

# **Engagement Survey**

# Adults ADHD Services with Equality Monitoring Questions.

Feb 2024



#### Introduction

We are currently reviewing our ADHD services for adults.

This is because Greater Manchester (GM) adult ADHD services are experiencing lots of pressures and we need to act by reviewing our services.

For further information on the pressures and to read more on these services please go to: <a href="https://gmintegratedcare.org.uk/have-your-say/">https://gmintegratedcare.org.uk/have-your-say/</a>

If you would like to email us please do so to: <a href="mailto:gmhscp.engagement@nhs.net">gmhscp.engagement@nhs.net</a>

Please skip any questions that you do not want to answer or feel you cannot answer.

This survey has been created by NHS Greater Manchester. For our privacy notice, please visit: <a href="https://gmintegratedcare.org.uk/about/our-principles/keeping-your-information-safe/">https://gmintegratedcare.org.uk/about/our-principles/keeping-your-information-safe/</a>

This survey is available online at: <a href="https://healthierwigan.typeform.com/AdultADHD">https://healthierwigan.typeform.com/AdultADHD</a> or by using the below QR code on a mobile or tablet devise.



Please return completed surveys to our freepost address:

Freepost Plus RUEL - TTGR - SCAJ:
Engagement Team
NHS Greater Manchester Integrated Care (Salford)
Civic Centre
Chorley Road
Swinton
M27 5AS



### **Questions**

1. How would you describe yourself? (Please tick a box)
☐ Someone living with ADHD.
□ Parent Carer or guardian.
☐ Family or friend of someone living with ADHD.
□ Professional.
☐ A member of the public.
□ Other. (Please specify)
2. If you identified as a professional can we ask what field of work you are in? (Please tick a box)
□ Educational Setting
□NHS
□ Private Sector
□ VCFSE (Vol or community sector)
□ Local Authority
☐ Other (Please specify)



3. Do you have experience of using or waiting to use ADHD Services?
This maybe you or someone you support/care for. (Please tick a box).
☐ Yes, currently using services.
☐ Yes, currently on a waiting list.
☐ Yes, previously used services.
□ No (Please go to Q7)
☐ Other (Please specify)
4. What has been good about the services and what has worked well for you?
5 What and declarate and a second and a battar 0
5. What could make your experience better?



6.	Can we ask how, or will you get your diagnosis?
	Through an NHS Service
	Private or self funded
	Other
7.	How would you rate ADHD Services?
Th	is question is about your own view or rating of ADHD services.
	peing poor or bad 10 being good. Please skip this is you have no experience of services lease colour in the stars or mark them with an X)
7	
8.	Can you tell us why you gave that rating?



9. When thinking about ADHD Services what are the most important aspects for you?
Please rank the below with 1 being the most important and 7 being the least
□ Diagnosis
☐ Medication
□Strategies / Self Help Support (support for me)
☐ Support for my family and friends
□ Benefits
☐ Education for the community
☐ Something else (Please specify)
10. Why did you rank them in that order?
Please describe to us why these were important to you, what this means for you? Do you think we missed anything? Would you identify a higher priority for you that we haven't listed?



# 11. We are considering referral criteria for these services. What do we need to think about when considering this?

As we have highlighted in the information on our website [LINK], we have lots of people being referred for ADHD diagnosis, which is leading to long waiting times. Referral criteria are very common in the NHS to make sure the people that need services the most get them; there are currently no referral criteria for ADHD services. Referral criteria may include things like the impact the symptoms are currently having on their life and whether they have other conditions that are being affected.
12.Is there anything else you would you like us to consider when reviewing how we run these services?
Thinking about how we may reduce waiting times, prioritise patients based on needs and build a criteria for the service etc., what's most important to you about an ADHD Service?



13.	s there any reason why any changes to the current service might have an impact of	nc
	ou more than others?	

example due to age, mobility, gender, caring responsibility or any other reason. This is a freeze text box.	•

The rest of this page and the next are blank to offer you opportunity to make notes and share any information you couldn't fit into the spaces above. (please let us know what questions your responses link to)





## **Equality Monitoring**

We now have a few questions about you.

Please skip any questions that you do not want to answer or feel you cannot answer. Its important to us that we collect this data to make sure we have representation form across our diverse communities.

•	1.	What is your ethnicity?
		British
		Irish
		Polish
		Gypsy or Irish Traveller
		Roma
		Indian
		Pakistani
		Bangladeshi
		Chinese
		White and Black Caribbean
		White and Black African
		Asian
		African
		Caribbean
		Prefer not to say.
		Other (please specify)
4	2.	What is your age?
		Under 18 years
		18-24 years
		25-34 years
		35-44 years
		45-54 years
		55-64 years
		65-74years
		75+ years
		Prefer not to say.



3.	How do you identify your gender?
	Male Female Intersex Non-binary Prefer not to say. Other (please specify)
4.	Is your gender identify the same as you were assigned at birth? (please tick)
	Yes No Prefer not to say.
5.	What is your relationship status?
	Civil Partnership Married Single Co-Habiting Widow Prefer not to say. Other (please specify)
6.	What is your faith?
	Atheist/Non Buddhism Christianity Hinduism Islam Judaism Sikhism Prefer not to say. Other (please specify)



7.	What is your sexual orientation?
	Heterosexual / Straight Lesbian / Gay woman Bisexual Man Bisexual Woman Prefer not to say. Other (please specify)
8.	Do you consider yourself to have a disability?
-	Yes No Prefer not to say. u answered yes, can you please tell us what disability you have?
	What is your employment status?
	Apprenticeship scheme or training Employed / Self-employed. Unemployed Retired Student Prefer not to say. Other (please specify).
10	. Are you a British/UK Citizen?
	Yes No Prefer not to say.
11	I. Are you currently or have you served in any of the UK armed Forces?
	Yes No Prefer not to say.



12.Are you a Carer	•	
Yes No Prefer not to say.		
 13.Can you share the	ne first 3 digits of your postcode?	

#### Thank you so much for answering the questions!

We are very grateful.

All information about the programme of work and any reports will be published on our website:

<u>Consultations & Surveys | Greater Manchester Integrated Care Partnership</u>

(gmintegratedcare.org.uk) this does not include any of your personal details as highlighted in our privacy statement

If you want to ask us any questions or share any further information, please email <a href="mailto:gmhscp.engagement@nhs.net">gmhscp.engagement@nhs.net</a>