



Brighton & Hove
Learning Disability Partnership Board
www.brightpart.org

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.



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



Your Post Code - circle one BN1 BN2 BN3 BN41

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

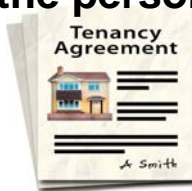
Where does the person you support live?



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 the 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



I think they are healthy already

Another reason?
Write here

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 more:

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

What does the GP surgery do to help the person you care for?



Longer appointments



Always see same doctor or nurse



Use easy read info



No extra help

Another kind of help? Write here

No extra help needed



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 you 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
?	☹	☺

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
?	☹	☺

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

Don't Know	No	Yes
?	☹	☺



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:



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/healthy.php

