

Healthwatch Darlington Survey

**This survey will take a few minutes to complete depending on how much information you would like to share.**

**Healthwatch Darlington is your local patient champion for health and care services. We have significant statutory powers to ensure the voice of the patients and carers is strengthened and heard by those who commission, deliver and regulate health and care services.**

**When we talk about services we mean:**

**Health services such as those provided by your GP, hospital, Dentist, Optician or Ambulance service.**

**Care services such as day care, respite or residential care, personal care, support in the home or assistance with disability or a long term condition.**

**This survey is a way for us to discover what you think about NHS Continuing Health Care (CHC.)**

**Some adults who live with a long-term complex health need may qualify for free social care arranged and funded solely by the NHS. NHS Continuing Health Care is provided in a variety of settings outside of hospital, including your own home or a care home.**

**Jargon Buster:**

**MDT - Multi Disciplinary Team, is a team of professionals for example doctors, nurses and social care worker.**

**DST - Decision Support Tool, this is a long application.**

**Thank you for taking part!**

**Healthwatch Darlington**

1. Are you aware of NHS Continuing Health Care?

Yes

No

2. If yes, How did you first find out about it?

3. Have you or someone you care for ever been considered for NHS Continuing Health Care?

- Yes
- No
- Don't Know

4. Are you aware that the first stage is for an eligibility checklist to be completed for NHS Continuing Health Care?

- Yes
- No
- Don't know

Please share comments

5. Following on from the eligibility checklist did you or the person you care for proceed to the next stage? (This would involve a Multi Disciplinary Team (MDT) meeting, completing a form known as Decision Support Tool (DST).)

- Yes
- No
- Don't Know

Please share your comments

6. If yes, how did you find your experience when going through the process?

7. Were you entitled to NHS Continuing Health?

- Yes
- No

8. How did you feel about this decision?

9. Would you like to speak to Healthwatch Darlington further about your experience? If yes, please provide your contact details below:

**Name**

**Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Country**

**Email Address**

**Phone Number**

Thank you for your feedback.