



**East Riding of Yorkshire
Clinical Commissioning Group**

Meeting your health information needs

We are a GP- led NHS organisation, with an annual budget of around £365 million. We are made up of 36 general practices that serve a registered patient population of around 300,000 people and we cover a geographical area of approximately 1,000 square miles.

We are responsible for planning and buying (commissioning) the majority of health services for people living in the East Riding of Yorkshire including hospital, mental health and community health care services.

The East Riding has particular challenges with an ageing population and some areas of health inequality. We are committed to improving the care provided to patients, reducing health inequalities and raising the quality and standard of health services whilst achieving a financial balance.

To ensure that we commission services that are accessible and inclusive to all, we would value your feedback about experiences of local health care and health information.



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Section A: information about your care or treatment

1. Have you ever looked for information about NHS care/treatment or a health condition?

Yes

No

2. Where did you get information from?

- Face to face with healthcare professional
- Telephone advice
- Website
- Family members/friends
- Leaflet in GP practice/health centre waiting area

Other

3. How easy was it to find?

- Very Easy
- Ok
- Not Easy



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Thinking about the last time you had NHS care or treatment...

4. Have you had NHS care or treatment within the last two years?

- Yes
- No

5. Were options for care and treatment discussed with you?

- Yes
- No

6. Did you feel involved in decisions about your care and or treatment?

- Yes
- No

7. Did you receive information about your care and or treatment?

- Yes
- No

8. How easy was the information to understand?

- Very Easy
- Ok
- Not Easy



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Thinking about the last time you had NHS care or treatment... (continued)

9. Did you need extra help to understand the information about your care and or treatment?

- Yes
- No

10. Was extra help provided?

- Yes
- No

11. What sort of help?

- Braille
- Large print
- Alternative language
- British Sign Language (BSL)
- Easy read
- Other (please say)

12. Have you ever asked for a service and been told you couldn't have it?

Yes

No

13. Did we explain why we said no? (Please explain which service this was and what happened)

14. Do you have any further comments about support with health information?



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Section B: giving feedback about your care or treatment

15. Do you know how to give a compliment or raise a concern about health care and or treatment you have received?

Yes

No

16. Have you ever given a compliment or raised a concern about health care and or treatment you have received?

Yes

No

17. How did we respond to your compliment or concern? (Please explain which service this was and what happened)



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Section C: about your current status

It is important to us to know whether we are supporting or providing services fairly to all groups of people. These questions are intended to help us to find out about that. The information you give us will be kept confidentially and stored securely and will only be used to monitor the fairness and effectiveness of our service delivery and employment practices.

No personal information which can identify you, such as your name or address, will be used in producing equality reports. You do not have to complete this form or some of the questions if you do not want to and it will not affect your access to services or how we treat you.

Thank you.

18. Which GP practice are you registered with?



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19. Gender

- Male
- Female
- Transgender
- Prefer not to say
- Other (please state)

20. Sexual orientation

- Straight/heterosexual
- Gay/lesbian
- Bisexual
- Prefer not to say
- Other (please state)



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21. Religion or belief

- Christian
- Muslim
- Buddhist
- Sikh
- Jewish
- Hindu
- Prefer not to say
- Other (please state)

22. Ethnic group

- White
- White other
- Black/African/Caribbean/Black British
- Asian/Asian British
- Mixed/multiple ethnic groups
- Prefer not to say
- Other (please state)

23. Age

- Prefer not to say
- Enter age

24. Disability

Yes (please state)

I need the following adjustments:

No

Prefer not to say

Note: The Equality Act 2010 considers a person to be disabled if they have a “mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”. You do not need to be registered disabled.

25. How would you describe yourself from the list below? (please select all that apply)

- Service user
- Family/carer of service user
- Member of the public
- Patient group/Community group
- Prefer not to say
- Other (please state)


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RETURNING THIS SURVEY TO US

Email to: ERYCCG.contactus@nhs.net

Or post to:

EDS Survey
FREEPOST RTER-BTEG-KTRE,
NHS East Riding of Yorkshire CCG
Health House
Grange Park Lane
Willerby
HU10 6DT

If you have any queries, please contact us by phone on 01482 672156 or email us at the above address.

THANK YOU FOR COMPLETING THIS SURVEY


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