

HAVE YOUR SAY

COVID-19 survey for children and young people who access/have accessed health and care services

Many children and young people's physical and mental health services across Cornwall and the Isles of Scilly have been providing online and telephone appointments during the COVID-19 pandemic to limit the spread of the virus and keep patients and staff safe, whilst ensuring these services can continue to be accessed safely.

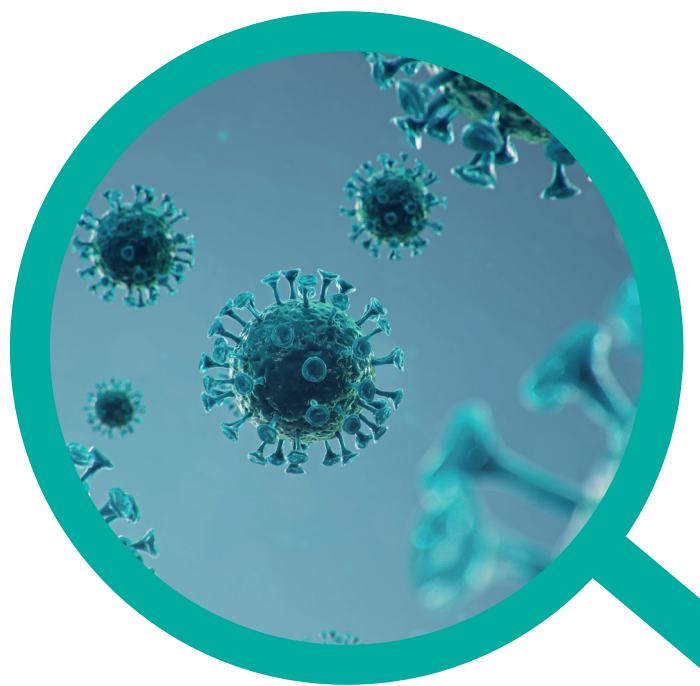
We really want to learn from children and young people, and their parents and carers, about your experiences of the online and telephone appointments during the pandemic – what worked well for you and what could we improve, or if you avoided an online or telephone appointment – what stopped you taking part?

Please take some time to fill out this survey. It should take no longer than ten minutes to complete - your feedback will enable us to better understand what has worked well for you and where there could be improvements made.

This survey is suitable for anyone up to the age of 18 or anyone with special educational needs up to the age of 25.

This survey is being facilitated by NHS Kernow Clinical Commissioning Group (NHS Kernow), in partnership with health and care providers and young people groups across Cornwall. All data collected will be summarised before sharing outside of NHS Kernow and you will not be identifiable.

If you require this survey in easy read format please email kccg.engagement@nhs.net or call 07788 492652. You can also submit your responses online: www.kernowccg.nhs.uk/get-involved/consultation



HAVE YOUR SAY

1. If you're aged 16 or under, legally you must ask permission from your parent or carer to take part in this survey. Please can you confirm one of the following:

- ☐ I am 17 years of age or older
- ☐ I am 16 years of age or younger and confirm I have asked my parent or carer permission to take part in this survey

2. Who are you completing this survey on behalf of?

- ☐ Yourself
- ☐ A child or young person (as a parent, carer or other)

3. What health services do you use? Tick all that apply.

- ☐ Acute hospital services (Treliske Hospital, Derriford Hospital etc)
- ☐ Autistic spectrum disorder services
- ☐ Child and adolescent mental health services (CAMHS) including voluntary and community sector wellbeing and mental health services
- ☐ Children's cancer services
- ☐ Children's nursing services
- ☐ Children's therapy services (speech and language therapy (SALT)/occupational therapy (OT)/physiotherapy/dietetics)
- ☐ Continuing care
- ☐ General or community paediatricians
- ☐ GP services
- ☐ Short breaks
- ☐ Specialist looked after children (LAC) health team
- ☐ Other (please specify):

HAVE YOUR SAY

4. What has been successful when accessing online or phone call appointments? Tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> It was quick and easy | <input type="checkbox"/> Not required to travel |
| <input type="checkbox"/> Felt more comfortable in own home | <input type="checkbox"/> Pleased with outcome of appointment |
| <input type="checkbox"/> Felt informed about how to access the service and the process | |
| <input type="checkbox"/> Other, please specify: | |

5. Can you tell us a bit more about what worked well for you and why?

6. What has been unsuccessful when accessing online or phone call appointments? Tick all that apply.

- ☐ Didn't find anything about the appointment unsuccessful
- ☐ Technical quality of the appointment, such as visibility, sound or connection
- ☐ Timing of appointment
- ☐ Disappointed with outcome of appointment
- ☐ Inability to describe symptoms
- ☐ Didn't feel listened to regarding my health and care need
- ☐ Didn't feel comfortable talking on the phone or online
- ☐ Didn't have a private space to talk on the phone or online
- ☐ Didn't have access to the equipment or internet needed
- ☐ Other, please specify:

HAVE YOUR SAY

7. Can you tell us a bit more about what worked well for you and why?

8. When attending health and care appointments which do you prefer? Tick all that apply

- ☐ Face to face (in person)
- ☐ Video appointment
- ☐ Web chat
- ☐ Social media (such as mindfulness services via Facebook and Instagram)
- ☐ Text
- ☐ Telephone
- ☐ No preference
- ☐ Other, please specify:

9. Does your preference of communication change when accessing health and care support for a potentially serious condition e.g. cancer?

- ☐ Yes ☐ No

HAVE YOUR SAY

10. Please can you explain your preference a little more.

11. If you have cancelled or avoided a phone or online health appointment, what in particular, if anything, stopped you taking part?

- ☐ Didn't cancel or avoid an online or telephone appointment
- ☐ Appointment no longer required
- ☐ Didn't feel comfortable talking on the phone or online
- ☐ Wanted face to face contact
- ☐ Didn't have a private space to be able to talk on the phone or online
- ☐ Didn't have access to the equipment or internet needed
- ☐ Other, please specify:

12. If you are interested in hearing more about this survey, please provide your email address below:

EQUALITY AND DIVERSITY

This section is optional. The information provided will be confidential. You do not have to complete and return this form if you do not wish to.

We are concerned that there should be no unfair discrimination against any group or individual. We want to make sure we understand what our population says, to enable NHS Kernow to make informed decisions. By completing this form, you will help us to understand whether we are talking to all members of the community, and will highlight where additional work may need to take place, to enable specific groups to access the engagement process.

1. Please tell us your postcode or the first half?

2. Which GP practice are you registered with?

3. What year were you born?

4. How do you describe your gender?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Gender fluid | <input type="checkbox"/> Gender neutral |
| <input type="checkbox"/> Intersex | <input type="checkbox"/> Prefer not to say |

5. Is your gender identity the same as the sex you were assigned at birth?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6. Do you consider your sexual orientation to be:

- | | |
|--|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Lesbian/Gay woman |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Prefer not to say | |

EQUALITY AND DIVERSITY

7. Are you pregnant?

☐

Yes

☐

No

☐

N/A

8. How do you describe your ethnic origin? Please read through carefully before selecting the ethnic group that you feel most closely reflects your background.

☐

White English, Welsh, Scottish, Northern Irish, British

☐

White Cornish

☐

White Irish

☐

White & Asian

☐

White & Black African

☐

White & Black Caribbean

☐

Mixed Cornish

☐

Bangladeshi

☐

Indian

☐

Pakistani

☐

Asian Cornish

☐

Chinese

☐

African

☐

Caribbean

☐

Black Cornish

☐

Gypsy/Roma

☐

Traveller of Irish Heritage

☐

Other, please specify:

9. How do you describe you religion or belief (if any)?

☐

Agnostic

☐

Atheist

☐

Buddhist

☐

Christian

☐

Hindu

☐

Jewish

☐

Muslim

☐

Pagan

☐

Sikh

☐

None

☐

Other, please specify:

EQUALITY AND DIVERSITY

The Equality Act 2010 describes disability as "A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities."

10. Do you have a disability, as defined by the Equality Act?

☐

Yes

☐

No

11. If you have answered 'yes', please select the definition/s from the list below that best describes your impairment:

☐

Learning disability / difficulty

☐

Long standing illness or health condition (cancer, HIV, diabetes, chronic heart disease or epilepsy)

☐

Mental health condition

☐

Physical or mobility impairment

☐

Sensory impairment

☐

Other, please specify:

12. Do you give help or support to family members, friends, neighbours or others because of a long-term physical or mental health or disability, or problems related to old age? Do not count anything you do as part of paid employment.

☐

Yes

☐

No

Thank you for the time you have taken to complete this survey.

All responses must be submitted by 14 September 2020.

You can return this survey free to:

FREEPOST RTES-UZ XK-SHBG
C/O Louise Moore
NHS Kernow Clinical Commissioning Group
Sedgemoor Centre, Priory Road
St Austell
PL25 5AS