

Share your experiences of Wandsworth health and social care services in response to the Coronavirus Outbreak

About this survey

In response to COVID-19, health and social care services have had to drastically change the support they offer the public. It is therefore important that we understand how these changes are working for people.

This survey is for people who live in Wandsworth to share your views on how local services are working during this time.

Your responses will be kept completely anonymous and will help local health and care services understand what needs there are locally, how their services are working, and where things can be made better.

We will also be feeding back findings to Healthwatch England to help them understand what is happening across the country so that they can help central government departments understand and learn from what is happening from your perspective.

About You

1. **Are you completing this on behalf of someone you support, or more than one person, who is considered to be at high risk from COVID-19/coronavirus?**

- Yes
- No [*please go on to question 2*]

If yes, please tell us why (select all that apply):

- They have an existing health condition
- They're pregnant
- They're aged 70 or over
- Another reason - please specify: _____

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

- Yes
- No

2. Do you consider yourself to be at high risk from COVID-19/coronavirus?

- Yes
- No [*please go on to question 3*]

If yes, please tell us why (select all that apply):

- I have an existing health condition
- I'm pregnant
- I'm aged 70 or over
- I am a key worker
- Another reason - please specify: _____

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

- Yes
- No

If yes, do you feel that you are receiving enough information / medical and practical support to enable you to shield sufficiently? Please comment further:

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

- Yes
- No [*please go on to question 4*]

If yes, 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: _____

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

- Yes
- No

Information and Advice

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

1 – Very Easy	2 - Easy	3 – Neither easy nor difficult	4 - Difficult	5 – Very Difficult	DK – Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How easy have you found it to **understand information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?**

1 – Very Easy	2 - Easy	3 – Neither easy nor difficult	4 - Difficult	5 – Very Difficult	DK – Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How easy have you found it to **act on information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?**

1 – Very Easy	2 - Easy	3 – Neither easy nor difficult	4 - Difficult	5 – Very Difficult	DK – Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How easy have you found it to **keep up to date with the changes to information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?**

1 – Very Easy	2 - Easy	3 – Neither easy nor difficult	4 - Difficult	5 – Very Difficult	DK – Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- | | |
|---|--|
| <input type="checkbox"/> None, I have all the information I need | <input type="checkbox"/> Self-isolation |
| <input type="checkbox"/> Looking after my physical health | <input type="checkbox"/> Changes to the health care services I usually access (e.g. GP practice, pharmacy, hospital outpatient appointments, community nursing visits) |
| <input type="checkbox"/> Looking after my mental health or wellbeing | <input type="checkbox"/> Changes to the social care support I usually access (e.g. care visits at home, residential, nursing or respite care homes) |
| <input type="checkbox"/> Accessing repeat prescription medications | <input type="checkbox"/> Accessing help in my local community (e.g. getting groceries or picking up medication) |
| <input type="checkbox"/> Managing existing physical health conditions | |
| <input type="checkbox"/> Managing existing mental health conditions | |

- Advance care planning and end of life care
- Advice for family carers
- Help for people who do not use the internet
- How to volunteer in my local community
- Testing for COVID-19/coronavirus
- Symptoms of COVID-19/coronavirus
- Social distancing
- What to do if you think someone in your household has COVID-19/coronavirus
- Shielding people who are at very high risk of severe illness from COVID-19/coronavirus
- Other (please specify):

**9. Where have you found information or advice about the COVID-19/coronavirus pandemic?
(Please select all that apply)**

- Online – national organisations’ websites (e.g. Government, NHS)
- Online – local organisations’ websites (e.g. Council, local hospital, voluntary/community organisations)
- Online – social media
- Media (e.g. television, radio or newspaper)
- Received by email or text message
- Received by post
- From family or friends
- Other (please specify):

10. Have you found any specific information or sources of information especially helpful?

- Yes
- No [*please go on to question 11*]

If yes, please tell us more – what was it and why was it helpful?:

Your Experience of Care

Healthcare

11. Have you, or has the person you care for, experienced any changes to your/their healthcare due to the COVID-19/coronavirus pandemic?

- Yes
- No [*please go on to question 12*]
- I/they haven’t needed any healthcare services

If yes, how would you rate the communication received about the changes?

1 – Very Poor	2 – Poor	3 – Fair	4 – Good	5 – Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this relate to a specific service?

Yes [please tell us the name of this service - *optional*]:

No

Prefer not to say

Have your appointments, and the way you get your healthcare, changed?
(e.g. *have they happened over the phone?*) What is your experience?

Would you like to tell us more about your/their experience of these changes?

Social care support

12. Do you, or does the person you care for, receive social care or support to carry out daily activities? (e.g. *having a carer come in, staying in a care home, receiving rehabilitation, etc.*)

Yes

No [*please go on to question 13*]

If yes, have you/they experienced any changes to this care due to the COVID-19/coronavirus pandemic?

Yes

No

If yes, how would you rate the communication received about the changes?

1 – Very Poor	2 – Poor	3 – Fair	4 – Good	5 – Excellent

Does this relate to a specific service?

Yes [please tell us the name of this service - *optional*]:

No

Prefer not to say

Would you like to tell us more about your/their experience of these changes?

Mental Health and Wellbeing

13. How much of an impact has the COVID-19/coronavirus pandemic had on your mental health or wellbeing, or the mental health or wellbeing of the person you care for?

Scale: 0 (No impact at all) - 7 (Severe impact)

- 1. No impact at all
- 2. Slight Impact
- 3. Moderate Impact
- 4. Neutral
- 5. Significant Impact
- 6. Very significant Impact
- 7. Severe impact

Does this relate to a specific service?

- Yes [please tell us the name of this service - *optional*]:

- No
- Prefer not to say

Would you like to tell us more about your/their experience of the impact?

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

- Yes – from family and/or friends
- 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]:

- No
- I haven't needed any support

Would you like to tell us more about this?

Anything else

15. Is there anything else you would like to tell us?

Thank you for taking part!

If you would like to know the outcome of this survey, keep up to date by visiting our Healthwatch Wandsworth website, or by contacting us. To receive updates from us you can sign up to be a Healthwatch Wandsworth member.

Data and privacy notice: If you requested **information from us by email**, we will upload the information you give us to our online mailing list handled by Mailchimp, a US company with servers based in the US. Section 16 of Mailchimp's Privacy Policy outlines how personal data is used, stored and collected in line with GDPR regulations. All of the information we store on Mailchimp is password protected. You can unsubscribe from our mailing list or update your details at any time by clicking the link in the footer of any email you receive from us. If you requested **information from us by post**, we will save your details on an Excel spreadsheet on the company server of Wandsworth Care Alliance (the charity who deliver Healthwatch in Wandsworth). Contact us to have your details updated or removed from our list, or to find out what information we hold about you. Although we will never share your personal information with a third party, we may provide Wandsworth and Richmond Borough Councils, Healthwatch England, and other government bodies with summarised and anonymised information about our members from time to time. Any information provided to us on this form will be used anonymously to help improve local health and social care services. Paper copies are stored in a locked cabinet at our offices. The information is also uploaded to and stored on the Smart Survey system online (password protected). View their privacy policy at <https://www.smartsurvey.co.uk/privacy-policy>. Data is downloaded and stored on our office server for the purpose of writing reports. Some of the data is uploaded to our CRM system and Healthwatch England will use the anonymised information for their national work. Your anonymised responses may be used in our reports and shared with local health and social care services or published on our website (see our privacy policy for more information).

About you: Equalities monitoring information

We will only share anonymised information about you with Wandsworth and Richmond Borough councils for monitoring purposes. They will use the information to demonstrate that our services comply with the general equality duty (Equality Act 2010), to undertake Equalities Impact Needs Assessments and to identify actions that need to be taken to meet specific needs, address gaps and promote equality. Please refer to Wandsworth and Richmond Borough councils' Privacy Policies for further details.

If you are responding for a community organisation in Wandsworth, please answer for the groups of people you represent or work with.

1. Please describe your gender identity:

- Male Female Transgender Non-Binary Other Prefer not to say

2. Sexual Orientation

- Heterosexual/Straight Bisexual Gay Lesbian Other Prefer not to say

3. Are you pregnant or a new mum?

- Yes No N/A Prefer not to say

4. Do you have or care for any children under the age of 5?

- Yes No Prefer not to say

5. How would you describe your ethnic origin?

- White British Irish Irish Traveller Portuguese Polish Greek/Greek Cypriot
 Turkish Turkish Cypriot Kurdish Gypsy/Roma European - other
 Black British Black Other African Caribbean Mixed - white and black African
 Mixed - white and black Caribbean
 Asian/Asian British - Indian Asian/Asian British - Pakistani
 Asian/Asian British - Bangladeshi Asian/Asian British - East African Asian
 Asian/Asian British - Other Mixed - white and Asian
 Chinese Arab Latin American
 Mixed - other (*please specify*): _____ Other (*please specify*): _____

6. Your Age - what year were you born? _____

7. What are your religious beliefs?

- Christian Muslim Jewish Buddhist Hindu Sikh Rastafarian
 Jain No religion Prefer not to say Other (*please specify*): _____

8. Do you have any of the following conditions that have lasted, or are expected to last, for at least 12 months?

- Deafness / partial loss of hearing Blindness / partial loss of sight Sensory impairment
 Learning disability or difficulty Developmental disorder Mental ill health
 Long term illness or condition Physical Disability Other disabilities
 No disability Prefer not to say

9. Are you a carer for a family member or friend (unpaid carer)?

- Yes No Prefer not to say

10. If you are over 16, what is your relationship status?

- Married Single Civil Partnership Other (*please specify*): _____
 Prefer not to say