**BME Patient Experience Survey**

**What is the survey about?**

This survey is to find out about **your experiences** of receiving healthcare. We are interested in your experiences as you are a member of a Black or other minority ethnic community in Manchester. Your feedback may be used to help develop and improve NHS services.

**Instructions**

1. Please complete the survey **only** **if** you have received healthcare (that is, visited a General Practice, a dental practice, a hospital or a community health clinic) **within the last** **12 months.**

Please choose an experience which stands out in your memory and answer all the questions in relation to **this** **one** experience **only**. The experience you choose to focus on can be either good or bad.

2. **Your answers will be treated in confidence.**

3. For each question please tick clearly inside the box / boxes.

Don’t worry if you make a mistake; simply cross out the mistake and put a tick in the correct box / boxes.

Ifyou select theOther option, please explain your choice in the box below the option.

**BHA for Equality working in partnership with NHS North, Central and South Manchester Clinical Commissioning Groups**

**Overall Experience of Care**

1. I would describe my experience of receiving care as:

* Very good
* Good
* Neither good nor bad
* Bad
* Very bad
* Don’t Know

2. I feel that I was treated with **respect and dignity** by the NHS staff treating me.

* Strongly Disagree
* Disagree
* Neither Agree nor Disagree
* Agree
* Strongly Agree
* Don’t Know

**Influence of Race / Ethnicity on Experience of Care**

3. I believe that the quality of care that I received was influenced by NHS staff’s perceptions of my (**tick all that apply**):

* Nationality
* The language I speak
* The colour of my skin
* Religious beliefs (faith)
* The quality of my care was not affected by any of these factors **Go to Q. 5**
* Other (please specify)

4. Please explain how the quality of care that you received was influenced by NHS staff’s perceptions of your nationality, culture, religious beliefs, etc.

5. NHS staff made incorrect assumptions about my nationality, culture, religious beliefs, etc. which affected my experience of care.

* Strongly Disagree
* Disagree
* Neither Agree nor Disagree
* Agree
* Strongly Agree
* Don’t Know

6. I feel that I received emotional support from the NHS staff treating me (that is, NHS staff were caring and showed concern for me and my health condition).

* Strongly Disagree
* Disagree
* Neither Agree nor Disagree
* Agree
* Strongly Agree
* Don’t Know

**Involvement in Decisions about Care**

7. I was involved as much as I wanted to be in the planning of my care.

* Yes, definitely
* Yes, to some extent
* No
* I didn’t want to be involved in the planning of my care
* Other (please specify)

8. I was given a range of choices for treatment.

* Yes, definitely
* Yes, to some extent
* No
* I didn’t want to be given a range of choices
* Other (please specify)

9. I was informed about the costs, risks and benefits of different treatment options.

* Yes, definitely
* Yes, to some extent
* No
* I didn’t want to be informed
* Other (please specify)

**Raising Concerns or Making Complaints about Poor Care**

10. I am aware that I can make a complaint if I am unhappy with the care I receive.

* Yes **Go to Q. 11**
* No **Go to Q. 14**

11. Please state the different ways you know of making a complaint.

12. I feel comfortable about making a complaint.

* Yes
* No

13. If you have made a complaint about the care you received, please give details of your complaint (your answer will be kept confidential).

14. If you wanted to make a complaint about the care you received but did not, please say why (your answer will be kept confidential).

**Sources of Health Information**

15. When you need information about your health condition, please select the sources from the list below that you ordinarily use to get the information (**tick all that apply**).

* GP
* Dental Practice
* Hospital
* Community Health Clinic
* Pharmacy
* NHS 111
* NHS Choices
* Other sources on the Internet (online articles, reviews, blogs, etc.)
* Newspapers or magazines (print media)
* Religious, cultural or other community group
* Family or friends
* Other (please specify)

**Experience of Participation in**

**Experience of Provision to Meet Patients’ Communication Needs**

16. During my visits in the last 12 months, I needed the services of an interpreter.

* Yes **Go to Q. 17**
* No **Go to Q. 19**

17. When I needed an interpreter, I was able to get one.

* Yes
* No

18. Please rate the ease of getting an interpreter.

* Very difficult
* Difficult
* Neither difficult nor easy
* Easy
* Very Easy
* Don’t Know

19. My additional communication needs (for example, sign language, large print, easy read version, translations, etc.) were met by the care provider.

* Yes, definitely **Go to Q. 21**
* Yes, to some extent **Go to Q. 21**
* No **Go to Q. 20**
* I didn’t have any additional communication needs **Go to Q. 21**

20. Please say how your additional communication needs were **not** met by the care provider.

**Long-standing Health Conditions**

21. I have a long-standing health condition.

* Yes **Go to Q. 22**
* No **Go to Q. 24**

22. If you have a long-standing health condition, please say which **condition/s** you have (**tick all that apply**).

|  |  |
| --- | --- |
| Alzheimer’s disease or dementia | High blood pressure |
| Angina or long-term heart problem | HIV or Other Sexually Transmitted Diseases |
| Arthritis or long-term joint problem | Kidney or liver disease |
| Asthma or long-term chest problem | Learning disability |
| Blindness or partially sighted | Long-term back problem |
| Cancer in the last 5 years | Long-term mental health problem (depression, Bipolar disorder, Schizophrenia, etc.) |
| Deafness or severe hearing impairment | Long-term neurological problem (stroke, Parkinson’s disease, Multiple Sclerosis, etc.) |
| Diabetes | Another long-term condition not listed here (please specify) |
| Epilepsy | Prefer not to say |

23. Please say how health and care staff can help you in managing your long-standing health condition better.

**Free NHS Health Checks**

24. Free NHS Health Checks are for people aged 40-74 years of age who are not taking medication for a long term health condition such as diabetes, high cholesterol or heart disease.

If you are eligible for a free NHS Health Check, please say whether you have had one in the last 5 years.

* I am not eligible for a free NHS Health Check

**Go to Q. 26**

* I am eligible and have had a health check in the last 5 years

**Go to Q. 26**

* I am eligible and have **not** had a health check in the last 5 years

**Go to Q. 25**

25. If you are eligible for a free NHS Health Check but have **not** had one in the last 5 years, please say why not.

**Awareness of the 7-day GP Service**

26. I am aware of the 7-day GP service.

* Yes **Go to Q. 27**
* No **Go to Q. 28**

27. I have used the 7-day GP service.

* Yes
* No

**Experience of Participation in Consultation Events**

28. I have taken part in consultation events to improve healthcare services.

* Yes **Go to Q. 30**
* No **Go to Q. 29**

29. If you have **not** taken part in consultation events to improve healthcare services, please say why.

**General Comments**

30. If there is anything else you would like to tell us about your experiences, please do so here.

**About You**

This information **will not be used to identify you**. We use it to see whether different groups of people are having different experiences of NHS services.

31. Are you male, female, or other?

🞏 Male

🞏 Female

🞏 Transgender

🞏 Other (please specify)

🞏 Prefer not to say

32. What is your **year of birth**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(Please write in)** e.g. | 1 | 9 | 3 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

33. What is your religion?

🞏 No religion

🞏 Buddhist

🞏 Christian

🞏 Hindu [Continued...]

🞏 Jewish

🞏 Muslim

🞏 Sikh

🞏 Other

🞏 Prefer not to say

34. Which of the following best describes how you think of yourself?

🞏 Heterosexual / Straight

🞏 Gay / Lesbian

🞏 Bisexual

🞏 Other

🞏 Prefer not to say

35. Do you have a disability?

🞏 Yes

🞏 No

🞏 Prefer not to say

36. What is your ethnic group? **(Tick ONE box only)**

**a. WHITE**

🞏 English / Welsh / Scottish / Northern Irish / British

🞏 Irish [Continued...]

🞏 Gypsy

🞏 ROMA

🞏 Irish Traveller

🞏 Any other White background, **write here..............................................**

**b.** **MIXED / MULTIPLE ETHNIC GROUPS**

🞏 White and Black Caribbean

🞏 White and Black African

🞏 White and Asian

🞏 Any other Mixed/multiple ethnic background, **write here……. ..............................................**

**c.** **ASIAN / ASIAN BRITISH**

🞏 Indian

🞏 Pakistani

🞏 Bangladeshi

🞏 Chinese

🞏 Any other Asian background, **write here..................................................**

**d.** **BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**

🞏 African

🞏 Caribbean

🞏 Any other Black / African / Caribbean background, **write here.............................................**

**e.** **OTHER ETHNIC GROUP**

🞏 Arab

🞏 Any other ethnic group, w**rite here...............................................**

37. Please tell us the postcode where you live..............................................

38. Please tell us where you received your healthcare (the name of the GP / Dental Practice / Hospital / Community Health Clinic, etc.) …………………… ...........................................................

**Please check that you have answered all the questions that apply to you.**

**Thank you very much for your help. Your response is received gratefully.**

BHA is a charity which exists to improve health and social care equality and support BME, marginalised and disadvantaged individuals, families and communities to improve their health and wellbeing.

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