

## Help Health and Care Services to understand your experience of Coronavirus / COVID 19

Health and care services have had to make rapid and unprecedented changes to services in response to the Coronavirus / COVID 19 pandemic. By completing this survey you will be helping health and care services to understand how information is reaching people and the impact of service changes.

Healthwatch Worcestershire provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners in order to improve services.

The information gained from this questionnaire will only be used for the reasons above. The information you provide is confidential, except that anonymised quotes may be used. Your name or any other personal identifying information will not appear in any publications resulting from this survey without your express consent.

1. I agree that I understand the purpose of this survey and consent to the use of the data as indicated above

Yes  No

### 2. Tell us about you

Do you consider yourself to be at **high risk** of Coronavirus / COVID 19?

Yes  No

### 3. Please tell us why: [Select all that apply]

I have an existing health condition.

I'm pregnant

I'm aged 70 or over

Other (please specify)

4. Have you received a letter or text advising you to **shield yourself**?

Yes  No

5. Do you **care for or support** someone, or more than one person, who is considered to be at high risk from Coronavirus / COVID 19?

Yes  No

6. Please tell us why: [Select all that apply]

They have an existing health condition.

They're pregnant

They're aged 70 or over

Other (please specify)

7. Have they received a letter or text advising them to shield?

Yes  No

8. Do you, or does the person you care for/support, have any additional **communication needs**?

Yes  No

9. Please tell us more [Select all that apply]

I/they use British Sign Language (BSL)

I/they need information in braille, audio or large print format(s).

I/they need Easy Read information

I/they need information in another language(s).

Other (please specify)

10. Have you been able to find information and advice in the format(s) or language(s) needed?

Yes  No

### 11. Information and Advice about the Coronavirus / COVID 19 pandemic

How easy have you found it to **find the information** you need about how to keep yourself and others safe during the Coronavirus /COVID 19 pandemic?

Very Easy

Easy

Neither Easy nor  
Difficult

Difficult

Very Difficult

Dont Know



14. Which topics, if any, have you **found it difficult to get clear information** or advice about? (Please select all that apply)

- Testing for Coronavirus / COVID 19
- Symptoms of Coronavirus / COVID 19
- Avoiding transmission of Coronavirus / COVID 19 ( e.g. deliveries, packaging etc.)
- What to do if you think someone in your household has Coronavirus /COVID 19
- Social distancing
- Self-isolation
- Shielding people who are at very high risk
- Using mask, gloves or other Personal Protective Equipment
- Looking after my physical health
- Managing existing physical health conditions
- Advance care planning and end of life care
- Looking after my mental health or emotional wellbeing
- Bereavement support
- Managing existing mental health conditions
- Accessing repeat prescription medications
- Changes to the health care services I usually access
- Changes to the social care support I usually access
- Accessing help in my local community (e.g. getting groceries)
- How to volunteer in my local community
- Advice for family carers
- Help for people who do not use the internet
- None of these
- Other (please specify)

15. **Here2Help Worcestershire Coronavirus/COVID 19 community action response**

Have you **heard** of Here2Help Worcestershire Coronavirus/COVID 19 community action response?

- Yes
- No

16. Have you **used** the Here2Help Worcestershire website or telephone line?

- Yes
- No

17. What have you **used the website or telephone line for**?

- Advice and Information
- To request help for yourself or someone else
- To volunteer to help

18. If you used the Here2Help Worcestershire website or telephone line to volunteer or to ask for help **how quickly** did you get a response?

- Within 24 hours
- Between 25 - 48 hours
- Between 49 - 72 hours
- Over 72 hours

19. How **helpful** was the response you received?

- Very helpful
- Helpful
- Not very helpful
- Not at all helpful

20. Would you like to **tell us more** about your experience of Here2Help Worcestershire Coronavirus/COVID 19 social action response?

21. Do you think that it would be useful for the Here2Help Worcestershire service to **continue beyond** the Coronavirus/COVID 19 pandemic response?

- Yes
- No
- Don't Know

22. How **helpful** have you found the following sources of information or advice about the Coronavirus / COVID 19 pandemic?

	Very Helpful	Helpful	Not Very Helpful	Not at All Helpful	Not Used
Online – national websites (e.g. GOV.UK, NHS.UK, MIND.ORG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online - Worcestershire County Council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online – District Council websites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online – other local organisations' websites (e.g. local hospital, voluntary/community organisations, parish councils)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online – social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media (e.g. television, radio or newspaper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received by email or text message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received by post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From family, friends or neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please state information source and how helpful you found this)

### 23. Your experience of HEALTH SERVICES

How would you **rate the communication** that you, or the person you care for, have received about changes to any of the following **health services** due to the Coronavirus / COVID 19 pandemic?

	Excellent	Good	Fair	Poor	Very Poor	Not received any communication	Not Applicable to me
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Healthcare and Nursing services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapists (e.g. Physiotherapist or Occupational Therapist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital – Outpatients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital – Planned Treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital - Accident & Emergency (A&E) and Minor Injuries Units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternity Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services (Adults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services (Children and Young People)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children, Young People and Family services (e.g. health visitors, school nursing etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify the service and how you rated the communication from this service)

24. Have you, or the person you care for, **needed to access** the following **health** services?

	Yes, and it was easy to access	Yes, but it was difficult to access	Yes, but I chose not to access	No, I haven't needed to access	Not applicable to me
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Healthcare and Nursing services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapists (e.g. Physiotherapist or Occupational Therapist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital – Outpatients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital – Planned Treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital - A&E or Minor Injuries Unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternity Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services (Adults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services (Children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children, Young People and Family services (e.g. health visitors, school nursing etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS 111 Online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS 111 Phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other - please state the name of the service you needed to use and how easy it was to access

25. Would you like to **tell us more** about your own, or the person you care for, experience of accessing these services? Please tell us the name of the service you are sharing your experience about



26. If you, or the person you care for, **chose not to** access a health service why was this?

Fear of infection

Did not want to put pressure on the service

Felt it was a minor complaint

Other (please specify)

### 27. Your experience of CARE OR SUPPORT services

Do you, or does the person you care for, receive **care or support services** to carry out daily activities? (e.g. help in the home, day care or other social care service)

Yes  No

28. Have you/they experienced **any changes** to **care or support** services due to the Coronavirus / COVID 19 pandemic?

Yes  No

29. How would you rate the **communication** that you, or the person you care for, have received about changes to **care or support** services due to the Coronavirus / COVID 19 pandemic?

Excellent	Good	Fair	Poor	Not recieved any communication
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Would you like to **tell us more** about your, or the person you care for, experience of **care and support services** due to the Coronavirus /COVID 19 pandemic? Please **tell us the name of the service** which you are sharing your experience about

### 31. Your mental health and emotional wellbeing

How much of an impact has the Coronavirus / COVID 19 pandemic had on your **mental health or emotional wellbeing**?

A great deal  A lot  A moderate amount  A little  None at all

32. Have you been able to **access support** for your mental health or emotional wellbeing during this time?

- Yes – from family and/or friends and neighbours
- Yes – from a community, voluntary or charity group/organisation
- Yes – from a mental health care provider
- Yes – online or from an app
- Yes – other (please specify in box below)
- No
- I haven't needed any support

Yes, Other (please specify)

33. What was the reason that you were unable to access support for your mental health or emotional wellbeing?

34. Would you like to **tell us more** about accessing support for your mental health or emotional wellbeing during this time? If applicable please tell us the name of the service / support that your experience is about

**35. OVERALL**

Have there been any **POSITIVE changes** to health or care services due to the Coronavirus / COVID 19 pandemic that you would like to see continued?

36. Is there anything else you'd like to tell us about **any aspect of your experience of health or care services due to the Coronavirus / COVID 19 pandemic?**

### 37. Tell us a bit more about you

By telling us more information about yourself, you can 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.

#### Which age category do you fall into?

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="radio"/> 13 – 17 years | <input type="radio"/> 45 – 54 years | <input type="radio"/> 75 - 79 years         |
| <input type="radio"/> 18 – 24 years | <input type="radio"/> 55 – 64 years | <input type="radio"/> 80 - 84 years         |
| <input type="radio"/> 25 – 34 years | <input type="radio"/> 65 – 69 years | <input type="radio"/> 85+ years             |
| <input type="radio"/> 35 – 44 years | <input type="radio"/> 70 - 74 years | <input type="radio"/> I'd prefer not to say |

#### 38. Please tell us which **gender** you identify with:

- Woman  Man  Non-binary  Other  I'd prefer not to say

#### 39. Do you consider yourself to have a **permanent disability or long-term condition**?

- Yes  No

#### 40. Please select from the following:

- Learning Disability  Autism Spectrum Condition  Mental Health  Physical Disability  Visual Impairment  
 Hearing Impairment  Long Term Medical Condition (e.g. diabetes)

Other (please specify)

#### 41. Please select your **ethnic background**:

- Arab  Asian / Asian British: Bangladeshi  Asian / Asian British: Chinese  Asian / Asian British: Indian  
 Asian / Asian British: Pakistani  Asian / Asian British: Any other Asian / Asian British background  
 Black / Black British: African  Black / Black British: Caribbean  
 Black / Black British: Any other Black / Black British background  Gypsy, Roma or Traveller  
 Mixed / Multiple ethnic groups: Asian and White  Mixed / Multiple ethnic groups: Black African and White  
 Mixed / Multiple ethnic groups: Black Caribbean and White  
 Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background  
 White: British / English / Northern Irish / Scottish / Welsh  White: Irish  White: Any other White background  
 Another ethnic background  I'd prefer not to say

42. Please tell us which **District of Worcestershire** you live in:

Bromsgrove

Worcester City

Malvern Hills

Wychavon

Redditch

Wyre Forest