

Modernising health and care services in the Teignmouth and Dawlish area – feedback survey

We are keen to know your views and the reasons behind them

It is easier – and cheaper – to complete our feedback questionnaire online at www.devonccg.nhs.uk/teignmouth-and-dawlish

or you can return this printed version to:

Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre
Great Western Road, Paignton, TQ4 5AG

If you need more space to give your feedback, please do so on a separate piece of paper, giving the number of the question(s) to which you are responding.

Healthwatch Devon, Plymouth and Torbay, an independent consumer champion for health and social care, is receiving and evaluating all feedback during the consultation process, to ensure impartiality.

1. Please can you tell us the first part of your postcode? (we only need the first part, for example TQ14 or EX7, so we can check we have heard views from people from across our area)

2. I understand the proposal being made in this document

☐ Yes ☐ No

3. If you don't understand the proposals being made, please explain which aspects you don't understand.

4. Have we clearly explained the reasons why change is needed?

☐ Yes ☐ No

5. Our vision is to provide 'excellent integrated services'. Do you think integrated (joined-up) services are important?

☐ Yes ☐ No

6. How many times in the last 12 months have you used NHS services at Teignmouth Community Hospital?

☐ None ☐ Once ☐ Twice ☐ More than twice

7. If you have used services at Teignmouth Community Hospital, which services did you use?

8. How many times in the last 12 months have you used NHS services at Dawlish Community Hospital?

☐ None ☐ Once ☐ Twice ☐ More than twice

9. If you have used services at Dawlish Community Hospital, which services did you use?

10. Have you ever received nursing care, occupational therapy or physiotherapy in your home in the Teignmouth and Dawlish area?

☐ Yes ☐ No

11. If you have received nursing care, occupational therapy or physiotherapy in your home in the Teignmouth and Dawlish area, please indicate which type of care you received:

☐ Nursing care ☐ Occupational Therapy ☐ Physiotherapy ☐ Other (please specify)

12. **Thinking about the proposal, what is your view on each element?:**

Element a) - Move high-use community clinics (audiology, podiatry and physiotherapy) and the ear, nose and throat clinic from Teignmouth Community Hospital to the Health and Wellbeing Centre in Teignmouth.

☐ Support ☐ Not sure ☐ Don't support

13. Please give the reasons for your answer here:

14. **Element b)** - Move specialist outpatient provision from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away.

☐ Support ☐ Not sure ☐ Don't support

15. Please give the reasons for your answer here:

16. **Element c)** - Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital.

☐ Support ☐ Not sure ☐ Don't support

17. Please give the reasons for your answer here:

18. **Element d)** - Continue with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital.

☐ Support ☐ Not sure ☐ Don't support

19. Please give the reasons for your answer here:

20. This proposal consists of four elements. All things considered, do you support the overall proposal?

☐ Yes ☐ No

21. If not, please tell us why not below?

22. Can you think of another proposal that would help us to deliver the vision of providing excellent integrated services?

23. During this consultation, have you been able to get the information you need and contribute your feedback?

☐ Yes, completely ☐ Yes, mostly ☐ To some extent ☐ No

24. Please give the reasons for your answer here

25. Are there any other comments that you would like to make?

To help us understand the needs of different people, we do ask for some information about you. You do not need to answer these questions, but if you do, it helps us to provide a more accurate picture of the views of people in the Teignmouth and Dawlish area to those whose job it is to see that these are met.

1. How old are you?

- | | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--|
| ☐ Under 18 | ☐ 18-25 | ☐ 26-35 | ☐ 36-45 | ☐ 46-55 |
| ☐ 56-65 | ☐ 66-75 | ☐ 76-85 | ☐ 85+ | ☐ Prefer not to say |

2. How would you describe your ethnicity?

- | | | | |
|---|---|--|---|
| ☐ White British | ☐ Asian British | ☐ Asian | ☐ Afro-Caribbean British |
| ☐ Afro-Caribbean | ☐ Mixed heritage | ☐ Gypsy/traveller | ☐ Prefer not to say |
| | | | ☐ Other |

3. How would you describe your gender?

- | | | |
|--|--|---|
| ☐ Male | ☐ Female | ☐ Transgender man |
| ☐ Transgender woman | ☐ Prefer not to say | ☐ Prefer to self-describe (please state) |

4. How would you describe your sexual orientation?

- | | | |
|--|--|---|
| ☐ Heterosexual / straight | ☐ Gay man | ☐ Gay woman/lesbian |
| ☐ Bisexual | ☐ Prefer not to say | ☐ Prefer to self-describe (please state) |

5. Do you have a disability?

- ☐ Yes ☐ No

6. If so, what type of disability do you have? *Tick all that apply*

- | | | |
|--|---|---|
| ☐ Physical disability | ☐ Deaf/Blind | ☐ Speech |
| | ☐ Mental illness | ☐ Prefer to self-describe (please state) |

7. Are you a carer? (A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.)

- ☐ Yes ☐ No

8. What is your religion or belief?

- | | | |
|------------------------------------|--|---|
| ☐ Christian | ☐ Muslim | ☐ Hindu |
| ☐ Jewish | ☐ Sikh | ☐ Buddhist |
| ☐ None | ☐ Prefer not to say | ☐ Other (please specify) |