

Healthwatch Barking and Dagenham
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Healthwatch Barking and Dagenham is the local independent consumer champion for health and social care within a national Healthwatch England framework. We aim to give our citizens and communities a stronger voice to influence and challenge how health and social care services are provided for people in Barking and Dagenham.

Currently we are looking at experiences of those patients who have used the Community Treatment Team (CTT).

We will use this information and make sure your voices are heard by the commissioners (people who pay for the services) and service providers (organisations which run the services).

By you taking part, you will be contributing towards making the service work the way it should for people that are using it.

Please note, we are looking at what is working and areas for improvement. All information shared with us is strictly confidential. You do not have to take part if you do not want to. Your name will not be used at any stage of the project other than to give you feedback if you decide to provide us with your details.

Thank you in advance for taking the time to complete this survey.

Should you be unable to complete this questionnaire in its current format, for whatever reason, please contact us on the details above and we will be able to conduct the survey with you either on the telephone or online.

Your opinions are important and we hope you will agree to take part. If you have any questions please feel free to contact me on the details above.

Please note the Community Treatment Team has not given us your address but has agreed to send these questionnaires on our behalf.

**Please send the survey back in the stamped addressed envelope by
Friday 6th November 2015**

Yours sincerely,

Manisha Modhvadia

Healthwatch Officer

Please turn over

Experiences and Views from Service Users

1. Did the Community Treatment Team (CTT) become involved with your treatment as part of your attendance to the hospital?
Yes No
2. Did the Community Treatment Team (CTT) become involved with your care as a means of keeping you out of the hospital?
Yes No
3. Who were you referred by?
GP Hospital Staff
Another Health Professional Self referral
4. Were you involved with the team in agreeing a plan of action for your recovery?
Yes, but I was not involved Yes I was involved in the plan
Yes I was partly involved with the plan No plan was devised
5. Can you briefly describe your condition? **E.g A fall, long-term condition or difficulty moving. It could have even been a skin infection or chest infection.**
6. Which service did you receive (please tick all that apply)
Nurse Physiotherapist Occupational therapist
Social workers other (please tell who)
7. How effective was the treatment and support you received and how long did you receive each service for? Eg. Every day for one week for 20 minutes, three times a week, for 10minutes? (Please specify next to your comments which service this was for)

8. When you have called the CTT service in a crisis, how long did it take for someone to return your call and then come and see you?
9. Were you happy to have the treatment in your home or do you think it would have been more suitable to have it in a clinical setting?
10. If you needed equipment, was this brought to you in a timely way? If not how long did you have to wait?
11. If you came through the hospital, do you feel the overall service was effective and prevented you from going back? If there is any particular reason for your answer please tell us.
Yes No
12. If you were not referred through the hospital, do you think the overall service has been effective and has stopped you from going into hospital. If there is any particular reason for your answer please tell us.
Yes No
13. Would you be happy to use the CTT again in the future?
14. Are there any other comments or suggestions you would like to make?

Please provide your email address or address if you would like to receive a copy of the report we produce.

Equality and Monitoring Form

Healthwatch wants to be truly representative of the local community. We also have a duty to consult widely and with all sections of the local community for their views and experiences. Please help us to do this by completing the following section. Please indicate by ticking boxes below.

Gender Male Female Transgendered Prefer not to say

What is your age? 18 -24 25 - 34 35 - 44 45 - 59 Over 60 years
Prefer not to say

Sexual Orientation: Heterosexual Bisexual Homosexual Lesbian
Gay Prefer not to say

Do you have a disability? Yes No Prefer not to say

If you are disabled, would you describe your impairment as (tick all that apply)

Visual Speech Hearing Learning Disability Mental Health

Mobility (a wheelchair user) Mobility (not a wheelchair user)

Other (please specify) Prefer not to say

What is your religion, faith or belief? Buddhist Hindu Muslim Sikh Jewish

Christian (inc. Church of England Protestant and any other Christian denomination)

Other please specify No religion Prefer not to say

How would you describe your ethnic origin? Prefer not to say

White - British White/English Irish White Gypsy/ Irish Traveler
Any other White background (Please specify)

Asian/Asian British - Indian Pakistani Bangladeshi Chinese
Any other Asian background (Please specify)

Black/Black British - African Caribbean
Any other Black background (Please specify)

Mixed - White & Asian Mixed -White & Black African
White & Black Caribbean
Mixed - Any other mixed background please specify

Other ethnic group - Arab
Any other ethnic group (Please specify)