

Access to good healthcare for our Learning Disability and Neurodivergent population

Overview

A project has recently been launched by the Safeguarding Team for Health to develop better healthcare services for people with learning disabilities and those who are neurodivergent.

We know that health services for this group have not always been as good as they can be and we want to do something about it.

It is important that we hear from this community about their experience of accessing health services and learn from you what went well, what didn't and what you would like to change.

We want this client group to get the help they need when they use health services.

We would like reasonable adjustments to be seen as the norm as common sense tools within an accessible and universal health service.

Reasonable adjustments and alternative formats

The Department is committed to equal opportunities and our aim is to make our documents easy to use and accessible to all.

We will take steps to accommodate any reasonable adjustments and provide such assistance as you may reasonably require to enable you to access or reply to this consultation.

If you would like to receive this document as a paper copy, in another format or need assistance with accessing or replying to this consultation, please email Pete.corkhill@gov.im or telephone + 1624 639728.

Responding to this consultation and questions

This consultation will take approximately 15 minutes to complete.

You can respond to this consultation online by clicking on the 'Online Survey' link below. Alternatively you can download a paper version of this consultation in the 'Related' section below and email it to Pete.corkhill@gov.im

Alternatively, Pete is happy to meet with you (face to face or via teams) to seek your views if you would rather be 'heard'. Contact him on the email address above and he would be happy to arrange a day/time to meet.

About you (or who you care for)

There are six questions to complete on this page.

1 What is your age group?

Please select only one item

- ☐ Under 18
- ☐ 18 to 25
- ☐ 26 to 35
- ☐ 36 to 45
- ☐ 46 to 55
- ☐ 56 to 65
- ☐ 66 to 75
- ☐ 75+

2 How do you identify?

Please select only one item

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Prefer not to say

3 Who are you completing this questionnaire for?

Please select only one item

- ☐ Yourself
- ☐ Someone you care for/love

4 Do you (or who you care for) have a health passport?

Please select only one item

- ☐ Yes
- ☐ No

5 What is your Disability/Difference?

Please enter your disability/difference:

6 May we publish your response?

Please read our [Privacy Policy](#) </privacy_policy/> for more details and your rights.

More information

- Publish anonymously – only your responses **will** be published on the hub
- Do not publish – **nothing will** be published publically on the hub (your response will only be part of a larger summary response document)

(Required)

Please select only one item

- ☐ Yes, you may publish my response anonymously
- ☐ No, please do not publish my response

Your experience at the GP

There are three questions to complete on this page.

1 How do you feel about attending your GP Surgery?

Please select only one item

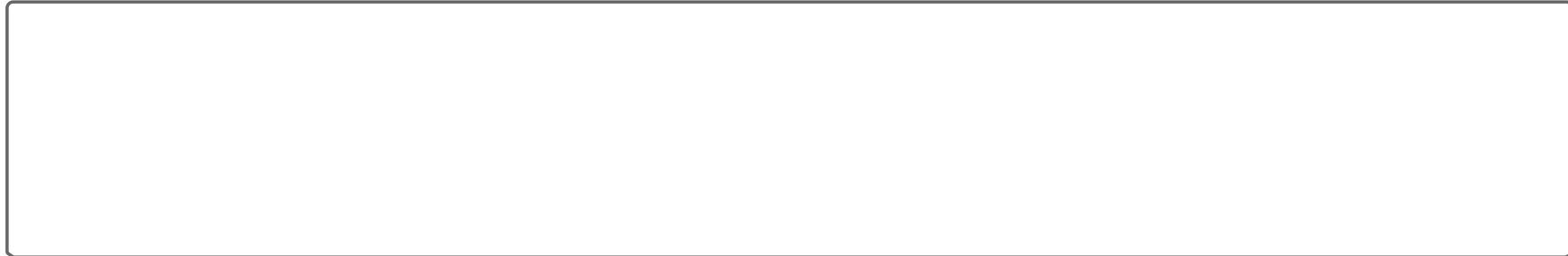
- ☐ Very confident
- ☐ Confident
- ☐ Somewhat confident
- ☐ Anxious
- ☐ Highly Anxious

2 Can you describe what makes accessing the GP like this?

Please explain your choice:

3 Is there anything that could be done to make attending the GP easier or more comfortable for you?

Please provide any comments/suggestions:

A large, empty rectangular box with a thin black border, intended for the user to provide comments or suggestions. It occupies the majority of the lower half of the page.

Staying overnight at the hospital

There is one question to complete on this page.

1 Have you had to stay overnight in hospital before?

(Required)

Please select only one item

- ☐ Yes
- ☐ No

Your experience staying overnight in the hospital

There are three questions to complete on this page.

1 How was your experience staying overnight at the hospital?

Please select only one item

☐ Very good

☐ Good

☐ Acceptable

☐ Poor

☐ Very poor

2 What made hospital feel like this?

Please explain your choice:

3 What could be done to make hospital a nicer and more comfortable place for you to be?

Please provide any comments:

Attending the Emergency Department

There is one question to complete on this page.

1 Have you had to come to the Emergency Department (ED) before?

(Required)

Please select only one item

☐ Yes

☐ No

Your experience at the Emergency Department

There are four questions to complete on this page.

1 How was your experience?

Please select only one item

- ☐ Very good
- ☐ Good
- ☐ Acceptable
- ☐ Poor
- ☐ Very poor

2 What made ED feel like this?

Please explain your choice:

3 What could be done to make ED a nicer and more comfortable place for you to be?

Please provide any comments:

4 Would you benefit from a different, quieter space to wait to be seen in ED?

Please select only one item

- ☐ Yes
- ☐ No

Learning Disability

There is one question to complete on this page.

1 Do you have a Learning Disability?

(Required)

Please select only one item

☐ Yes

☐ No

Learning Disability health checks

There are two questions to complete on this page.

1 Have you had a Learning Disability health check?

(Required)

Please select only one item

☐ Yes

☐ No

Learning Disability health checks in the last 12 months

There is one question on this page to complete.

1 Have you had a Learning Disability health check in the last year?

(Required)

Please select only one item

☐ Yes

☐ No

Your experience at Learning Disability health checks

There are five questions to complete on this page.

1 How was your experience attending your Learning Disability health check?

Please select only one item

- ☐ Very Good
- ☐ Good
- ☐ Acceptable
- ☐ Poor
- ☐ Very poor

2 What made the experience feel this way?

Please explain your choice:

3 Did you know what would happen in your health check before you arrived?

Please select only one item

- ☐ Yes
- ☐ No

4 Would you like to be told what will happen in your Learning Disability health check before you arrive?

Please select only one item

☐ Yes

☐ No

5 What could be done to improve learning disability health checks?

Please provide any comments:

Your experience going to GP and Hospital appointments

There are five questions to complete on this page.

1 Have you avoided going to the GP or the hospital because of your past experiences?

Please select only one item

- ☐ Yes
- ☐ No

2 Are you aware of your right to reasonable adjustments?

Please select only one item

- ☐ Yes
- ☐ No

3 Would you like to be asked when an appointment is made, whether there is anything we can do to make the appointment easier for you to attend?

Please select only one item

- ☐ Yes
- ☐ No

- 4 One idea put forward by a professional, was for a drop in clinic, led by our learning disability nurse to be run on a regular basis. This would enable you to speak to a LD Nurse about any health related matters and for her to then make arrangements for ongoing appointments. Would this be something you think is beneficial or helpful for you?

Please select only one item

☐ Yes

☐ No

- 5 Have you any advice to doctors and nurses about making things easier for you?

Please provide any comments: