

Survey for people who have used Community Nursing services – either at home or in a clinic

This survey is being hosted by Kent Community Health NHS Foundation Trust on behalf of the James Lind Alliance Priority Community Nursing Setting Partnership. If you would like more information on this project you can read about it on-line at https://www.arc-oxtv.nihr.ac.uk/research/Research_priorities_for_community_nursing.pdf or call 07920 562650 and leave a message to request a copy.

What do we want you to do?

Have your say! Help improve Community Nursing for Adults in England

Why is this survey important?

This survey will help us to find out the areas where more research on community nursing is needed. A group of four Senior Research Nurse Leaders from different parts of the country came together to set up this process.

Who should take part in this survey?

You should take part in this survey if you or someone you care for has received a visit or appointment from a community nurse.



What is a community nurse?

A community nurse would most likely visit you in your home to give care or support, helping you to stay independent. This could be to manage a long term condition or care at the end of life. Services that community nurses commonly provide include catheter/continence management, wound care, injections, advice and symptom management. This could be in your own home or in a clinic, it could be short or long term.

Here are some examples of the types of questions or comments you might have. Remember, these are just examples. Please say what you want to say.

I want to be part of discussing my progress. Why don't I feel like I am?

Why can't the same person always visit me, as they know about me?

If I've given my permission for my door access code to be used, why don't the whole district nursing team use the code?

We are not looking for questions about community nursing with children and families or community nursing education or training.

Why do we want to hear from you?

We want to gather people's questions about community nursing so that we can understand what type of research needs to happen to improve patients' experiences of community nursing.

By telling us what you think, we can help make sure that research answers the questions that matter to you.

Please take part if:

- You are an adult (aged 18 or over)
AND you have been treated by a
community nurse OR you have been in
contact with community nurses in
England

- OR you are a family member or
informal carer of the above.

- If you know people who fit into these
groups, please tell them about the
survey so they can complete it as well.



When you answer the questions, please write as much or as little as you like. If you need help to do this please ask someone to support you. If you are part of a group, you might want to talk about the survey and complete the survey together.

We will treat all answers confidentially – **we will not share your personal details with anyone and no one will know it is you who has sent in the questions.**

We hope you understand that we can't respond to individual questions or concerns about community nursing. If you need further information or support, please contact your GP or your local carers' support organisation or young carers' support.

What happens next?

This survey will be open for 3 months, after this we will check that your questions haven't already been answered. When we have a long list of unanswered questions a 2nd survey will ask people to pick those that they think are the most important questions. The final step is a workshop that will concentrate on deciding which of the 20-30 most important questions picked by the 2nd survey are the top 10.

These are the questions that we will focus community nursing research on.

We will make the top 10 list of questions available on-line at https://www.arc-oxtv.nihr.ac.uk/research/Research_priorities_for_community_nursing so that everyone can see them or you can request a copy by phoning 07920 562650

Q1 of 3. What did the community nurse/ nursing team do that worked well?
(Continue on another sheet if needed)

Q2 of 3. What could the community nurse/nursing team have done differently/better to improve the care experience? (Continue on another sheet if needed)

Q3 of 3. Is there anything else you would like to tell us about when you, or someone you care for had care, support or advice from a community nurse/nursing team? (Continue on another sheet if needed)

Some questions about you

We would like to know a little about you, to help us make sure that we hear from a wide range of people. **These answers are confidential and the results of this project will not say who you are. The answer to the questions about you will not be shared with anyone else.**

Which of the following best describes you? (Please tick one box)

- I am a patient who is receiving care from a community nurse or nursing team/ has received care from community nurses in the past
- I am a carer or family member of someone has been treated by a community nurse/nursing team.
- I am completing this on behalf of a group of people
- Other (if you have ticked this, please write what best describes you in the box below)

Where do you usually live? (Please tick one box)

- North East England
- North West England
- Yorkshire and Humber
- East Midlands
- West Midlands
- East of England
- London
- South East of England
- South West of England
- Other (if you have ticked this, please write the area where you usually live in the box below)

Which best describes your gender? (Please tick one box)

- Male
- Female
- I prefer to use my own term
- I prefer not to say

How old are you? (Please tick one box)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 13 or under | <input type="checkbox"/> 55 – 64 |
| <input type="checkbox"/> 14 – 17 | <input type="checkbox"/> 65 – 74 |
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> 75 – 84 |
| <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 35 – 44 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 45 – 54 | |

Which best describes your ethnic group? (Please tick one box)

- White
- Mixed/multiple ethnic groups
- Asian/Asian British
- Black/African/Caribbean/Black British
- Other ethnic group
- Prefer not to say

If you have completed this survey as part of a group, please tell us more about your group (but please ignore this question if you have not completed the survey as part of a group)

How many people are you completing this survey with?

What kind of group is it?

Would you like to hear more from us?

Would you like to hear about the progress of this project and the results?

- Yes
- No

How to contact you

If you have agreed above that you would like to hear more about the progress of this project and the results, please provide your contact details below so that we can give you more information occasionally throughout the project and when we finish.

Name

Email address

Post address if you would prefer us to contact you by post:

How we will keep your information safe

Your personal information (for example your gender, ethnic group or your address if you have given it) is held and used in compliance with the Data Protection Act. Any personal information that you give us will only be used in relation to this project. You can ask us to remove your details from our database at any time.

Do you agree to your personal information (for example your gender, ethnic group or your address if you have given it) being used in the way we have described above? *Required

Yes

No

If you would like to read our privacy statement you can read it on-line at <https://www.kentcht.nhs.uk/legal/> or call 07920 562650 and leave a message to request a copy.

Thank you for supporting our project.

Please return your completed questionnaire to:

Community Nursing PSP Survey,

c/o Karen Dadson and Helen Grogan, Kent Community Health NHS Trust,
The Oast, Hermitage Lane, Maidstone, ME16 9NT