

# INTEGRATED CARE EXPERIENCE SURVEY

## WHAT IS THIS SURVEY ABOUT?

In your local area, the health and care organisations are working together to join up and improve the way they deliver services to people like the person you help and support. The findings of this survey will help us understand what is good about your local health and care services and how they can be improved in the future.

### Consent

By completing and returning this questionnaire you are agreeing:

- for the information you provide to be used to carry out the survey, and
- that any personal information you provide can be held and used by NHS England and organisations acting under its instructions

## CARE RECEIVED BY THE PERSON YOU HELP AND SUPPORT

The following questions are about all of the local health and social care services that can provide care and support to the person you care for.

### 01 Thinking about the last six months...

How would you rate the health and social care that the person you care for receives?

Please only consider the care and support delivered by health and social care professionals rather than any help or support you may provide to the person you care for.

- Very good
- Fairly good
- Fairly poor
- Very poor
- Don't know / can't remember

## DISCUSSIONS WITH HEALTH AND SOCIAL CARE PROFESSIONALS

When answering these questions, please think about all the health and social care professionals you have interacted with in the past six months. This may include a GP, consultant or specialist, nurse, care worker who supports with day-to-day activities, pharmacist, community support worker, counsellor or therapist, occupational therapist, dietician, or physiotherapist as well as many other professionals.

### 02 Thinking about the last six months...

When you have needed to, have you been able to discuss all of the needs of the person you care for with a health or social care professional?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know / can't remember
- I have not needed to discuss their needs

**03** Thinking about the last six months...

Did you feel that health and social care professionals had the information they needed when speaking to the person you care for from their health and care record?

- Yes, always
- Sometimes
- No, never
- Don't know / can't remember
- I was not present when health and social care professionals were speaking with the person I care for

**04** How confident are you that you would know which health or social care service to contact if you were worried about the condition or treatment of the person you care for?

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- Don't know / can't remember

**YOUR WELLBEING**

The next few questions are about your own wellbeing and how you balance your caring responsibilities alongside other aspects of your life.

**05** Thinking about the last six months, on average how many hours per week have you spent helping or supporting the person you care for?

- 1 to 9 hours a week
- 10 to 19 hours a week
- 20 to 34 hours a week
- 35 to 49 hours a week
- 50 or more hours a week
- Don't know / can't remember

**06** Do you feel you have access to the help and support you need to be able to balance your caring responsibilities with other aspects of your life?

- Yes, definitely
- Yes, to some extent
- No, but I did not want support
- No, but I would have liked support
- Don't know / can't remember

**07** Thinking about the last six months, how well do you think you have been able to look after yourself (e.g., getting enough sleep, eating well, socialising with friends and family and getting enough exercise)?

- Very well
- Fairly well
- Not very well
- Not at all well
- Don't know / can't remember

**08** Thinking about the last six months...

Have health and social care services provided you with enough support for your own health?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Not applicable

**09** Thinking about the last six months...

As someone with caring responsibilities, did you feel your emotional wellbeing was considered by health and social care professionals?

- Yes, definitely
- Yes, to some extent
- No, but I did not want support
- No, but I would have liked support
- Don't know / can't remember

**10** In the last six months, when you have been in contact with health and social care professionals, were you directed toward any services or organisations that offered support for your emotional wellbeing?

- Yes
- No
- Don't know / can't remember
- I did not need to be directed toward any services or organisations that offered support

**11** Have any health and care professionals discussed with you how to put in place alternative caring arrangements if there was an emergency situation?

- Yes
- No
- Don't know / can't remember

## DEMOGRAPHICS

The following questions ask for demographic information (such as age, gender and ethnicity). Your answers will help us understand whether experiences of health and social care services vary between different groups of the population. Your answers will be kept confidential and not linked to your medical records.

**12** In what year were you born?

Write in your year of birth

- I would prefer not to say

**13** Which of the following best describes you?

- Female
- Male
- Non-binary
- Prefer to self describe

- Prefer not to say

**14** Is your gender the same as the sex you were registered as at birth?

- Yes
- No
- Prefer not to say

**15** What is your religion?

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant and other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I would prefer not to say

**16** Which of the following best describes how you think of yourself?

- Heterosexual/straight
- Gay/lesbian
- Bisexual
- Other
- I would prefer not to say

**17** Do you have any long-term physical or mental health conditions, disabilities or illnesses? By long-term, we mean anything lasting or expected to last for 12 months or more.

- Yes
- No
- I would prefer not to say

**18 What is your ethnic group?**

**WHITE**

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller or Roma
- Another white background (please write in)

**MIXED/MULTIPLE ETHNIC GROUP**

- White and Black Caribbean
- White and Black African
- White and Black Asian
- Another Mixed/multiple ethnic background (please write in)

**ASIAN/ASIAN BRITISH**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please write in)

**BLACK/AFRICAN/CARIBBEAN/BLACK**

- African
- Caribbean
- Any other Black/African/Caribbean background (please write in)

**OTHER ETHNIC GROUP**

- Arab
- Another ethnic group (please write in)

- I would prefer not to say

**OTHER COMMENTS**

Please note that the content you provide below will be looked at in full by NHS England, your Integrated Care Board and researchers analysing the data. Any information you give that could identify anyone will only be used if there are areas of concern. We will remove any information that could identify you before publishing any of your feedback.

**19 Thinking about the person you care for and the health and social care services they used, was there anything particularly good about how they worked together to provide care?**

Please write in

**20** Was there anything that could be improved?

Please write in

**21** [ICS NAME] would like to understand more about where you live so that the findings can be used to improve your local services.

Would you be willing to provide your postcode so that we can link your answers to the area in which you live?

What is your full postcode?

Yes, would be willing (please write in)

No, would not be willing

**22** As a carer, you may have had an assessment to see what might make your life easier. This is called a carers assessment and may have been carried out by your local authority.

Have you had a carers assessment?

Yes

No

Don't know / can't remember

**23** In the last 12 months, have you been offered any support for your physical and mental health and wellbeing to help you sustain your caring role?

Yes

No

Don't know / can't remember

**24** Are you registered with your GP as a carer?

Yes

No

Don't know / can't remember

**25** Would you be happy for [ICS NAME] to contact you to help you register as a carer at your GP practice?

The answers submitted in this survey will remain anonymous and no one in your GP practice will know you have taken part.

Yes

No

**26** Thank you for taking the time to respond to this survey. Your feedback will help [ICS name] understand how to improve its services. We would hugely appreciate if you would agree to help us in future by:

- Agreeing to be contacted within the next two years to complete further survey questions about your experience of health and care services.
- Agreeing to be contacted within the next two years to take part in further research about health and care services, this could include being asked to join a panel of people who are asked their views.

Are you willing to be re-contacted for these purposes?

Yes – I agree to be contacted to complete further survey questions

Yes – I agree to be contacted to take part in further research

No I do not want to be contacted

**27** Would you be happy for [ICS NAME] to re-contact you in the following ways?

- By email
- By telephone
- By post

**28** What is your name?

Please write in

**29** What is your email address?

If you are happy to be re-contacted by email, please write in your email address below, in block capitals

**30** What is your full address and postcode?

We are asking this because [ICS NAME] does not currently know your address – this survey was passed on to you by the person you care for, on behalf of [ICS NAME]. If you are happy to be re-contacted by post, please write in your address below, in block capitals

I prefer not to say

**31** If you are happy to be re-contacted by telephone, please write your telephone number below.

Please write in

**THANK YOU FOR YOUR TIME.**

Please return this questionnaire in the pre-paid envelope provided or send it in an envelope marked [FREEPOST ADDRESS] (you do not need a stamp).