

Urgent Care Survey

Our Survey

Between 9th January and 3rd February 2019, we are asking for your views on urgent care. There is a national requirement for all areas across the country to develop an urgent treatment centre, and to help us do this NHS North Lincolnshire Clinical Commissioning Group would like to hear from you about what you do when you need urgent care and what is important to you about how you get this care in the future. The views and experiences of local people will help us design a new service specification for providing an urgent treatment centre in North Lincolnshire.

Background

In line with national NHS guidance, NHS North Lincolnshire Clinical Commissioning Group (CCG) is developing plans for an Urgent Treatment Centre (UTC), which will be located at the Accident and Emergency (A&E) department at Scunthorpe General Hospital.

This is an additional, GP-led service for those that have a genuine emergency need. The two co-located services will mean that anyone attending the hospital without an emergency need will be seen by the UTC which will act as a 'new front door' to the hospital. This service will not replace your own GP practice which should be your first point of contact for non-emergency needs.

Access to urgent care services in North Lincolnshire will be simplified and people will walk in the same door they've always walked into at the hospital but will be seen by the most appropriate clinical professional for their needs. This is with the aim of safeguarding A&E (which is consultant led) for those with an emergency need and reducing waiting times ensuring people get the right care, at the right time with the most appropriate professional.

What we would like to know from you

We would like to hear about how you currently seek help for urgent care needs. Urgent care covers conditions which are not life threatening but cannot wait until a routine appointment with your GP or other healthcare professional. While the following are some examples of these types of conditions they can sometimes be managed by visiting your pharmacist in the first instance:

sprains and strains	eye problems
suspected broken limbs	skin infections and rashes

minor head injuries	feverish illness in adults
cuts and grazes	feverish illness in children
bites and stings	abdominal pain
minor scalds and burns	emergency contraception
ear and throat infections	

We know that some patients seek help with non-life threatening urgent conditions by attending their local A&E department. By attending alongside more seriously ill patients, some of these patients may face longer waits to be seen and many leave A&E without needing hospital treatment.

In order to provide a good urgent care service, we would like to understand what you already know about urgent care in North Lincolnshire and when to use it. We would also like to know how you would prefer to access new services. For example, would you want to see a health care professional face to face or would advice over a phone or using other technology would be as good? You can tell us what works well when you need help for minor conditions and let us know if you have any concerns about how you access this type of care.

The survey will take about 20 minutes to complete, if you need more space for any of the answers please use an extra piece of paper and please write on it the question number you are commenting about. If you have accessed this survey online and would prefer a hard copy version of the survey please call us on 01652 251067 or email nlccg.embrace@nhs.net and we will post it out to you; you can fill it in and return it to us by Freepost (no stamp required). **The survey closes on 3rd February 2019.**

Or if you'd rather talk through your answers with someone over the phone, call the above number and we will make arrangements to do that with you.

Q 1 Which of the following services do you think are currently options for urgent care treatment in North Lincolnshire? (Please tick all that apply)	
GP Practice	<input type="checkbox"/>
GP Out of Hours	<input type="checkbox"/>
NHS 111	<input type="checkbox"/>
Community pharmacists (or chemists)	<input type="checkbox"/>
A&E	<input type="checkbox"/>
Self-Care (e.g. Google or ask advice from a relative)	<input type="checkbox"/>
Other (please explain)	<input type="checkbox"/>

Q 2 If you needed urgent care treatment, would you prefer to access it physically (through going to a clinic, GP surgery, or Pharmacy, for example) or speak to a clinician (online or by calling 111 / a telephone clinical service)
(Please tick one box only)

Physically access urgent care	<input type="checkbox"/>	Please explain why
Access urgent care services from my home (phone or online)	<input type="checkbox"/>	
No preference for how I access urgent care services	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

Q 3 How confident are you that you know what to do if you need urgent care?
(Please tick only one box only)

Very confident	<input type="checkbox"/>	Please explain why
Fairly confident	<input type="checkbox"/>	
Fairly unsure	<input type="checkbox"/>	
Very unsure	<input type="checkbox"/>	

Q 4 How likely are you to ring NHS111 with an urgent care need?
(Please tick only one box only)

Very likely	<input type="checkbox"/>	Please explain why
Fairly likely	<input type="checkbox"/>	
Fairly unlikely	<input type="checkbox"/>	
Very unlikely	<input type="checkbox"/>	

Q 5 Where would you go to find out information about your health or condition?
(Please tick all that apply)

NHS Choices	<input type="checkbox"/>	Please explain why
Internet search	<input type="checkbox"/>	
Local pharmacy	<input type="checkbox"/>	
GP practice	<input type="checkbox"/>	
Family / Friend	<input type="checkbox"/>	
NHS 111	<input type="checkbox"/>	
Other health service	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

Q 6 - What most influences your decision about where to go to get the care you need?

We understand that all of the following things are important. What we would like to know is which of the following is MOST important to patients. Using a scale of 1 to 6 (where 1 is MOST important and 6 is LEAST important), please can you rank the following in order of what's most important to you.

Please write in a number from 1 to 6, and use each number only once.

Where you get most thoroughly examined		Other (please explain):
Where it is easy to book an appointment		
Waiting time is minimal		
Previous experience of a service		
What other people recommend		
Where I know I can see a doctor		

Q 7 How much do you agree or disagree that only those patients with life threatening conditions or serious accidents should be seen and treated at A&E? (Please tick one box only)

Strongly agree		Please explain why
Agree		
Neither agree nor disagree		
Disagree		
Strongly disagree		

Q 8 If it was appropriate to do so, would you be happy to be given advice on how to care for your condition yourself at home? (Please tick one box only)

Yes		Please explain why
Not sure		
No		

Q 9 Do you feel you have enough information to make a decision about when and where to go if you require urgent care? (Please circle one answer)

Yes	No	If no, what information do you think would be helpful?
-----	----	--

Q 10 What do you consider important when choosing which urgent care services to use?

We understand that all of the following things are important. What we would like to know is which of the following is MOST important to patients. Using a scale of 1 to 6 (where 1 is MOST important and 6 is LEAST important), please can you rank the following in order of what's most important to you.

Please write in a number from 1 to 6, and use each number only once.

Quality of care	
Location / Close to where I live or work	
Opening times	
Seeing the right person	
Getting an appointment at a time suitable for me	
Seeing someone the same day	

Q 11 To what extent do you agree that an Urgent Treatment Centre would help improve urgent care services locally? (Please tick one box only)

Strongly agree	
Agree	
Neither agree nor disagree	
Disagree	
Strongly disagree	

Q 12 Do you have any other comments about accessing urgent treatment?

Equality and Diversity & You

The following questions are about equality, diversity and about you. Information will be used for equality and diversity monitoring purposes only.

This section is optional and you do not have to answer the questions below.

However, these questions are to help us find out whether our engagement is fair and inclusive and reaches the whole population of North Lincolnshire.

You are under no obligation to provide this information

Q 13 We want to shape healthcare services around the different needs of our population (For example: Race, Gender, Disability, Age, Sexual Orientation & Religion and Belief)

Is there anything you think we need to consider in relation to the diverse needs of local people? (Please tick one answer)

Yes	<input type="checkbox"/>	Other - Please explain your answer
No	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

About you

Q 14 In what capacity are you responding?
(Please tick one answer)

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Member of the public |
| <input type="checkbox"/> | Patient or community group |
| <input type="checkbox"/> | Patient / Carer |
| <input type="checkbox"/> | Partner organisation |
| <input type="checkbox"/> | Staff / Clinician |

Q 15 What is the first part of your postcode?

<input type="text"/>

Q 16 To which group do you consider you belong?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | White - British |
| <input type="checkbox"/> | White - Irish |
| <input type="checkbox"/> | White - Any other White background |
| <input type="checkbox"/> | Mixed - White and Black Caribbean |
| <input type="checkbox"/> | Mixed - White and Black African |
| <input type="checkbox"/> | Mixed - White and Asian |
| <input type="checkbox"/> | Mixed - Any other Mixed background |
| <input type="checkbox"/> | Asian or Asian British - Indian |
| <input type="checkbox"/> | Asian or Asian British - Pakistani |
| <input type="checkbox"/> | Asian or Asian British - Bangladeshi |
| <input type="checkbox"/> | Asian or Asian British - Any other Asian background |
| <input type="checkbox"/> | Black or Black British - Caribbean |
| <input type="checkbox"/> | Black or Black British - African |

<input type="checkbox"/>	Black or Black British - Any other Black background
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Prefer not to say

Q 17 Are you...?

<input type="checkbox"/>	Male	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Female	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Transgender		

Q 18 Do you consider yourself to be...?

<input type="checkbox"/>	Heterosexual / Straight
<input type="checkbox"/>	Gay / Lesbian
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Prefer not to say

Q 19 Which of the following age ranges are you in?

<input type="checkbox"/>	18-24
<input type="checkbox"/>	25-44
<input type="checkbox"/>	45-64
<input type="checkbox"/>	65-74
<input type="checkbox"/>	75-84
<input type="checkbox"/>	85+
<input type="checkbox"/>	Prefer not to say

Q 20 What is your religion or belief?

<input type="checkbox"/>	Christian
<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Sikh

<input type="checkbox"/>	Hindu
<input type="checkbox"/>	No religion
<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other Please specify

Q 21 Do you consider yourself to have a disability?

Please tick the most appropriate below:

- No disability
- Physical impairment such as difficulty moving your arms or mobility issues
- Wheelchair user
- Sensory impairment such as being blind or having a visual impairment
- Sensory impairment such as being deaf or having a hearing impairment
- Mental health condition such as depression, dementia or schizophrenia
- Long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease or epilepsy)
- Learning disability or difficulty (e.g. Dyslexia) or cognitive impairment (e.g. autistic spectrum disorder)
- Prefer not to say

Thank you for your time spent completing the survey

Your views & comments are appreciated

*If you wish to post this completed survey to us please address to: **FREEPOST NLCCG***

You do not need to write anything else on the envelope.