Surrey and Borders Partnership NHS
NHS Foundation Trust

# Community Experience Survey

Please print and complete this survey and post to the freepost address shown on the last page of the survey. Please note some questions and answer options may go across two pages.

Alternatively you can complete this survey securely online at:
https://websurvey.sabp.nhs.uk/community

Please help us to improve services by completing this survey which asks questions about your views on the care and treatment you have received in the community from Surrey and Borders Partnership NHS Foundation Trust.

The answers you give are anonymous and will be treated as confidential.

If you like, you can ask a friend to help you complete the questionnaire, but please do not ask staff who have had involvement in your care.

We also offer the survey in large print or in Braille and can make it available in other formats and other languages if required. Please contact Martin Clark on 01276 605568 or e-mail martin.clark@sabp.nhs.uk

There are 22 questions in this survey

## Team and Service

### 1 Name of team (e.g. Guildford CMHRS) *

Please write your answer here:

### 2 Service type *

Please choose **only one** of the following:

- ○ Working Age Adults
- ○ Older Persons

## Referral

### 3 To what extent do you agree with the following statement: I have been given sufficient information about my condition? *

Please choose **only one** of the following:

- ○ Strongly agree
- ○ Agree
- ○ Disagree
- ○ Undecided

### 4 When were you given this information? *

Please choose the appropriate response for each item:

| | Yes | No |
|---|---|---|
| At diagnosis? | ○ | ○ |
| Ongoing throughout your treatment? | ○ | ○ |

### 5 Who have you seen? (tick all that apply) *

Please choose **all** that apply:

- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Community Mental Health Worker
- ☐ Community Psychiatrist
- ☐ Speech and Language Therapist
- ☐ Social Worker
- ☐ Community Psychiatric Nurse
- ☐ Occupational Therapist
- ☐ Other:

### 6 Out of the clinicians you ticked in the previous question, who do you feel was knowledgeable about your condition? (tick all that apply)

Please choose **all** that apply:

- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Community Mental Health Worker
- ☐ Community Psychiatrist
- ☐ Speech and Language Therapist

- [ ] Social Worker
- [ ] Community Psychiatric nurse
- [ ] Occupational Therapist
- [ ] Other:

**7 To what extent do you agree with the following statement: I have been made aware of the help available to me? ***

Please choose **only one** of the following:

- ○ Strongly agree
- ○ Agree
- ○ Disagree
- ○ Undecided

**8 Have you been given the number of your local out of hours Mental Health Service? ***

Please choose **only one** of the following:

- ○ Yes
- ○ No
- ○ Not applicable

**9 Have you used this service? ***

Please choose **only one** of the following:

- ○ Yes
- ○ No
- ○ Don't know

**10 If you have used this number how long did it take you to get through last time?**

Please choose **only one** of the following:

- ○ Less than 5 minutes
- ○ Between 5 minutes and 15 minutes
- ○ Over 15 minutes

Make a comment on your choice here:

### 11 Did you get the help you wanted?

Please choose **only one** of the following:

- ○ Yes
- ○ No

Make a comment on your choice here:

## Engagement by Community Service

### 12 To what extent do you feel that your needs have been understood? *

Please choose **only one** of the following:

- ○ Always
- ○ Often
- ○ Rarely
- ○ Never

### 13 Did you feel that your views and worries were taken seriously? *

Please choose **only one** of the following:

- ○ Always
- ○ Often
- ○ Rarely
- ○ Never

### 14 Did you feel involved in decisions around how your needs would be met? *

Please choose **only one** of the following:

- ○ Always
- ○ Often
- ○ Rarely
- ○ Never

### 15 To what extent do you agree with the following statement: Overall the service I received was useful. *

Please choose **only one** of the following:

- ○ Strongly agree
- ○ Agree
- ○ Disagree
- ○ Undecided

### 16 During your treatment did you feel: *

Please choose the appropriate response for each item:

| | Always | Often | Rarely | Never |
|---|---|---|---|---|
| Respected | ○ | ○ | ○ | ○ |
| Reassured | ○ | ○ | ○ | ○ |

| | Always | Often | Rarely | Never |
|---|---|---|---|---|
| Supported | ○ | ○ | ○ | ○ |
| Understood | ○ | ○ | ○ | ○ |
| Listened to | ○ | ○ | ○ | ○ |

## Care Planning

### 17 Were you given (or offered) a written or printed copy of your care plan? *

Please choose **only one** of the following:

- ○ Yes in the last year
- ○ Yes more than one year ago
- ○ No
- ○ Not sure

### 18 Did you understand what was in your care plan? *

Please choose **only one** of the following:

- ○ Yes definitely
- ○ Yes to some extent
- ○ No, I do not understand it
- ○ Not sure

### 19 Do you think your views were taken into account when deciding what was in your care plan? *

Please choose **only one** of the following:

- ○ Yes definitely
- ○ Yes to some extent
- ○ No, I do not understand it
- ○ Not sure

### 20 Does your care plan meet your needs? *

Please choose **only one** of the following:

- ○ Yes definitely
- ○ Yes to some extent
- ○ No
- ○ Not sure

## Further Comments

### 21 Would you like to tell us anything further about your experience?

Please write your answer here:

### 22 Are there any improvements that you feel we can make to our service?

Please write your answer here:

Thank you for taking the time to complete this questionnaire.

Please send your completed survey via freepost to the following address;

**FREEPOST RR AL-RCEZ-ZHUB**
**Patient Experience Trackers**
**Surrey and Borders Partnership NHS Foundation Trust**
**18 Mole Business Park,**
**Leatherhead,**
**Surrey**
**KT22 7AD**