anonymous.

**What are your contact details? Please note that you do not have to fill in your personal details to complete this survey.**

Name	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
GP practice	<input type="text"/>

**If you would like to find out more about any future changes to your local health services please tick this box to join our community network (if you tick the box below, we will be in contact with you shortly after the engagement has closed).**

I would like to find out more about future changes to my local health services

**How did you hear about this survey? (Please select one option)**

- Social media
- CCG website
- Voluntary sector organisation
- NHS trust
- At a focus group
- Other (please specify):