



Healthwatch
Doncaster

Home Care
and
Support Project



April - September 2018

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1 INTRODUCTION

1.1 Background

A new model of Care and Support at Home in Doncaster was commissioned in November 2016. The model focussed on maintaining people's independence through the provision of high quality person-centred care in people's homes.

Healthwatch Doncaster were conducting a series of Care Home conversations that focussed on people's experiences of care and support within a residential care environment. These Care Home conversations were implemented by the Volunteers who work with Healthwatch Doncaster.

The Healthwatch Doncaster volunteers identified that there should be a similar piece of work focussed on Care and Support at Home so that people who receive care at home could share their views and experiences about the quality of that care. This would give recipients of care the opportunity to have their voices heard by an independent body.

Healthwatch Doncaster wanted to create a method of data capture that was not reliant on providers in order to ensure complete impartiality. This presented a few challenges, as although Healthwatch Doncaster do have powers to conduct Enter and View visits on premises we are unable to approach people in their own homes unless invited.

The chosen method was to speak to people at engagement events around the Borough and via Survey Monkey online. This also gave us a dual perspective as we were able to ask current recipients of care and support at home about their experience and also gain insight from potential recipients as to what they would like care to look like in the future.

Healthwatch Doncaster decided against distributing the survey via the providers or the Local Authority. The strengths of taking this approach were that the findings were completely unbiased, because respondents would be confident that the survey was being conducted by a body other than the providers or commissioners. This however did limit the sample size, but despite this, the current study provides a platform for a more detailed study going forward, focusing on whether the elements of care and support deemed important are being adequately met.

1.2 Acknowledgements

Healthwatch Doncaster would like to thank the following for their contributions to the Home Care and Support Project:

- Everyone who completed the survey either in person or online.



- The community groups and venues that hosted Healthwatch Doncaster to enable us to engage with members of the community (Appendix Two)
- The groups and organisations that actively promoted the survey on our behalf (Appendix Two).
- Healthwatch Doncaster volunteers for their original idea to undertake the survey.
- Sue Flintoff and Sharon Faulkner (Healthwatch Doncaster volunteers) for their contribution to gathering data.
- Akhlaq Hanif for devising and implementing the social media and online campaign and survey monkey. Also Michael Smith (Student Placement) for his input in filming and editing promotional videos.
- Elle Smith (Healthwatch Doncaster Apprentice) for inputting all the paper surveys on to Survey Monkey.
- Roy Barnes Commissioning Officer Adults Health and Wellbeing for Doncaster Council.

2 METHODOLOGY AND FINDINGS

2.1 Pre-engagement

When deciding to gather people's views on home care and support locally, Healthwatch Doncaster explored a range of approaches before embarking on the information gathering process. We wanted to ensure that the data collection process remained independent of the local authority and service providers, whilst still working co-operatively with commissioners and providers. In order to inform providers of our intentions and enlist their help in publicising the project we were invited by commissioners to attend a Strategic Lead Provider meeting. It was agreed that Healthwatch Doncaster's input would provide an independent perspective to service evaluation and assist with the triangulation of data from the local authority and provider evaluations.

Healthwatch Doncaster initially devised two surveys to gather data for the project:

- A paper copy (a copy of which can be found in Appendix Three)
- An online survey which mirrored the questions in the paper survey

The final version of the questionnaire was reviewed and revised by volunteers and staff at Healthwatch Doncaster with input from commissioners at Doncaster Council.

2.2 Digital Strategy

The digital strategy for the project, which was devised and implemented by Akhlaq Hanif, Healthwatch Doncaster's Digital and Data Analysis Officer comprised of:

- The creation of a dedicated webpage on the Healthwatch Doncaster website. This was made accessible via a prominent menu position and included a link to the online survey.
- Videos were created for use on the website and via social media to promote the project. These were refreshed during the course of the project, one of the videos was filmed and edited solely by Michael Smith, a student on placement from Doncaster College.
- Regular press releases were distributed which resulted in some press coverage from the Doncaster Free Press and the project being featured on Talking Newspaper for the blind.
- An extensive social media campaign utilising Twitter, Facebook and Instagram also contributed to the promotion of the project. As the campaign progressed excerpts from the survey responses were used to aid promotion.
- The online survey was accessible from late April to mid-September.

2.3 Direct Engagement

A range of direct engagement approaches were employed during the course of the project:

- Face to face interviews were carried out at drop-in sessions across Doncaster, a full list of which can be found in Appendix Two.
- Engagement with community groups enabled us to talk to people about the project and gain their feedback. The groups we spoke to included Dementia support, carers support, community activity clubs and live at home schemes.
- We held sessions in local libraries and at Community Led Support sessions.

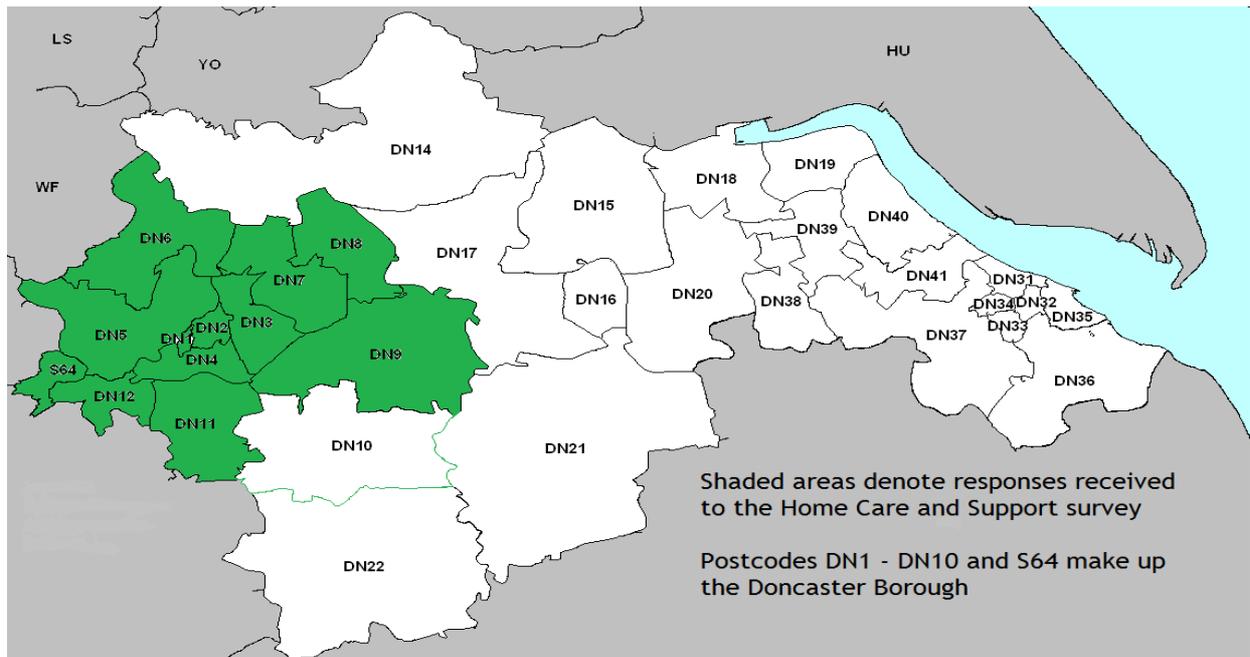
2.4 Indirect Engagement

Through direct engagement, links were made with organisations and groups that typically engage with people in receipt of care and support at home. The following people helped by distributing surveys and reply paid envelopes on our behalf: Rossington Good Neighbours delivered surveys with their meals at home deliveries. East and North Area Social Work Teams promoted the surveys to their clients. HICA Care at Home, in response to our appeal



for help promoting the survey, printed and distributed surveys and supplied reply paid envelopes to their clients, all responses came directly to us.

Below is a map depicting the areas that we gathered data from via the surveys.



2.5 Findings

245

People responded to the survey, with 76% aged 50 and over (please Appendix 4 for full age breakdown)

126

People told us they are in receipt of some form of care and support at home

119

People told us that they don't currently receive care and support at home, but if they were to in the future they told us what would be important to them

86

People told us that they have a care and support plan, 7 do not and 20 do not know

65

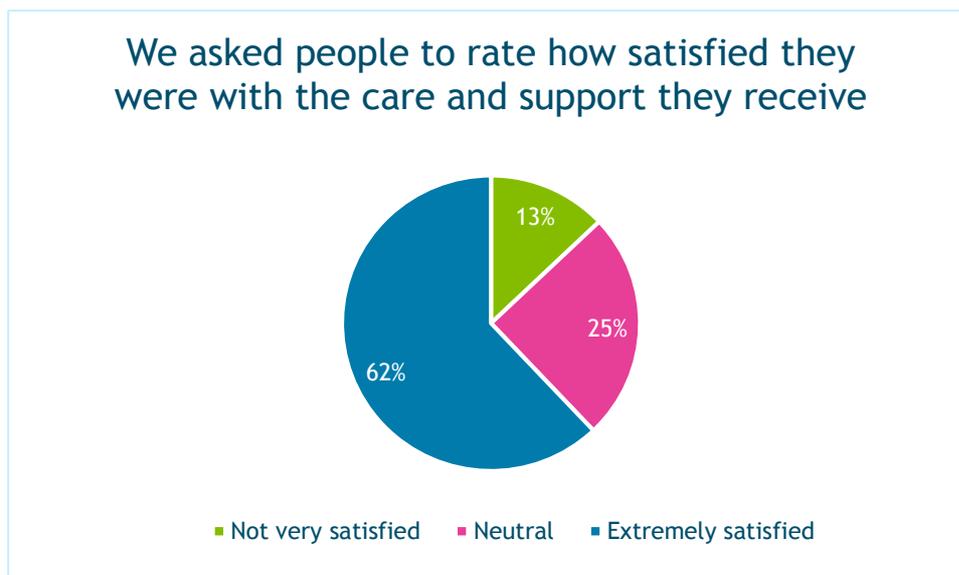
People told us that they are involved in the regular review of their care and support plan with 9 saying that this is not the case and 19 saying they do not know

89

People told us that the care and support at home that they receive meets their needs and helps them to stay independent with 16 saying that this is not the case

People told us that the types of support that they received were with washing, dressing, medication, help with meals, household tasks, getting up, bedtime, outings, moving and handling, promoting independence and respite.





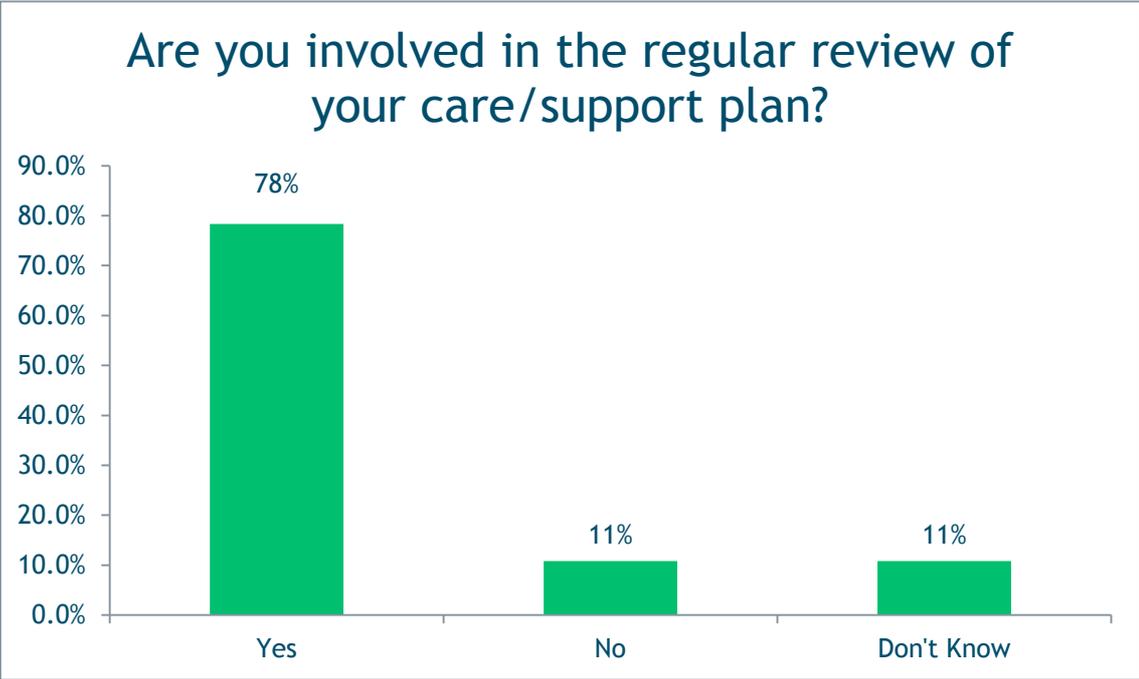
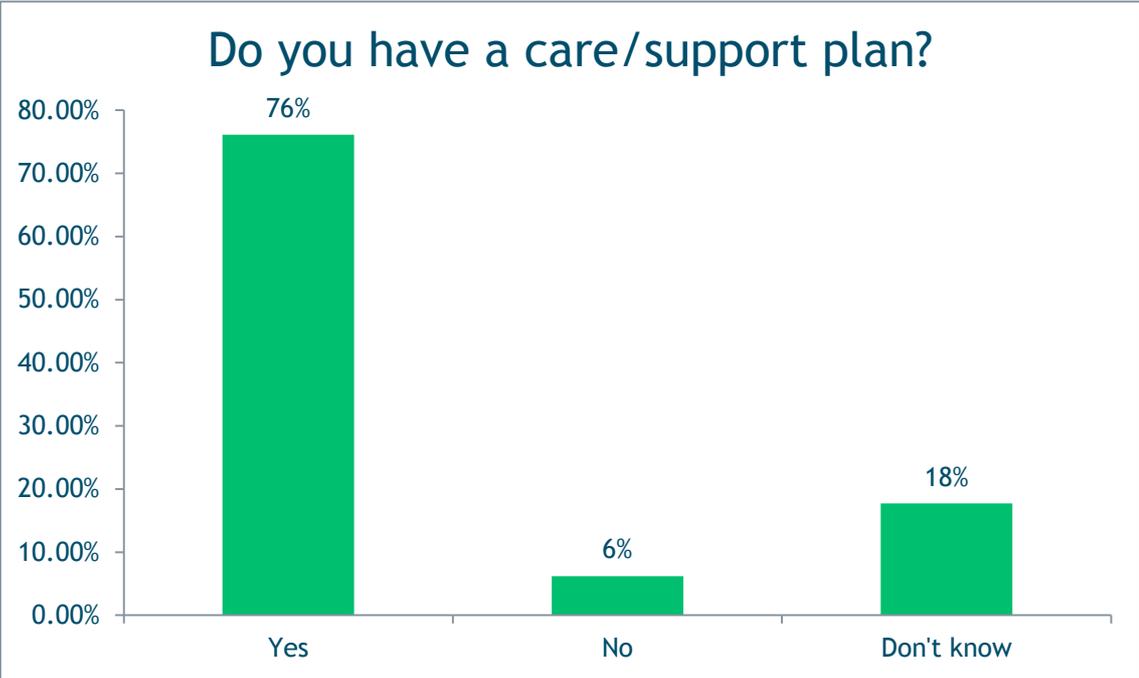
We asked people who are currently in receipt of care and support at home about their views about certain aspects of care, here is what they told us

	No	Unsure	Yes
It is important that the carers come at the agreed time	0%	0%	100%
It is important that I see carers that I am familiar with	3%	3%	94%
It is important that I can stay independent	0%	6%	94%
It is important that I am treated with dignity and respect	0%	1%	99%
It is important that I am involved in the development of my care/support plan	0%	5%	95%

We also asked people not currently in receipt of care the same questions, in order to get a picture of what they would like care provision to look like in the future should they need to access it

	No	Unsure	Yes
It is important that the carers come at the agreed time	3%	9%	88%
It is important that I see carers that I am familiar with	4%	6%	90%
It is important that I can stay independent	0%	2%	98%
It is important that I am treated with dignity and respect	0%	1%	99%
It is important that I am involved in the development of my care/support plan	0%	3%	97%







Key Findings

- Over half the respondents (62%) rated the service they receive in the upper end of the satisfaction scale with 25% opting for the middle and 13% stating that they were generally not very satisfied.
- 100% of people told us that it was important that carers came at the agreed time. Those respondents that we talked to told us that if circumstances dictated that there would be some significant delay in receiving their care call they would appreciate being notified. Many stating that communication between themselves and providers could be improved. However, a small number did report that they are kept informed and had generally a good experience if they had occasion to contact their care providers.
- 96% of people in receipt of care told us that it is important that they see carers that they are familiar with, that they can stay independent, that they were treated with dignity and respect and involved in the development of their care plan.

The results for the group of people who are not currently in receipt of care largely mirrored those above. The exception being that when asked if it is important that carers come at the agreed time and carers are known to them only 89% of this group said this was the case. However, it would not be unreasonable to expect that if people not currently in receipt of care were to become reliant on care that this figure would alter to become more aligned with current recipients.





What People Told Us About the Care and Support That They Receive - we talked to 212 people at outreach sessions

It can't be helped that carers are sometimes late, things happen. But no one ever lets you know if carers are running late or the call is cancelled

Training could be better. Some of the carers are young and not experienced

Carers are friendly

I have not had a formal review since my first plan 4 years ago

The turnover of staff is a concern to us as we seem to get lots of different carers not familiar with my needs

I was not given a choice of care provider

Pleased with the service and find carers professional, helpful, caring and kind

Communication, confidence and trust are key

Care and support needs to be person centered

33 people accessed the survey through the website, email and social media

A complete list of all comments from the question "Is there anything else you would like to tell us?" available in Appendix One

If I have an appointment and have to go out I let the agency know and they do their best to change the call time to accommodate my needs





2.6 Themes

Some common themes emerged from our engagement work, people told us that:

- They felt happiest if the carers who visited them were familiar to them. They felt that seeing the same carers regularly helped build trust and rapport and assisted with the execution of their care plan.
- Communication between providers and clients could, at times, be improved, especially if carers are going to be significantly delayed or unable to attend.
- The care and support they receive at home is sometimes their only link to the outside world. Therefore, when calls are delayed or cancelled they feel particularly isolated and lonely.
- They were happy with the carers but less so with organisation of care plans and visits.
- A high number of people that we spoke to, who opted not to complete the survey, stated that they are cared for by family. When asked if they were aware of the support available for informal carers, for example via a carers assessment, they told us they were not.
- Carers come out to them that are not familiar with their care plan. As a consequence, the carer has to spend time during a call familiarising themselves with the care plan.





2.7 Recommendations

- Poor communication between providers and clients was a strong theme in our engagement work. People told us that they were not kept informed about changes to their carers or the timings of their visits.

Whilst it is acknowledged that capacity and resources make it difficult to inform clients of every change, Healthwatch Doncaster recommend that service users should be informed of significant changes, such as a different carer or a change in the timing of visits, that could directly impact on the service user's plans.

- People told us about carers not having time to fully read the care plan and thereby understand the client's needs.

Healthwatch Doncaster recommend the development of a system such as an A4 laminated sheet with key points relating to care and preferences being readily available in the client's home. This could include key features of the care plan i.e make breakfast and any personal preferences for example toast, jam no butter.

- Whilst conducting the face to face engagement Healthwatch Doncaster spoke to several people who opted not to complete the survey as they are wholly reliant on care and support from family members. Many of these people told us that their family member does not receive any support in fulfilling this role and are not aware what, if any, support is available for carers.

Healthwatch Doncaster recommend that more needs to be done at community level to raise awareness of support available for informal carers.

- Social isolation and loneliness for people receiving care and support at home came across as a theme.

Healthwatch Doncaster recommend that more needs to be done to ensure that Care and Support at Home providers and care staff are aware of the implications of late and missed care calls on recipients of care and the impact on their social isolation and loneliness.





Appendix One

A full list of verbatim responses to Question 9 on Survey Monkey

(with single word answers 'no' removed)

Mostly Positive

- I am happy with my care. My doctor is excellent and my care co-ordinator. My only concern is when I'm left without a care co-ordinator when they are on long term sick.
- Carers are vetted and are qualified appropriate to the knowledge and skills they are being employed for. Unpaid cares alongside the client/patient are involved equally in care planning.
- More than satisfied with my care agency.
- Good treatment, well looked after, lovely ladies I couldn't ask for more.
- I am very happy that I have all the support I need. There is a lot of information available about the different types of help I can receive to maintain my independence whether it is through the council or private. I cannot fault anything.
- I live in a sheltered housing complex and they deliver my care package with care and dignity. They also enquire about my general health and if I need any further care or professional health for example the doctor or ambulance they would arrange it. I also have a care line that gives me access to the carers which are available 24/7.
- Really good support system and help.
- My Mum enjoys the company so she sees someone everyday now.
- Excellent service from the carers.
- I would give the carers 4 out of 5.
- I have home well for 3 hours every two weeks and it is brilliant.
- I am very satisfied with all of the help I get.
- I am happy with the care team that I have.
- All our care staff are working out perfectly.

Mostly Negative

- It should be illegal not to provide the right care free of charge or to leave disabled family members to struggle to provide care they can't realistically manage without harming their own health.
- Carers call at silly times for silly thing for meals, not changing underwear, not promoting showering.
- I spoke to a duty worker he gave me two options, I chose number two and he told me it wasn't possible to meet my needs. Spoke over me and failed to understand. He also ignored my plea for help.

- Hospital care was very disjointed.
- The carers are not allowed enough time to meet my needs on a visit. The times of the visits are not really suited to my medication times however they have to fit people in a day.
- Centralised care i.e. Doncaster support for patients and carers disadvantages those in outlying areas of the borough. Especially the long term chronic/terminal sick. More integrated work needs to be done with GPs as they seem to act as a stand alone service and create problems by not being inclusive with other health and social services.
- The morning call is too late at 10.30am we would prefer an earlier call. Other than that we are very pleased with the service and find the carer professional, helpful, caring and kind.
- I have not had a formal review since the first 4 years ago. I have had the times changed as a result of the agency having a later time slot available. I didn't get a new or reviewed plan when the service plan changed as a result of the DMBC model change. I was also not given a choice of care providers with this new system.
- The turnover of staff is a concern to us as we seem to see a lot of different carers not familiar with my needs. This can be upsetting at times we continually ask for respite carers to be someone who knows my illness and is not always adhered to.
- I put my faith and confidence in my first carer, she got me doing everything, walking with my zimmer frame, she got me mobile so I could get on the stair lift so that I could get upstairs into my own bed as I was sleeping downstairs. After a struggle she eventually got me into the bath. Then for some unknown reason they took her away, I rang the office for an explanation but was not satisfied with the answer. I have now got a new carer who does her best, she struggles but manages to get me in and out of the bath, but lacking confidence. It just isn't the same.
- The carers in general are better than the people that run the company, they do care but aren't listened to. I feel that I am involved in the care plan but they have made their minds up before the meeting and are just paying lip service.
- My Mother's care company continue to send her carers at very irregular times usually there are less than 2 hours between breakfast and lunch and teatime, they come 2 hours between bedtime we constantly complain but nothing changes. She needs medication each visit, but most times they are too close together, no one clocks these companies' performance. There are many other problems which I could tell this survey but they don't ask for detail of care.
- Expensive to pay.



- We are stuck with what we have got. I would complain but my Dad doesn't want to. They give him tablets and help with food but it's always done in a rush. He doesn't get his full time. I asked two carers why and they said they've got too many calls to do.
- I'm very frail and have trouble sitting upright, my carers should help me sit up properly but they are often rushing and leave me leaning forward, this makes it more difficult for me to eat and be mobile as my back stiffens up. I don't like to bother them as they are very busy.
- My carer is supposed to get me up and dressed at 8.30am, she is hardly ever on time. I have a friend visit at 9.30am and some days I'm still in bed as my carer hasn't been.

Neutral

- We feel my Mother should be in sheltered accommodation but because she is 'of sound mind' she is confined to her upstairs flat.
- I do get lonely sometimes and I have difficulty swallowing, I am on the list to be seen by SALT.
- I would like the nurse to be a familiar regular face.
- Financial support to assist with care fees would be helpful.
- Just to make available more places, i.e. make people more aware in communities, the help out there.
- I employ 2 private carers at the moment.
- There should be more information about care packages and budgets. People don't know what is available.
- My family care for me.
- I feel isolated as my family all live away. My daughter comes up every few weeks, I speak to her every day but it is not the same as having physical contact.
- My Mum has had vascular Dementia for 6 years and cannot remember anything after 5 minutes. I am currently in touch with the nurse and various support groups to put her care and support plan into place.
- Living at home independently is good but loneliness is a problem.
- I would really like continuity of care, I would love the same carers that I could really get to know.
- I can't fault the carers, they are brilliant, however the management is bad. We never know what time the next visit will be, or who it will be, unless the carers actually tell us.
- (Recipient of cares name) has been diagnosed with early stage Alzheimer's. Will not look after herself washing, bathing, toilet etc. Will not participate in outside social activities with old folks. We do everything (laundry, cook, clean room etc.) We have HICA 5 times daily to put her on to the commode, bath once a week and put her to bed.



- I feel the carers are very good, but think it would help a lot of carers if they had basic training in health and hygiene i.e food prep and keeping crockery clean etc. Cross contamination.
- I would always prefer to stay at home with support than go into a care home.
- I am the main carer for my Mother-in-Law. I am nearly 70 years old and I can't look after myself. My Husband isn't well either so I have to look after him along with my Mother-in-Law. She gets very lonely. If she was to have assisted living flat/apartment it would be a lot more beneficial to all of us.
- When I ask what time the carers will be coming for their next visit they tell me they are not allowed to tell me, this can be difficult if I am not going to be in. I did have an issue around communication but when I raised it with the provider it was dealt with and the problem didn't occur again.
- If you need transport you would request it. Mobility.
- Individual qualified and looking professional, need to be told they are qualified and confident that you can trust them.
- I am happy with anything that you can do for me as I get very isolated.
- I am worried about people in homes. I believe that there should be some support system so the elderly with no voice can actually have a voice.
- Care and support needs to be person centred. What about personal budgets?
- Communication and confidentiality.
- It is very important that I am treated with respect and treated to the level of care I need.
- If I had carers I would be happy as long as they came regularly, did their job correctly and were honest and polite with me.
- I don't have a carer but thank you to all the hard work that carers do.
- Money, care, save up to go into care.
- While I can I care for my husband.
- I Marked 'unsure' on Q8 because as long as the carer told me they were going to be late, I wouldn't mind.
- I care for my husband and I will care for him while I can.
- As long as someone comes it doesn't matter. A text to let me know would be nice. Then I would know what time they would be coming, if they were late. It would be nice to have the same carer every time but I understand that nobody works 24/7.
- Only giving a 2 star rating because it is very poor to think that they do his injections and nothing else.
- Although I do not have a carer at the moment I am classified as disabled and have received assistance from the council to modify my home.



Appendix Two

HOME CARE AND SUPPORT SURVEY DROP-INS/ENGAGEMENT

Venue	Postcode	Date and Time
TEST QUESTIONNAIRE Slipper Swap- Bullcroft MH, Carcroft	DN6	Monday 19 th February 11am-2pm
TEST QUESTIONNAIRE Woodlands Library	DN6	Tues 20 th February 10am-12noon
TEST QUESTIONNAIRE Bentley Library	DN5	Monday 26 th February
TEST QUESTIONNAIRE Stainforth Library	DN7	Tuesday 6 th March
CLOSED SESSION Doncaster Live at Home Scheme, Hyde Park	DN1	Thursday 15 th March 10am-12noon
CLOSED SESSION Doncaster Partnership for Carers	DN1	Wed 28 th March 10am-12noon
Presentation to Carers Forum	DN1	Wed 28 th March
Meeting with Choice for Doncaster	ALL	Thursday 5 th April
Meeting with WBO/Social Worker East Team	EAST	Monday 9 th April
CLOSED SESSION Doncaster Live at Home Scheme, Tickhill	DN11	Wed 11 th April 1.30-2.30pm
CLOSED SESSION Dementia Group, Bentley Library	DN5	Thursday 19 th April 1.00-3.00pm
DROP-IN Civic Office	DN1	Tuesday 24 th April
DROP-IN Community Led Support Hub Vermuyden Centre, Thorne	DN8	Tuesday 15 th May AM

Meeting with St Leger Homes	EAST	Tuesday 22 nd May
DROP-IN Rossington Memorial Hall McConnell Crescent, Rossington	DN11	Friday 25th May 9.30am-12.30pm
Presentation to East Area Social Work Team	EAST	Wednesday 30 th May
CLOSED SESSION Moorends Miners Welfare	DN8	Wednesday 30 th May 11.30am - tbc
DROP-IN Woodlands Library Windmill Balk Lane, Woodlands	DN6	Thursday 31st May 10am-1pm
DROP-IN East Doncaster Development Trust 281 Station Road, Dunscroft	DN7	Tuesday 5th June 1-3pm
EVENT Armthorpe Library Information Day Armthorpe	DN3	Wednesday 6 th June 11am-1pm
CLOSED SESSION Carers Event, Bentley Library	DN5	Monday 11 th June 10am-3pm
CLOSED SESSION Dementia Forum, Forest Gate	DN4	Wednesday 13 th June 1-3pm
DROP-IN Café Theo (St Francis of Assisi) Nostell Place, Bessacarr	DN4	Thursday 14th June 2.30-4.30pm
CLOSED SESSION Partially Sighted Society	DN1	Wednesday 20 th June 2pm
CLS EVENT, Holmescarr Centre, Rossington	DN11	Wednesday 20 th June 1-4pm
CLS Session, Vermuyden Centre, Thorne	DN8	Tuesday 3 rd July 10-11.30am
Presentation to North Area Social Work Team	NORTH	Wed 4 th July
CLOSED SESSION Kingthorne Group Practice	DN3	Thursday 5 th July 2-4pm



NHS 70 EVENT, Woodfield Park	DN4	Sunday 8 th July
DROP-IN Askern Library Askern	DN6	Monday 9 th July 10am-12noon
CLOSED SESSION Kinsbourne House Community Hall Dunscroft	DN7	Monday 9 th July 1.30-2.30pm
DROP-IN Central Library Waterdale, Doncaster	DN1	Wednesday 18 th July 10am-12noon
DROP-IN Mexborough Library Mexborough	S64 (Doncaster)	Tuesday 24 th July 10am-12noon
CLS session Holmesarr Centre, Rossington	DN11	Tuesday 31 st July 9.30am-12noon
Coffee Morning Finningley Village Hall	DN9	Thursday 2 nd August 10am-12noon
CLS Session, Vermuyden Centre, Thorne	DN8	Tuesday 4 th Sept 10-11.30am
DROP-IN Wheatley Park Baptist Church Coffee Morning	DN2	Monday 10 th Sept 9.30am-12.30pm

A number of groups and organisations carried out engagement on our behalf, thank you to everyone who did so, with special mentions to: Doncaster Partnership for Carers Befriending Group (thanks Julie), Inspire (thanks Marylin), Rossington Good Neighbours and Social Work Teams.





Appendix Three

CARE AND SUPPORT AT HOME SURVEY

Healthwatch Doncaster is an independent organisation that encourages people to have their say about health and social care services locally. The information people give us (good and bad) helps to inform our work and aids local service improvement. We are currently focussing a piece of work around care and support at home provision in Doncaster.

From 1st November 2016 Doncaster Council in partnership with Doncaster Clinical Commissioning Group (CCG) commissioned a new approach to providing care and support at home. This aims to ensure that people receive care and support in a flexible, person centred way that supports a person’s ability to stay independent in their own homes. After just over a year of the new model being in place Healthwatch Doncaster would like to gather the views of people who receive home care and support to get a clearer picture of what people think about the care and support they receive.

We would like as many people as possible to get involved by completing this short survey so we can gain some insight into the experiences of people who receive care and support at home. You can also complete it if you don’t currently receive care by answering just two questions. Once you have filled this out please return to Healthwatch Doncaster.

1. Do you/ your relative receive care and support at home from someone other than an unpaid carer?

Yes [] No []

If you answered No, then please go to question 8

2. Who receives care and support at home services?

Me [] Partner/Spouse [] Family member []

Other [] please specify _____

3. Please read the following statements about the care and support you receive and tick the boxes that represent your views:

It is important that carers come at the agreed time

No

Unsure

Yes

It is important that I see carers that I am familiar with

No

Unsure

Yes

It is important that I can stay independent

No

Unsure

Yes

It is important that I am treated with dignity and respect

No

Unsure

Yes

It is important that I am involved in the development of my care/support plan

No

Unsure

Yes

4. Tell us about the care and support you receive at home





5. (a) Do you have a care/support plan?

Yes [] No [] Don't know []

If no/don't know, go to question 6

(b) Are you involved in the regular review of your care/support plan?

Yes [] No [] Don't know []

6. Does the care and support you receive at home meet your needs and help keep you independent in the home?

Yes [] No []

How?

7. Overall how satisfied are you with the care provided by the home care provider?

1	2	3	4	5
---	---	---	---	---

1 is not very satisfied and 5 is extremely satisfied

If you answered **Yes** to Question 1, skip to Question 9.

8. Please read the following statements about the care and support you may require in the future and tick the boxes that represent your views:

It is important that carers come at the agreed time

No

Unsure

Yes



It is important that I see carers that I am familiar with

No

Unsure

Yes

It is important that I can stay independent

No

Unsure

Yes

It is important that I am treated with dignity and respect

No

Unsure

Yes

It is important that I am involved in the development of my care/support plan

No

Unsure

Yes

9. Is there anything else you would like to tell us?

Postcode: (optional)

Age: (optional)

Thank you for filling out the survey.

Please return to:
Healthwatch Doncaster
3 Cavendish Court
South Parade
Doncaster
DN1 2DJ





Appendix Four

Postcode

DN1	2
DN2	7
DN3	20
DN4	18
DN5	14
DN6	2
DN7	30
DN8	21
DN9	1
DN10	0
DN11	11
DN12	10
S64 (Doncaster)	4
S66	1

Age

18-24	1
25-49	14
50-64	20
65-79	30
80+	49
Not Specified	Remainder

