

# Brighton & Hove Big Health Service Check 2012

Carers & Support Staff - Please tell us what you think about the health services the person you care for uses. You don't have to answer all the questions. Please make sure you only fill this form in once. This form is for you if you care for an adult with a learning disability or young person with a learning disability making their transition to adult services.

## **About You**

Please tell us a bit about you so we know we are working with all types of people. We will keep all information safe and confidential. You do not have to answer these questions if you do not want to. **We do not need your name.**

Circle or write your answers.

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**How old are you?**    18 – 35    36 – 60    61 – 80    81 +

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**How old is the person you support?**    14 – 17    18 – 35    36 – 60  
61 – 80    81 +

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**Your Post Code**                      BN1    BN2    BN3    BN41

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## **Which ethnic group do you or your family come from?**

White                      Black                      Asian                      Chinese

Mixed Race (Your parents are each from different ethnic groups)

Another ethnic group? Which one? Write here:

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## **Where does the person you support live?**

Their own  
home

Residential  
home

Supported  
Living

With you

Nursing  
home

Shared  
Lives

Another kind of home? Write here:

## Questions about the GP Surgery

**Which GP surgery does the person you support go to?**

**Does the person you support have enough time with the doctor or nurse when they go to their GP surgery?**

Don't Know                      No                      Yes

Tell us more:

**Does the person you support have a health check and health action plan every year at the GP surgery?**

Don't Know                      No                      Yes

Tell us more:

**If they do not have a health check every year at the GP surgery, please tell us why:**

**Circle** your answer –

They choose not to have one

I didn't know they could have one

Another reason – tell us why:

**Is the person you support given a copy of their health action plan after the health check from the GP surgery?**

Don't Know                      No                      Yes

Tell us more:

**Are you involved in and understand what is written in their health action plan?**

Don't Know

No

Yes

Tell us more:

**Do you know who to ask for help if you don't understand what is written in their health action plan?**

Don't Know

No

Yes

Tell us who:

**What does your GP surgery do to help the person you support?**

**Circle** your answers – you can pick more than one if you want to.

Longer  
appointments

Always see  
same doctor  
or nurse

Use easy  
read info

No extra  
help

They don't  
need  
extra help

Another kind of help? Write here:

## Questions about the hospital

**Has the person you support been to the hospital in the last year?**

Don't Know

No

Yes

Tell us which one:

**Was the hospital good at helping people with a learning disability?**

Don't Know

No

Sometimes

Yes

Tell us more about the hospital they went to:

**Have you had help from the hospital liaison nurses for people with a learning disability?**

Don't Know

No

Yes

Tell us more:

**Are the hospital liaison nurses good at helping people with a learning disability?**

Don't Know

No

Sometimes

Yes

Tell us more:

**The questions in this box are for people that support young people under the age of 18 years only.**

**Has the young person's health needs been considered as part of transition planning?**

Don't Know

No

Yes

Tell us more:

**Have you been involved in discussions about planning for meeting the young person's health needs as they become an adult?**

Don't Know

No

Yes

Tell us more:

**Do you have information about the health services the young person can use when they become an adult?**

Don't Know

No

Yes

Tell us more:

What local health services are good at helping people with a learning disability?

What local health services could be better at helping people with a learning disability?

What else would you like to tell us about local health services?

Thank you for filling in this form. Please send your questionnaire to **Natalie Winterton, Health Facilitator, CLDT, 86 Denmark Villas, Hove, BN3 3TY** or ring 01273 295550 to find out about other ways to send it to us. Please send it back by **31<sup>st</sup> July 2011**.

The results of the questionnaire will be available on the Brightpart web site when they are ready. The web site link is: [www.brightpart.org](http://www.brightpart.org)