

Patient and Client Council - COVID-19 People's Priorities Survey

The COVID-19 pandemic had major impacts on health and social care in Northern Ireland during 2020. The Patient and Client Council are keen to hear how the pandemic has affected your healthcare or social care, and how appropriate and effective you feel the Health and Social Care (HSC) response to COVID-19 has been. We're engaging with the public through this survey in an effort to understand:

- People's experiences of using HSC services during the COVID-19 pandemic;
- The consequences of COVID-19 for people's routine / scheduled healthcare and social care.
- People's levels of satisfaction with the restrictions imposed on 'normal' HSC services due to COVID-19; and
- The extent to which people feel that they have been adequately informed on how to keep themselves (and the wider population) safe and healthy.

The survey aims to evaluate the HSC response to COVID-19 to date, from the perspective of service users. This will allow the PCC and other HSC organisations to:

- Learn what people think has worked well, or not so well; and to
- Use this learning to adapt better to COVID-19 in future, and particularly to inform decisions around 'restarting' HSC services during 2021.

After the survey closes in early 2021, response data will be analysed and written up in a report. This report, including recommendations based on the findings, will be published online and shared directly with other HSC organisations (e.g. Dept of Health, HSC Trusts). Findings will be reported in a way that will avoid identifying individuals or their responses. Your responses to the survey will remain anonymous throughout, and will be securely stored and password protected at all times. If you wish to withdraw your response after submitting it, please contact Laura O'Neill Laura.ONEill@pcc-ni.net and we will do all we can to find and delete your response.

To begin, please click 'Next' below and follow the onscreen instructions. The survey will take approximately 10 minutes to complete. Please note that you will only be shown the questions that are relevant to you based on your responses so some question numbers may be skipped. Contact info.pcc@pcc-ni.net if you have any questions or queries.

Alternatively you can:

- Download the questionnaire from our website here, print it, complete it and return it to us by email - Laura.ONeill@pcc-ni.net - or post to FREEPOST, Patient and Client Council;
- Complete the survey over the phone by calling our Freephone number on **0800 917 0222**; or
- Participate in a facilitated online group session -please contact Laura Bonnes on 07881636320 or at laura.bonnes@pcc-ni.net

We greatly appreciate your contribution to this survey.

Section 1 - Demographics

Q1 Are you answering for yourself or on behalf of someone else?

Myself

Go to Q29

Someone else

Go to Q2

Q2 What is their relationship to you?

Parent

Child

Partner/Spouse

Friend

Other

Please specify

Please answer the following questions based on the person on whose behalf you are completing the survey

Q3 Which gender do they identify as? (Please select one option only)

Male

Female

Other

Prefer not to say

Please specify

Q4 Which age group applies to them? (Please select one option only)

- 0-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

Q5 What is their ethnic group?

- White
- Black- Caribbean
- Black - other
- Chinese
- Indian
- Pakistani
- Irish Traveller
- Mixed ethnic
- Other
- Prefer not to say

Please specify

Q6 Do they consider themselves to have a disability?

- Yes
- No

Q7 What is their postcode?

Q8 From which Health and Social Care Trust do they normally receive health or social care?

- Belfast
- Northern
- South Eastern
- Southern
- Western
- Don't know

Section 2 - Treatment and Care

Q9 Have they, the service user, accessed Health and Social Care services since March 2020?

Yes

Go to Q14

No

Go to Q17

Q10 Which Health and Social Care service area have they come in contact with most frequently since March 2020? Please choose one option only.

Accident & Emergency

Allied Healthcare (e.g. Physiotherapy,

Occupational Therapy, Speech and language Therapy, Dietician)

Children's

Dental

Disability

Domiciliary Care (e.g. carer coming into home)

Elderly

Family and Childcare

Gastroenterology (diagnoses and treats disorders of the digestive system)

GP

GP Out of Hours

Maternity

Mental Health

Oncology (Cancer services)

Orthopaedics (diagnoses and treats disorders of the bones, joints, ligaments, tendons and muscles)

Palliative Care

Pharmacy

Residential & nursing homes

Social Care

Social Services

Surgery

Other - Please specify

Please specify

Q11 Was this contact due to suspected / confirmed COVID-19?

Yes

No

Don't know

Q12 Thinking about the service they used most frequently, to what extent do they agree they were satisfied with the service provided?

- Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
-

Please explain why:

Q13 Again thinking about the service they have used most frequently, has the way they access this service changed since March 2020? E.g. Telephone or virtual appointments

- Yes, it has changed
 No, it has not changed

Please explain how?

Q14 Was the reason given for this related to the COVID-19 pandemic?

- Yes
 No
 No reason was given

Q17 Have they had any health or social care (including tests, investigations, treatment, surgery or routine care) cancelled, postponed or reduced since March 2020? Select all that apply

- Cancelled
- Postponed
- Reduced
- Care unavailable / not offered
- None of these

[Go to Section 4](#)

Q18 Was the reason given for this related to the COVID-19 pandemic? If more than one area of their care has been affected, please answer based on the care they see as most essential.

- Yes
- No
- No reason was given

If so, please give details below

Q19 What impact did this have on them, if any?

Q20 Have they received any private healthcare or social care since March 2020

- Yes
- No

Q21 Was this due to the COVID-19 pandemic?

- Yes
- No

Q24 To what extent do they agree that information on COVID-19 has been accessible to them?

			Neith er ag ree nor di sagre e		
N/A	Stron gly di sagre e	Disa gree		Agre e	Stron gly a gree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

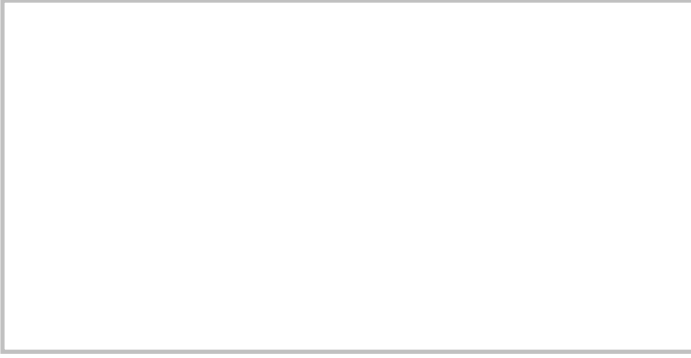
Q25 Please explain your answer

Q26 Where have they accessed information on COVID-19? Please select all that apply. Please select all that apply.

	Online	Phone	Email
Public Health Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NI Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient and Client Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community and voluntary organisation(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T.V / Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 If other, please state where they accessed information on COVID-19?

Q28 Do they have anything else to add with regards to information from Health and Social Care services during the COVID-19 pandemic?



You have now completed the survey. Thank you for taking time to complete this.

Q29 Q1=1 Which gender do you identify as? (Please select one option only)

- Male
- Female
- Other
- Prefer not to say

Please specify

Q30 Which age group applies to you? (Please select one option only)

- 0-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

Q31 What is your ethnic group? (Please select one option only)

- White
- Black- Caribbean
- Black - other
- Chinese
- Indian
- Pakistani
- Irish Traveller
- Mixed ethnic
- Other
- Prefer not to say

Please specify

Q32 Do you consider yourself to have a disability?

- Yes
- No

Q33 What is your postcode?

Q34 From which Health and Social Care Trust do you normally receive health or social care?

- Belfast
- Northern
- South Eastern
- Southern
- Western
- Don't know

Section 2 - Treatment and Care

Q35 Have you accessed Health and Social Care services since March 2020?

- Yes
- No

Go to Q36

Go to Q43

Q36 Which Health and Social Care service area have you come in contact with most frequently since March 2020? Please choose one option only.

- Accident & Emergency
- Allied Healthcare (e.g. Physiotherapy, Occupational Therapy, Speech and language Therapy, Dietician)
- Children's
- Dental
- Disability
- Domiciliary Care (e.g. carer coming into home)
- Elderly
- Family and Childcare
- Gastroenterology (diagnoses and treats disorders of the digestive system)
- GP
- GP Out of Hours
- Maternity
- Mental Health
- Oncology (Cancer services)
- Orthopaedics (diagnoses and treats disorders of the bones, joints, ligaments, tendons and muscles)
- Palliative Care
- Pharmacy
- Residential & nursing homes
- Social Care
- Social Services
- Surgery
- Other - Please specify

Please specify

Q37 Was this contact due to suspected / confirmed COVID-19?

- Yes
- No
- Don't know

Q38 Thinking about the service you have used most frequently, to what extent do you agree you were satisfied with the service provided?

- Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
-

Please explain why:

Q39 Again thinking about the service you have used most frequently, has the way you access this service changed since March 2020? E.g. Telephone or virtual appointments

- Yes, it has changed
 No, it has not changed

Please explain how?

Q40 Was the reason given for this related to the COVID-19 pandemic?

- Yes
 No
 No reason was given

Q43 Have you had any health or social care (including tests, investigations, treatment, surgery or routine care) cancelled, postponed or reduced since March 2020? Select all that apply

- Cancelled
- Postponed
- Reduced
- Care unavailable / not offered
- None of these

[Go to Section 4](#)

Q44 Was the reason given for this related to the COVID-19 pandemic? If more than one area of your care has been affected, please answer based on the care you see as most essential.

- Yes
- No
- No reason was given

If so, please give details below

Q45 What impact did this have on you, if any?

Q46 Have you received any private healthcare or social care since March 2020?

- Yes
- No

Q47 Was this due to the COVID-19 pandemic?

- Yes
- No

Q50 To what extent do you agree that information on COVID-19 has been accessible to you?

			Neith er ag ree nor di sagre e		
N/A	Stron gly di sagre e	Disa gree		Agre e	Stron gly a gree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q51 Please explain your answer

Q52 Where have you accessed information on COVID-19? Please select all that apply

	Online	Phone	Email
Public Health Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NI Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient and Client Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community and voluntary organisation(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T.V / Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q53 If other, please state where you accessed information on COVID-19?

Q54 Do you have anything else to add with regards to information from Health and Social Care organisations during the COVID-19 pandemic?



Thank you for taking the time to complete this survey.
Please press '*submit*' to send us your response.