

Dementia Gloucestershire 2022 Survey

1. About this survey

Please tell us about your experiences so we can improve how we help people with dementia in the future.

In Gloucestershire our NEW Dementia Strategy will be based upon the Dementia Wellbeing Pathway (NHS England):

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

You can find the Dementia Well Pathway here: <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

These headings mean different things to different people, and we want to hear from you to help shape and develop our strategy and future developments in Gloucestershire.

This survey is being brought to you by:

- Gloucestershire Health and Care NHS Foundation Trust
- Gloucestershire NHS Clinical Commissioning Group
- Gloucestershire Hospitals NHS Foundation Trust
- Gloucestershire County Council
- Gloucestershire Carers Hub
- Alzheimer's Society
- Managing Memory Together
- Gloucestershire Care Providers Association
- Gloucestershire Dementia Action Alliance
- Gloucestershire Dementia and Education Strategy
- Age UK
- Gloucestershire Older Peoples Association

Together, we would all like to better understand YOUR experiences.

The information you provide is anonymous (unless you agreed to leave your contact details) and will be stored securely. Your feedback will only be used to help us tailor Gloucestershire's dementia care and support services and help to develop the NEW Gloucestershire Dementia Strategy.

The closing date for receipt of paper surveys is Friday 27 May 2022

The online survey <https://www.smartsurvey.co.uk/s/dementiaGlos2022/> closes at 09:00 on 1 June 2022

Please complete the following questions. Please indicate between 1 and 5 whether you agree with these following statements. (1 = Do not agree and 5 = Strongly agree)

| | 1 (Do not agree) | 2 | 3 | 4 | 5 (Strongly agree) | Prefer not to say | I don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I have been given information about reducing my personal risk of dementia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I was worried about my memory, I would know where to go for advice and support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If faced with a diagnosis of dementia – I know how and where to access support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Someone diagnosed with dementia is supported to make their own decisions; for example to maintain independence and live safely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A dementia diagnosis is given in a timely way in Gloucestershire | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People with dementia are treated with dignity and respect by health and care staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Please complete the following questions. Please indicate between 1 and 5 whether you agree with these following statements. (1 = Do not agree and 5 = Strongly agree)

| | 1 (Do not agree) | 2 | 3 | 4 | 5 (Strongly agree) | Prefer not to say | I don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Following a dementia diagnosis, follow up treatment and support is provided and maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family / friends / neighbours helping and caring for the person dementia feel supported | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People with dementia remain connected to their communities following a diagnosis of dementia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People with dementia can trust and expect their wishes will be upheld at the end of their life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Please complete the following questions. Please indicate between 1 and 5 whether you agree with these following statements. (1 = Do not agree and 5 = Strongly agree)

| | 1 (Do not agree) | 2 | 3 | 4 | 5 (Strongly agree) | Prefer not to say | I don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I know how to access, document and convey planning for my future care, what matters to me and my end of life wishes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

As part of my future care, I have completed the following forms:

- ☐ Advance wishes and statements
- ☐ Powers of Attorney
- ☐ Wills
- ☐ Living Wills
- ☐ ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)
- ☐ Other (please specify):

If you would like to provide any further suggestions, comments or feedback, please do so below:

About you

Are you:

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

Which age group are you:

- ☐ Under 40
- ☐ 41-50
- ☐ 50-65
- ☐ 66-70
- ☐ 71-75
- ☐ 76-80
- ☐ 81 and above
- ☐ Prefer not to say

Which best describes your ethnicity?

- ☐ White British
- ☐ White Other
- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Chinese
- ☐ Mixed
- ☐ Prefer not to say
- ☐ Other (please specify):

Which area do you live in:

- ☐ Cheltenham
- ☐ North Cotswolds
- ☐ South Cotswolds
- ☐ Forest of Dean
- ☐ Gloucester City
- ☐ Stroud and Berkeley Vale
- ☐ Tewkesbury, Newent and Staunton

Do you consider yourself to have a disability? (Tick all that apply)

- ☐ No
- ☐ Living with a Mental Illness
- ☐ Visual Impairment
- ☐ Learning difficulties
- ☐ Hearing impairment
- ☐ Long term condition
- ☐ Physical disability
- ☐ Prefer not to say

Do you have a diagnosis of Dementia?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ I don't know
- ☐ Awaiting diagnosis

Are you providing CARE or SUPPORT for anyone (Neighbour / relative / friend etc)

- ☐ Yes - Paid
- ☐ Yes - Unpaid
- ☐ No

**I am a:
(please tick all that apply)**

- ☐ Member of the community / public
- ☐ Social Care staff
- ☐ Healthcare Professional
- ☐ Police Force Employee
- ☐ Voluntary Sector Member
- ☐ Fire Service Employee
- ☐ Ambulance Service Employee
- ☐ Other (please specify):

Do you have any suggestions on how we can improve our services for people with dementia and those who care for them ?

Would you like to get more involved / share your experiences?

☐ Yes

☐ No

If yes, please leave your contact details below (Name, Email and Telephone number)

If you would like further information on any of our services, further opportunities in learning, or volunteering, or to get in touch with someone to discuss anything from this survey then please contact: managingmemory@ghc.nhs.uk Telephone: 0800 694 8800

Thank you for taking the time to complete this survey. Your answers, contributions, ideas and comments are very much appreciated, and will help us collectively and in collaboration to SUPPORT YOU in developing our NEW Dementia Strategy in Gloucestershire!

If you have any questions about the survey please contact: managingmemory@ghc.nhs.uk Telephone: 0800 694 8800

The information you provide is anonymous (unless you agreed to leave your contact details) and will be stored securely. Your feedback will only be used to help us tailor Gloucestershire's dementia care and support services and help to develop the NEW Gloucestershire Dementia Strategy.

Please place in an envelope and return your completed survey to:

FREEPOST NO: RTEY-EBEG-EZAT
Dementia Survey
NHS Gloucestershire Clinical Commissioning Group
5220 Valiant Court
Gloucester Business Park
Brockworth
GL3 4FE

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