Access to Healthcare Appointments: Have Your Say

Healthwatch North Yorkshire listens to people's experiences of health and care services. We share this feedback with the NHS to help improve services.

This survey asks about one recent health appointment you had, for example, with your doctor, dentist or at the hospital. We would like to know if you were offered any support or changes to make the appointment easier for you. These changes are called reasonable adjustments.

We are interested in hearing from people with:

- Physical disabilities
- Sensory impairments
- Mental health conditions
- Learning disabilities
- Neurodiversity
- Long-term health conditions

We will use your responses to write a report which will be shared with the people who plan and deliver health and care services, to help them make improvements. Your name will not be used, and no one will know the answers are from you. The survey takes around 10 minutes to complete.

Some questions may not apply to you, for these questions you can select 'Not applicable'.

Do you need this survey in another format? We can provide Easy Read, large print or complete it with you over the phone.

For any questions of alternative formats, please contact Alicia Rose (Research & Projects Coordinator):

- Email address: alicia.rose@hwny.co.uk
- Phone number: 01423 788128

Please send your completed survey to Freepost HEALTHWATCHNORTHYORKSHIRE. Note you do not need to add a stamp.

Section 1: Consent

Please let us know that you are happy to take part in this survey by ticking 'I agree', confirming you have read the above project information and agree to your anonymous feedback being used by Healthwatch.

☐ I agree
☐ I do not agree

Section 2: Details of a recent health appointment

In this survey, we would like you to tell us about one recent health appointment. Please select where this took place from the list below.

☐ GP surgery (e.g. for a specific health concern, routine check-up, blood test, vaccination)
☐ Hospital outpatient clinic *(e.g. consultation, scan, follow-up appointment)*
☐ Hospital inpatient stay *(e.g. overnight stay for surgery or treatment)*
☐ Accident & Emergency (A&E) / Urgent Care Centre
☐ Dental surgery *(e.g. check-up, treatment)*
☐ Community health service *(e.g. physiotherapy, podiatry)*
☐ Mental health service *(e.g. appointment with psychiatrist, mental health nurse, therapy session)*
☐ Pharmacy *(e.g. flu jab, blood pressure check, minor ailments consultation)*
☐ Other *(please specify)*:

What is the name of the service you have selected, e.g. the name of your GP practice, dental practice or the name of the hospital? If you selected hospital, please give more detail e.g. the department or ward.

Section 3: Changes to how appointments are run

In the section we will ask you questions about whether changes were made to how the appointment was carried out to make it easier for you. For example, this might include a longer appointment time.

Thinking about your appointment, were you asked if you needed any reasonable adjustments when booking the appointment?

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Not sure

Thinking about your appointment, were you asked if you would like your reasonable adjustments to be recorded using the Reasonable Adjustment Digital Flag? *This is a consent-based system that helps health and care staff know how to support you.*

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Not sure

Thinking about your appointment, did staff know about your adjustment needs when you arrived at the appointment? *For example, did they offer support without you needing to explain again, for example by checking the Reasonable Adjustment Digital Flag?*

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Not sure

Thinking about your appointment, did you see or hear any information explaining that you can ask for extra support or reasonable adjustments? *For example, posters, leaflets, digital screen or staff mentioning it.*

- ☐ Yes
- ☐ No

☐ Not sure

Thinking about your appointment, if needed, were you offered longer or more flexible appointment times to suit your needs?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your appointment, did staff show empathy and understanding about your needs or condition?

☐ Yes
☐ No
☐ Not sure

Please share any additional comments about how your appointment was handled or how staff supported you/did not support you?

Is there anything else you would like to see from health services in relation to how appointments were handled and run?

Section 4: Changes to the environment or equipment provided

In this section we will ask questions about whether changes were made to the physical environment or whether you were given equipment to make it easier for you. For example, this might include step free access or hearing loops.

Thinking about your appointment, was there step-free access to the building (such as a ramp so you don't have to use stairs)?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your appointment, were there disabled parking spaces available?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your appointment, were you offered help with getting to the appointment, such as being offered access to patient transport services?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your last appointment, were assistance dogs (such as guide dogs) allowed?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your appointment, were you offered a separate quiet or calm waiting area (instead of the main waiting room)?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your appointment, were you offered the chance to do a walk-round or shown a video of it beforehand to help you get used to the environment? *For example, going to the surgery before a blood test, or visiting or being shown a video of the operating room or dental clinic before your appointment.*

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your appointment, was there a disabled toilet with space, support rails and an emergency alarm cord?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your appointment, was there clear and easy-to-read signs to help find your way around the building?

☐ Yes
☐ No
☐ Not sure

Thinking about your appointment, were you offered a hearing support system (e.g. a hearing loop in the waiting area, sign live (BSL interpretation app))?

☐ Yes
☐ No
☐ Not applicable

☐ Not sure

Please share any additional comments about the facilities or equipment at your recent health appointment

Is there anything you would like to see from health services that would make the building or equipment easier for you to access/navigate?

Section 5: Changes to how information is shared

In the section we will ask questions about whether changes were made to the way information is shared to make it easier for you. For example, this might include providing information in large print or explaining things in a clear way.

Thinking about your appointment, was information provided in a format that is accessible to you (E.g. Easy Read, large print, simplified format)?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your appointment, were you given access to an interpreter (e.g. British Sign Language interpreter)?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Thinking about your appointment, did staff explain things clearly in Plain English without using complex medical terms?

☐ Yes
☐ No
☐ Not sure

Thinking about your appointment, was your carer, family member or advocate included in discussions if you asked for this?

☐ Yes
☐ No
☐ Not applicable
☐ Not sure

Please share any additional comments about how communication was handled at your last health appointment

Is there anything you would like to see from health services that would make it easier to understand information or communicate with staff?

Section 6: Anything else

Is there anything else you would like to share about reasonable adjustments in health settings?

Section 7: Would you like to speak to us in more detail?

Would you be interested in talking to us in more detail about your experiences and views on this topic? If so, please provide your contact details (email address and/or phone number) below and we will be in touch. *Your details will only be used by Healthwatch to contact you.*

Section 8: About you

By telling us more about you, you will help us ensure that we are hearing from different people in different situations. If you would rather not share these details please select 'Prefer not to say' for each question.

Are you filling this in for:

☐ Yourself
☐ Someone you care for or support
☐ Prefer not to say

If you are filling this in for someone you care for or support, please answer the below demographic questions based on the person you are supporting, not yourself.

Which of the following apply to you? (please select all that apply)

☐ Physical disability
☐ Sensory impairment (e.g. sight or hearing loss)
☐ Mental health condition
☐ Learning disability
☐ Neurodivergent (e.g. autism, ADHD)
☐ Long-term health condition
☐ English as an additional language
☐ None of the above
☐ Prefer not to say
☐ Other:

Which district in North Yorkshire do you live?

☐ Harrogate
☐ Selby
☐ Scarborough
☐ Ryedale
☐ Hambleton
☐ Richmondshire
☐ Craven
☐ Other:

What is your age?

☐ Under 18
☐ 18–24
☐ 25–34
☐ 35–44
☐ 45–54
☐ 55–64
☐ 65–74
☐ 75+
☐ Prefer not to say

What is your gender?

☐ Female
☐ Male

☐ Non-binary
☐ Prefer not to say
☐ Prefer to self-describe:

Thank you for completing this survey!