

# Community Cancer Care Support

## Staff Survey

15<sup>th</sup> July 2019- 15<sup>th</sup> August 2019

### Introduction

We know that life for those affected by cancer can be challenging. We also know that more and more people are now living longer with cancer; in Leeds there are over 25,000 people currently living with or beyond a cancer diagnosis.

It is not uncommon for people to feel lost and struggle to come to terms with living with cancer, or going back to 'normal life' after cancer treatment has been completed. We want to help people affected by cancer find help in their local community easily, as and when they need it.

The aim of this survey is to find out what sort of things people who have a diagnosis of cancer (or their carers) would want help with, and how it would be best for them to access it.

Please take a few minutes to share your thoughts on these topics with us. We will use your feedback to develop a useful and accessible support service for people affected by cancer.

If you'd like to fill in this survey online, go to [Link to Staff Survey here](#)

### 1. Please tell us who you are:

I work in an NHS role supporting patients who have/had cancer	<input type="radio"/>
I work in a third sector (Charity/Voluntary/Community) role supporting patients who have/had cancer	<input type="radio"/>
I work in a Statutory organisation (e.g. Social Services) supporting patients who have/had cancer	<input type="radio"/>
Other (please state):	<input type="radio"/>

### 1. What is your role?

Role:
Organisation:
Location of service provision:

### 2. Can you briefly explain to us how you currently support people who have/had cancer in your role?

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**3. Do you think there is a gap in services to support people with cancer in the community?**

Yes   
No

Please explain your response:

**4. Would you refer people to a community based service that could help them with any aspect of their life affected by cancer?**

Yes   
No

What might you refer them for?

**5. What would be the easiest/most convenient way for you to refer patients to this service?**

Email   
SystemOne/EMIS   
Phone   
Internet   
Other

**Thank You**

Please see next page for Equality & Diversity Monitoring.

We deliver a wide range of services and we need to know who is benefiting from our services and who might be missing out. We would really appreciate you answering the questions below by ticking the boxes that you feel most describes you. Some questions may feel personal, but the information we collect will be kept confidential, secure and kept separately from any personal information you might have provided elsewhere.

Please tick here if you would prefer not to answer any of the equality monitoring questions

- I would prefer not to answer any of the equality monitoring questions

What is your postcode?

What is your age?

- Under 16    16-25    26-35    36-45  
 46-55    56-65    66-75    76-85  
 86+    Prefer not to say

Are you disabled?

*(The Equality Act 2010 defines disability as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse affect on a person's ability to carry out normal day to day activities'.)*

- Yes    No    Prefer not to answer

If yes, what type of impairment? *(tick all that apply)*

- Long-standing illness  
 Physical impairment  
 Learning disability  
 Mental health condition  
 Hearing impairment  
(such as deaf or hard of hearing)  
 Visual impairment  
(such as blind or partially sighted)  
 Prefer not to answer  
 Other (please specify):

What is your ethnic background?

- Prefer not to say

White

- British (English/ Welsh/Scottish/Northern Irish)  
 Irish  
 Gypsy or Traveller  
 European  
 Any other white background *(please state)*

Mixed or Multiple ethnic groups

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed or Multiple ethnic *(please state)*

Asian or Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other Asian background *(please state)*

Black, African, Caribbean or Black British

- African/  
 Caribbean  
 Any other Black, African or Caribbean background *(please state)*

Other ethnic group

- Arab  
 Any other ethnic group *(please state)*

### Pregnancy and maternity

*(The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period)*

#### Are you pregnant at this time?

- Yes  No  Prefer not to say

#### Have you recently given birth (within a 26 week period)?

- Yes  No  Prefer not to say

#### Are you a parent or carer of a child or children under the age of five years old

- Yes  No

#### What is your religion or belief?

- Buddhism  Christianity  
 Hinduism  Islam  
 Judaism  Sikhism  
 No religion  
 Prefer not to say  
 Other (please specify):

#### What is your sexual orientation?

- Bisexual (both sexes)  
 Gay man (same-sex)  
 Lesbian/gay woman (same-sex)  
 Heterosexual/straight (opposite sex)  
 Prefer not to say  
 Other (please specify):

#### What is your relationship status?

- Civil Partnership  
 Co-habiting (live with partner)  
 Divorced  
 Married  
 Widowed  
 Prefer not to say  
 Other (please specify):

#### What is your employment status? (please tick all that apply)

- Student  At college  At university  
 Employed - Full time  
 Employed - Part time  
 In receipt of state benefits  
*(e.g. Personal Independence Payment, Universal Credit)*  
 Unemployed – Looking for work  
 Unemployed – Unable to work  
 Unemployed – Not looking for work  
 Apprenticeship/training  
 Retired  
 Prefer not to answer  
 Other (please specify):

#### Are you a carer?

*(A carer is someone who provides unpaid support/care for a family member, friend, etc. who needs help with their day to day life; because they are disabled, have a long-term illness or they are elderly.)*

- Yes  No  Prefer not to say

#### Do you have unpaid responsibilities for children as a parent/grandparent/guardian?

- Yes  No  Prefer not to say

#### Would you describe yourself as homeless?

- Yes  No  Prefer not to say

#### What is your gender?

- Female  Male  Prefer not to say  
 Other (please state):

#### Are you transgender?

*(Is your gender different to the gender you were given at birth?)*

- Yes  No  Prefer not to say

Please share your contact details below if you would like to receive a copy of the engagement report and see what people have said. Your details will be stored in our system securely for one year and will only be used for the above purpose and any updates regarding this project.

Your personal information will be kept separate from the answers and your response to the questions will be anonymous.

Please be aware that if you provide us with personal information in your survey responses it may mean that your survey answers are no longer anonymous.

What are your contact details? Please note that you do not have to fill in your personal details to complete this survey.

Name

Address

Email

Telephone

GP practice

If you would like to find out more about any future changes to your local health services please tick this box to join our community network (if you tick the box below, we will be in contact with you shortly after the engagement has closed).

I would like to find out more about future changes to my local health services

How did you hear about this survey (please select one option)?

Social media

NHS Trust

CCG website

At an event (such as a drop-in event)

Voluntary sector organisation

Other (please state)

For office use only

VAL

You can return this form in the post to (you don't need a stamp):

Macmillan Engagement Lead  
The Leeds Cancer Programme,  
NHS Leeds CCG,  
Suites 2-5 Wira House,  
Wira Business Park,  
West Park Ring Road,  
Leeds,  
LS16 6EB

If you have any queries regarding this survey please contact Toni Larter on  
0113 8435634, or email [toni.larter@nhs.net](mailto:toni.larter@nhs.net)

### Alternative formats:

This survey is available on line here

If you need this information in another language or format please contact us by telephone on  
0113 8435634 or by email on [toni.larter@nhs.net](mailto:toni.larter@nhs.net)

'Jeśli w celu zrozumienia tych informacji potrzebuje Pan(i) pomocy w innym języku lub innej formie, prosimy o kontakt pod numerem tel. 0113 8435634 lub poprzez email na adres:  
[toni.larter@nhs.net](mailto:toni.larter@nhs.net)

برائے تو ہوں درکار میں صورت یا زبان اور کسی یہ لہ یئے کے سمجھنے کے و معلومات ان کے و اگر آپ  
بکھیں میل ای پر پ تہ اس یا 0113 8435634: کریں رابطہ کے کے فون پر نمبر اس سے مہربانی  
[toni.larter@nhs.net](mailto:toni.larter@nhs.net)

