

We want your views about community health services



Community Health Services are health services near to where you live.

They could be in your doctor's surgery, in a clinic or in your own home.

Some of these services are

- District nurses who look after your health needs in your own home
- Podiatry who look after your feet
- Dieticians who give you advice about what to eat
- Blood testing
- Physiotherapists who help your body move well
- Occupational therapists who help you to stay independent and well
- Many other health services



They do not include doctor's appointments.

What are we doing?

We are looking at how local community health services are working.

We need to do this to make sure these services are right for you now and in the future.





What is the plan for community health services in the future?

We have a plan for how services will work in the future. This plan is called Shaping Sefton. The plan has been made with help from the people who live in Sefton and the other services we work with.

People have said they wanted care closer to where they lived.

They also said health and social care services need to work better together.

This would make it easier for patients to get the care they need.



Tell us what you think

We would like to hear from the people who live in Sefton about their views and experiences of community health services.

Tell us what works well and what does not work well.



Your views are an important part of us looking at community health services and how they will work in the future.

Please take a few minutes to tell us what you think about the services you have used.

You can comment on 3 services in this form.

Tell us what you think

1. Do you think the idea is a good one?

☐ Yes

☒ No

☐ Not sure

1

Please tell us about a community service you have used.

Name of the service (e.g. blood testing)

Where did you get this service?

☐

In a Health Centre

☐

In my Doctors surgery

☐

In my home

☐

In my care home



Was the service....

☐

Poor

☐

Average

☐

Good

☐

Very Good

☐

Excellent



What made it a **good** experience?

☐

It is in a good place

☐

The way I got an appointment was good

☐

The staff were friendly and understanding

☐

Good communication

☐

The way the service worked was good

☐

Other (please tell us)



What made it a **bad** experience?

☐

It is not is a good place

☐

The way I got an appointment was not good

☐

The staff were not friendly or understanding

☐

Poor communication

☐

The way the service worked was poor

☐

Other (please tell us)



What could be done to make it better for you?

☐

Better communication

☐

Support for patients to learn and be supported

☐

Care services working better together

☐

Better technology

☐

Better health buildings and systems

☐

Other (please tell us)



2

Please tell us about another community service you have used.

Name of the service (e.g. district nurses)

Where did you get this service?

☐

In a Health Centre

☐

In my Doctors surgery

☐

In my home

☐

In my care home



Was the service....

☐

Poor

☐

Average

☐

Good

☐

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Excellent



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Other (please tell us)



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Other (please tell us)



What could be done to make it better for you?

☐

Better communication

☐

Support for patients to learn and be supported

☐

Care services working better together

☐

Better technology

☐

Better health buildings and systems

☐

Other (please tell us)



3

If you like, please tell us about another community service you have used.

Name of the service (e.g. foot care)

Where did you get this service?

☐

In a Health Centre

☐

In my Doctors surgery

☐

In my home

☐

In my care home



Was the service....

☐

Poor

☐

Average

☐

Good

☐

Very Good

☐

Excellent



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Other (please tell us)



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☐

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Support for patients to learn and be supported

☐

Care services working better together

☐

Better technology

☐

Better health buildings and systems

☐

Other (please tell us)





Do you have any other questions or
comments about local community
health services?

A large, empty, rounded rectangular box with a thin black border, intended for the user to write their questions or comments.



Who are you?

☐

I am a patient

☐

I am a friend of a patient

☐

I am a relative of a patient

☐

I am a carer of a patient

☐

I work for an organisation

☐

Other (please tell us)



Would you like to be told about changes to your local community health services?

Yes

☐

No

☐

If yes please give us your contact details

Name

Telephone Number

E-mail address





Some Questions About You

Filling in this form will help us make sure we are reaching everyone in Sefton.

It will help us to make sure we are meeting everyone's needs and not leaving anyone out. All this information is secret. We just add up all the answers.

The first part of my post code is _____



My age group is..

☐

16 or under

☐

17 - 25

☐

26 - 35

☐

36 - 45

☐

46 - 55

☐

56- 65

☐

66 - 75

☐

Over 75

☐

Prefer not to say

Do you think of yourself as disabled?

Yes

☐

No

☐

My disability is



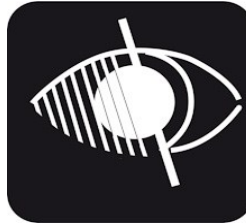
Learning
Disability

☐

Mobility
Related

☐

Mental
Health

☐

Visual
Impairment

☐

Hearing
Impairment

☐

A hidden
Impairment

☐

Other

☐

My ethnicity is

White

☐

British

☐

Irish

☐

East European

☐

Gypsy, Roma or Traveller

☐

Other White Background





Mixed Ethnic Backgrounds

- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ White and Asian

Other mixed _____



Asian

- ☐ Asian/Asian British - Indian
- ☐ Asian/Asian British - Pakistani
- ☐ Asian/Asian British - Bangladeshi

Other Asian Background _____



Black

- ☐ Black/Black British Caribbean
- ☐ Black/Black British African
- ☐ Other Black/Black British Background

Chinese

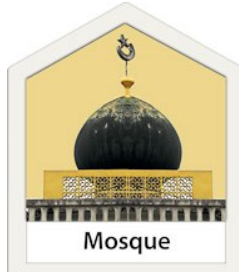
- ☐ Chinese

Other Chinese Background _____

- ☐ Any other ethnic group

- ☐ I don't want to say





Religion

☐

No religion

☐

Christian

☐

Hindu

☐

Jewish

☐

Muslim

☐

Sikh

Other

☐

Don't want to say

Relationships

(also called sexual orientation)

☐

Bisexual

☐

Gay

☐

Heterosexual

☐

Lesbian

☐

Other

☐

Wish not
to say

Do you live in the gender you were given
at birth?

☐

Yes

☐

No

☐

I'm not sure what this question
means.

Thank you for filling in this form.

This information will not be able to
tell us who you are.

**Please send this survey to us at
FREEPOST South Sefton
Clinical Commissioning Group**