

Discharge to Assess - Patient Experience Survey

Welcome to the survey

Discharge to Assess Pathway 3 - Patient Experience Survey

About this survey – and your rights

This survey is from Healthwatch Bristol. We would like you to spare a few minutes to tell us about your care experiences in hospital, a care home or in community care after discharge .

Your response will be used to help service providers to know what is working well and what is not, so they can tackle issues that matter most.

Healthwatch is an independent champion for people using health and social care. Our Workplan 2021 priority is to improve care for all. If we know what best suits your needs then we can advise care providers how to ensure you have the best care.

The report from this survey will be made public and sent to those who commission or provide services.

Bristol Healthwatch have a seat on the Health and Wellbeing Board, and we are also part of Healthier Together Transformation and Sustainability Partnership.

Find more about us at healthwatchbristol.co.uk.

Consent and Confidentiality

This survey is confidential and anonymous. We do not publish any personal information (e.g. names, address etc.). We will only use your email address (if included) for a follow-up question at a later date, should you consent.

The information you give is collected by Healthwatch Bristol using either a paper survey or an online survey at SurveyMonkey.

We collect and keep paper and digital records securely and lawfully only for as long as permitted.

The surveys are only used for the purpose of this project.

Comments you make may be used in a report (though any comments that could make it possible for someone else to identify you, will not be used).

The information will be shared in order that we can carry out our authorised work to ‘find out what matters to people and help make sure their views shape the support they need.’

Your anonymous comments are passed on to people who commission, provide and plan health and social care services.

Deadline for survey December 30th 2021 at 17:00

1. I give permission for my response to be stored by Healthwatch Bristol in accordance with their privacy statement so that they can use it to improve delivery of health and care services across Bristol.

☐ Yes

☐ No

2. Were or are you a patient on the Pathway 3 (complex needs) discharge route ? (please continue with the survey regardless of your answer)

☐ Yes

☐ No

☐ I am not sure

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Your Care

Please tell us about your care up to this point or your current care package

3. Which Hospital ,care home or community team would you like to tell us about (if more than one please complete the survey for each organisation)

4. Were you given clear information about discharge by the staff ?

- ☐ Yes
- ☐ No
- ☐ Not applicable

5. Were you included in discussion and given choices and options about your care plan?

- ☐ Yes
- ☐ No
- ☐ Very little

6. Did you feel included in the discussion when you were updated or informed by staff?

- ☐ Yes
- ☐ No
- ☐ Sometimes

7. Were all your needs regularly assessed?

- ☐ Yes
- ☐ No

8. Did members of staff work well together to meet your needs?

- ☐ Yes
- ☐ No
- ☐ Sometimes

9. Did you know who to contact if you had concerns ?

- ☐ Yes
- ☐ No

10. Is your care plan happening as you expected?

- ☐ Yes
- ☐ No
- ☐ Mostly

11. Did you always feel confident about what would happen next with your care?

- ☐ Yes
- ☐ No

12. Did you feel your family were both included and well supported?

- ☐ Yes
- ☐ No

13. In what ways could your care experience have been better?

14. What worked well?

15. Is there anything else you feel we should know about your care and discharge?

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Tell us a little about yourself

We want to ensure that we represent everyone and by telling us more information about yourself, you will help us better understand how people's experiences may differ depending on their personal characteristics.

16. Please tell us which gender you identify with

17. Is your gender different to the sex that you were assigned at birth?

☐ Yes

☐ No

18. Please tell us which sexual orientation you identify with

19. Please tell us your age

20. Please tell us which ethnicity you identify with

21. Do you consider yourself to be a carer?

☐ Yes

☐ No

22. Do you have a disability or long-term health condition?

☐ Yes

☐ No

23. What is your marital or co-habiting status?

24. Are you pregnant, breastfeeding or have given birth within the last 26 weeks?

☐ Yes

☐ No

25. Please tell us your religion or belief?

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Your contact details (Optional)

If you would like us to contact you regarding your responses and would be interested in taking part in a short telephone interview concerning your experiences , please complete the section below .

26. Your name

27. Your Email address

28. The first part of your postcode (ie:BS3)

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THANK YOU FOR COMPLETING THIS SURVEY

**WE LOOK FORWARD TO INCLUDING YOUR RESPONSES WITHIN OUR REPORT AND WORKING ON
YOUR BEHALF TO IMPROVE HEALTH & SOCIAL CARE IN BRISTOL.**