

The Purple Star Team Needs Your Help Carer Form

Name of Surgery or Health Service:

Date you supported someone to use this service:

I am a: (please circle the most appropriate one)

Care/support worker **family member** **friend / unpaid carer**

I support someone who has: (please circle all relevant and add any additional health needs if relevant)

Mild LD **Moderate LD** **Severe LD** **Multiple and profound LD**

How many times have you supported someone to this place in the last year?
(Please circle)

Once **2 times** **More than 2 times**

If you are happy for us to contact you, if necessary, for more information please add your contact details here :-

Did they provide reasonable adjustments for the person you were supporting?

Yes / No

Please tell us more below:

Did they communicate with the service user in the best way for them to understand [The Accessible Information Standard 2016 states that all health and social care professions must ASK, RECORD, FLAG, SHARE and USE a persons preferred method of communication]

Yes

No

Please tell us how they did this:

Would you recommend this place to people who have a learning disability and their carers?

Yes

No

Please tell us why, in this box

With Doctor Surgeries please can we also have some feedback about the Annual Health Checks.

Have the service users you support had an annual health check in the last year?

Yes / No

If not, please tell us why in this box below.

How were they invited to their Annual Health Check and was this in line with the persons preferred method of communication [under the Accessible Information Standard 2016]

Did you get a phone call or easy read letter?

How Long did the Annual Health Check take?

Who did the Annual health check?

Doctor

Nurse

Both

was this the same person who did their AHC last year?

YES

NO

Don't Know

Did you Purple Folder if you have one?

Yes

No

They don't have one

Did they provide a Health Action Plan to keep in the Purple Folder?

Yes

No

Don't Know

Did you use the carers preparation tool prior to supporting the person to their AHC?

Yes

No

Don't know what this is

If you did complete this please provide some feedback on its use below.

Thank you please place in the Purple feedback box at this health care provider
or return to:

Purple Star Strategy, Health Liaison Team

**Post point: SFAR015, Farnham House, Six Hills Way,
Stevenage, SG1 2FQ**

PurpleStarStrategy@hertfordshire.gov.uk Tel: 01438 844675

copies of this form are at www.hertfordshire.gov.uk/LDMyhealth

If you need any additional information about Accessible Information Standard or the Purple Folder please do let us know.