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**Craven Communities Together - timely access to services and support**

There is good evidence of a link between rural living and greater difficulties accessing services and support, which can then lead to poorer health outcomes. Organisations concerned about health in Craven are working together to try to address these issues. We would like to know about your experiences to help us know what actions we should take to improve health outcomes in our area.

The survey is anonymous and will take about 15 minutes to complete. We really appreciate your time and responses. Please mark only the boxes relevant to you next to the questions.

**1.** **Are you filling this survey in**: *(please mark a box)*

* For myself
* On behalf of a child or young person
* On behalf of another adult
* Other (please specify)

**2. Where do you live in Craven? Please give the name of the Town, Village or Hamlet.**

**3. Which GP surgery are you registered with?**

* Bentham Medical Practice
* Cross Hill Group Practice
* Dyneley House Surgery
* Fisher Medical
* Grassington Medical Centre
* Townhead Surgeries
* Other (please specify)

**4. Which hospital/s do you go to? Please mark all the boxes that apply**

Airedale Hospital (Steeton)

Wharfedale Hospital (Otley)

Westmorland General Hospital (Kendal)

Bradford Royal Infirmary

Lynfield Mount Hospital (Bradford)

Royal Lancaster Infirmary

Leeds General Infirmary

St James’ Hospital, Leeds

Burnley General Hospital

Royal Preston Hospital

Queen Victoria Hospital (Morecambe)

Other (please specify)

**5. If yes, what service(s) do you access at that/those hospital?** *(Please specify each one)*

**6. Please note next to the service in hours, days, weeks, months or years to tell us how long you have waited for different NHS services - only give answers for the services that you have accessed, or tried to access**

GP appointment

Diagnosis

Blood test

Scan or screening

Social prescribing

NHS dentist

Disability living support/equipment

Care assessment

Mental health assessment

Mental health treatment e.g IAPT, counselling, CBT (cognitive behavioural therapy)

Mental health - seeing a psychotherapist

Mental health - seeing a psychiatrist

Mental health hospital admission / treatment

Hospital outpatient appointment e.g with specialist nurse or consultant

Hospital treatment

Operation or procedure

Hospital discharge

Physiotherapy or occupational therapy appointment or home visit

Disability equipment, aids and adaptations

Sexual health services

Maternity services

Getting medication

Other

**7. Please note next to the options to tell us long you have had to wait for support from statutory services, voluntary organisations and groups? *(hours, days, weeks, months, years)* Only give answers for the support you have accessed or tried to access**

Mental health support from a voluntary organisation or group

Dementia support

Carers' assessment

Carers' support

Help with benefits (information and application)

Help with finance / debt advice

Help with housing issues

Help with energy costs / bills

Help with getting a Blue Badge

Help with food costs

Special Educational Needs (SEN) support

Information and advice

Substance misuse support

Neurodiversity support (ADHD, Autism etc)

Advocacy (help to have your voice heard)

Long term conditions (peer support group)

LGBTQ+ support

Employment support

Disability services and support

Other

**8. How long have you had to wait for urgent care? Only give answers for the services you have accessed or tried to access**

Mental health crisis support by phone

Face to face mental health crisis support

Emergency ambulance

Accident and Emergency (A&E)

**9. If you aren’t aware of some of the services mentioned in this survey, how would you like to hear about them?**

**10. How do you order repeat prescriptions if you need them? Mark all that apply**

I don’t need repeat prescriptions

Online

I phone the GP Surgery

I go into/ drop a repeat slip at the GP Surgery

I give the request to the person that drops off my medication

I send the request by post

A friend/family member/volunteer sorts it out for me

Other (please specify)

**11. How do you get your medications? Please mark all that apply**

They are sent/delivered to me

I go to a local pharmacy

I go to another pharmacy

From my GP

A friend/family member/volunteer gets it for me

I collect it from a local shop/drop off point

Not applicable

Other (please specify)

**12. From 1 to 5, with 1 being low, how many stars would you give your local pharmacy?**

**13. What is good or not so good about it?**

**14. What stops you from using health or wellbeing services or makes it more difficult? *Please mark all that apply***

Lack of transport

Rely on someone else and have to wait until they are free

Can’t afford a taxi so have to rely on friends or family to take me

Public transport doesn’t take me to where I need to get to or it takes a long time

Public transport isn’t accessible for my needs

Need assistance to access services and support

Need more information

Don’t get information in the right format

I need an interpreter

Inconvenient appointment times/no flexibility for appointments

Have to take time off from work to go

Takes a day to go to an appointment

Unable to access/afford childcare

Health conditions mean I struggle to leave the house

I am a carer and I would have to find someone else to look after the person I care for

Can’t use phone for appointments so have to wait for a face to face

Don’t have access to technology/internet to book appointments or for a video appointment

Want a face-to-face appointment so have to wait longer

Want to see the same person (GP, Nurse, Consultant, Dentist, Mental Health Practitioner etc) and have to wait longer for that

The service doesn’t exist locally

Other *please specify*

**15. What would make accessing health or wellbeing services easier for you?**

**16. What could help you improve your health and wellbeing (not NHS services)**

**17. Do you already, or would you be happy to, use technology to engage with health services or support? e.g booking appointments, ordering repeat prescriptions, for appointments etc**

#### 18. If you need information in an accessible format / have an interpreter (including BSL)

#### Is that provided?

Yes, always

Yes, sometimes

Yes, occasionally

No, I don’t need it

No, but I do need this

No, I take a family member to help me

Other *– please specify*

#### 19. Do you ever need services or support out of hours?

#### Yes

#### No

**20. If yes, what services do/did you need? Please tick all that apply**

GP

Nurse

Specialist Nurse for my condition

Mental Health Support

Dentist

Urgent Care

A&E

Other *- please specify*

**21. What did you do to access out of hours support? Please tick all that apply.**

Went to the out of hours pharmacy

Called the out of hours GP

Called NHS 111

Went online to access NHS 111

Called a specialist helpline

Went to the Urgent Care Centre or Minor Injuries Unit (e.g at Wharfedale, Westmoreland, Rossendale, Preston

Went to A&E at Airedale or Lancaster

Called First Response

Other – *please specify*

**22. If you need help or support, where would you go / who would you call?**

**23. Where would you go if you wanted to raise concerns or issues about a health service?**

**24. Has the pandemic affected your access to health services or support?**

It has improved

It has stayed the same

It has got worse

Other – *please specify*

**25. What has changed?**

**26. Is there anything else you want to tell us about health services or support?**

**Questions about you**

**27. How close is your nearest neighbour?**

Next door

Within 100 metres/yards

Within 1 mile

More than 1 mile

More than 2 miles

Other *– please specify*

**28. Are you a member of the farming community?**

Yes

I am retired and was part of the farming community

I am retired and no longer part of the farming community

No

Other  – *please specify*

**29. Which gender do you identify with?**

Woman

Man

Non binary

Intersex

Prefer to use my own term

Prefer not to say

Other  – *please specify*

**30. What is your age?**

0-12

13-15

16-17

18-24

25-49

50-64

65-79

80+

**31. What is your ethnicity?**

Asian / Asian British: Bangladeshi

Asian / Asian British: Chinese

Asian / Asian British: Indian

Asian / Asian British: Pakistani

Asian / Asian British: other

Black / Black British: African

Black / Black British: Caribbean

Black / Black British: other

Mixed multiple ethnic groups: Asian and White

Mixed multiple ethnic groups: Black African and White

Mixed multiple ethnic groups: Black Caribbean and White

Mixed multiple ethnic groups: other

White: British / English / Welsh / Scottish / Northern Irish

White: Irish

White: Gypsy, Traveller, Irish Traveller

White: Roma

White: other

Any other ethnic group

Prefer not to say

**32. Sexual orientation**

Asexual

Bisexual

Gay Man

Heterosexual / straight

Lesbian / gay woman

Pansexual

Prefer not to say

Prefer to use my own term

Other ☐ - *please specify*

**33. Are you a Carer**

Yes

No

Prefer not to say

Other – *please specify*

**34. Do you consider yourself to have a disability?**

Yes

No

Prefer not to say

Other – *please specify*

**35. Do you consider yourself to have a long-term health condition?**

Yes ☐

No ☐

Prefer not to say ☐

Other ☐ - *please specify*

**End of Survey – Thank you for your time**