



**Have you had contact with the iCope service?**

**We would like to hear your views on the service.**



**YOU Can Make a Difference!**

**We welcome your comments, whether as a service user, carer, family or friend.**

**We keep your information according to our privacy policy will not disclose your identity**

Contact us at



Healthwatch Kingston (iCope Survey)  
Kingston Quaker Centre  
Fairfield East  
Kingston  
Surrey  
KT1 2PT



[icope@healthwatchkingston.org.uk](mailto:icope@healthwatchkingston.org.uk)



Tel: 0203 326 1255; Ring and we will arrange to meet you



Registered charity no. 1159377, Company registered in England and Wales no. 08429159

Healthwatch Kingston is the independent champion for people who use health and social care services - including those provided by Kingston Hospital. We're here to find out what matters to people, and help make sure their views shape the support they need.

There is a local Healthwatch in every area of England. We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

**Our sole purpose is to make care better for people.**

The iCope programme is delivered by Camden and Islington NHS Trust from Hollyfield House in Surbiton.

HealthWatch Kingston proposes to conduct a review of Kingston's iCope service, to assist Kingston's Clinical Commissioning Group (KCCG) in the future planning of services. The review aims to focus on what's really important to people who use this service and we intend the information we collect will help improve the service in the future.

We are aware this is a big questionnaire. If you feel content is not appropriate to you please leave blank. We need as minimum that you complete questions 1 to 6, and would be grateful if you would also complete the last page 'About you'.

You can return the questionnaire to Healthwatch Kingston using the FREEPOST envelope provided OR you can complete the online survey at [www.\\*\\*\\*.com](http://www.***.com)

If you have any questions, need this questionnaire in a different format or would like to find out more about why we are conducting this survey please contact Healthwatch Kingston at [icope@healthwatchkingston.org.uk](mailto:icope@healthwatchkingston.org.uk) or call 0203 326 1255.

Thank you 😊



# How was iCope for you?

Complete either an online or paper survey or contact us to arrange a 1-1 interview session and tell us about your experience of the service

What has worked for you? What would you change?  
Tell us your experiences of using this service  
and help shape IAPT services for the  
future

Should you prefer to be interviewed, our interviewers are all Healthwatch Kingston authorised representatives who have been trained and have experience of mental health issues.

Interviews will be carried out in the following venues across the borough: -

1. Kingston Library, Fairfield Road, Kingston upon Thames KT1 2PS
2. Hook and Chessington Library, 13 Hook Road, Chessington KT9 1EJ
3. New Malden Library, Kingston Road, New Malden KT3 3LY
4. Surbiton Library, Ewell Road, Surbiton KT6 6AG
5. Kingston Quaker Centre, Fairfield East, Kingston KT1 2PT

If you are interested in booking an interview session, or if you would like to know more, please contact Adelaide on 0203 326 1255 or email [icope@healthwatchkingston.org.uk](mailto:icope@healthwatchkingston.org.uk)



## Access

<b>1. How did you hear about iCope?</b>
-----------------------------------------

<b>2. How were you referred to the service?</b>	
Referred myself	
GP	
Other medical professional	
Social services	
Job Centre	
Voluntary Organisation	
Other - please specify	

<b>3. Roughly when did you experience the service?</b>	
Year	201
March -May	
June - August	
September - November	
December - February	

<b>4. Which of the following best describes your experience of the service?</b>	
I have not yet started my therapy	
I am part way through my therapy	
I have completed my therapy_ ( please specify in which year you used the service)	
I have completed my therapy sessions but am planning to use the service further ( please specify in which year you used the service)	

<b>5. How was your initial contact made with the service?</b>	
Please give details	

<b>6. How did you experience travel to the service? (for example, is the building easily accessible for public transport, is there a bus stop/train station close by, is this service regular?)</b>	
Public transport	
walking	
Other	
Your comments	



## Communication

Thinking about the time between being referred and accessing the service

7. How satisfied were you with information you received about the service?					
Are you	Very satisfied	Partly satisfied	Partly dissatisfied	Very dissatisfied	Not applicable
Your comments					

8. How satisfied were you with support that was offered to you during the waiting period?					
	Very satisfied	Partly satisfied	Partly dissatisfied	Very dissatisfied	Not applicable
Your comments					

9. Did you know who to contact at iCope and how?	
Yes	
No	
Your comments	



## Timeliness

<b>10. Roughly speaking how many weeks did you wait:</b>	
a) Between being referred and having an assessment?	weeks
b) Between having an assessment and starting treatment?	weeks

<b>11. Were your appointments well managed?</b>	
Yes	
No	
Please give details (where appointments kept, were reminders sent? What happened if you missed an appointment or it was cancelled?)	

<b>12. Do you feel that you received the service at the time you needed it??</b>	
Yes	
No	
Please give details	



## Person Centredness

13. How did you feel about what was offered					
	Very satisfied	Partly satisfied	Partly dissatisfied	Very dissatisfied	Not applicable
Your comments					

14. Did you see the same person consistently?	
Yes	
No	
Please give details	

15. Were you given a choice about the treatment you received?	
Yes	
No	
Please give details	



**16. Did you get your preference?**

Yes

No

Please give details

**17. Did it work for you?**

Yes

No

Please give details, both good or bad?

**18. What happened next?**



**19. Did you feel consulted and valued**

Yes

No

Please give details

**20. What happened at the end of the treatment? (Was there follow up, were you given coping strategies?)**



## How people are treated and supported

**21. If you have additional needs were they catered for?**

Yes

No

Please give details

**22. Do you feel the people who treated you, understood you?**

Yes

No

Please give details

**23. Were you given chances to give feedback?**

Yes

No

Please give details



**24. How did you feel about the feedback process?**

	Very satisfied	Partly satisfied	Partly dissatisfied	Very dissatisfied	Not applicable
Your comments					

**25. Did your treatment include 'homework'?**

Yes	
No	
If you answered yes, how did you find that?	

**26. Was your support network (family, friends etc) involved?**

Yes	
No	
If so was it helpful? If not would you have liked them to be involved?	



<b>27. Did you have a review at the end of your treatment?</b>	
Yes	
No	
How did you find that?	

DRAFT



## Overall

**28. Do you feel that the service has helped you?**

A lot	Quite a lot	A little	Not at all	Don't know
-------	-------------	----------	------------	------------

Please tell us more about what was helpful or unhelpful to you. Do you have any suggestion on how the iCope service can be improved?

DRAFT



## About you

We would like to know more about you, to help us to understand how well the service is meeting people's different needs. All the information is confidential and treated in accordance with the Healthwatch Kingston privacy policy available on our website.

<b>First part of postcode</b>	
-------------------------------	--

<b>Completed by</b>							
Patient		Carer		Relative		Friend	Other

<b>Gender</b>							
Male		Female		Transgender		Other	

<b>Ethnic Origin</b>							
<b>Asian</b>	Asian British		Middle Eastern		Pakistani		
	Asian Welsh		Bangladeshi		Indian		
	Other (please specify)						
<b>Black</b>	Black British		Black English		Black Scottish		
	Black Welsh		African		Caribbean		
	Other (please specify)						
<b>Chinese</b>	Chinese British		Chinese English		Chinese Scottish		
	Chinese Welsh		Chinese				
	Other (please specify)						
<b>Mixed</b>	White and Black African		White and Black Caribbean		White and Asian		
	Other (please specify)						
<b>White</b>	White British		White English		White Scottish		
	White Welsh		White Irish		Traveller/Gypsy		
	Other (please specify)						



Sexual Orientation									
Please indicate how you would prefer to describe your sexual orientation									
Bisexual		Gay		Heterosexual		Lesbian		Prefer not to state	

Disability This includes a physical or mental health condition, which has lasted or is expected to last at least 12 months, which has an adverse effect on your ability to carry out normal day-today activities?	
Yes	No

Religion or belief					
How would you describe your religion?					
Buddhist		Christian		Hindu	
Jewish		Muslim		Sikh	
None		Prefer not to say		Other (please specify)	

Do you have any caring responsibilities for children, dependant relatives or any other adults?	
Yes	No
If yes, please tell us who you have caring responsibilities for?	
I would prefer not to say	

The information contained in this form will be processed in accordance with the Healthwatch Kingston upon Thames [Privacy Policy](#) for the purposes of equal opportunities monitoring.