



Urgent Care Survey

North Lincolnshire Clinical Commissioning Group

April 2019

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1. Introduction

Urgent and Emergency care is one of the main improvement priorities set out in the 'Next Steps in the NHS Five Year Forward View', March 2017, with a focus on improving national A&E performance and making access to services clearer for patients. One element of Urgent and Emergency Care is the roll out of standardised Urgent Treatment Centres, and national standards have been developed for implementation.

Improving access to primary care services is also one of the key priorities for the NHS Five Year Forward View. It is acknowledged that primary care sits at the heart of NHS services and is often the first point of call for many patients. Whilst GPs have one of the highest patient satisfaction rates for all public services, demand continues to grow and access to GP services can be difficult. The General Practice Forward View sets out investment and reform of primary care between now and 2020 - including taking steps to expand primary care workforce, increasing GP trainees and other posts (Clinical Pharmacists, Mental Health Therapists) as well as investing in upgrades to primary care facilities.

Nationally the public have told NHS England that the mix of services available (including primary care and varied levels of extended access) was confusing, with variation in levels of service offered and types of staff available.

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 an urgent 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. The patient's own GP practice should still be their 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.

2. Engagement approach

To understand the views and opinions of patients and the public in North Lincolnshire, we developed a survey questionnaire and discussions with groups to hear about how people currently seek help for urgent care needs. We explained that urgent care covers conditions which are not life threatening but cannot wait until a routine appointment with your GP or other healthcare professional. The following were provided as examples of types of conditions that are sometimes considered as urgent care:

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 local statistics show that many leave A&E without needing hospital treatment.

We set out to understand:

- What people already know about urgent care in North Lincolnshire
- What people know about when to use urgent care services
- How people would prefer to access new services
- What works well when patients need help for minor conditions
- Any concerns about accessing this type of care.

A survey questionnaire was available online via a website link and posted on the NLCCG website. The link was sent to members of our Embrace patient network, stakeholders and key contacts in the local community.

The link was posted on our social media pages and shared by local Facebook groups in Scunthorpe and surrounding villages.

Paper copies of the questionnaire were also made available at GP practices and completed face to face at the following groups:

Sure Start Centre – Side by Side, Enderby Road, Scunthorpe
Sure Start Centre, Diversity Session – West Street, Scunthorpe
West Common Lane Surgery
Epworth Surgery
Cambridge Avenue Medical Centre
Riverside Medical Centre, Brigg
The Forge homeless project, Scunthorpe
Café Conversation, The Arc café, Westcliff , Scunthorpe
British Steel canteen, Scunthorpe
Barton Healthcare Event
Winterton Seniors Forum
Cedar Medical Practice
Accident and Emergency, Scunthorpe General Hospital
Crosby Community Association

The key questions from the survey were discussed at the following groups:

NLCCG Patient and Community Assurance Group
MIND mental health peer support group
North Lincolnshire Youth Council
Carers Advisory Partnership
Maternity Voices Partnership
North Lincolnshire Patient Participation Group Chairs Forum
Scunthorpe Central Mosque
South Axholme PPG
Cambridge Avenue PPG

Overall, there were 1057 responses to the survey.

3. Key findings

3.1 How do people currently access urgent care?

When asked how they get help for urgent care needs, the most common response was A&E, followed by ringing NHS 111 and then the GP Out of Hours service. People told us that they access A&E when they are unable to get a same-day appointment at their GP practice, with some people suggesting this is because it is open 24 hours a day, seven days a week and is available to access on a walk-in basis.

It was suggested that with an urgent care need, having access to expertise was important and people felt that they were less able to make a decision about what level of care they needed without medical opinion.

Just under a third of respondents said they were very or fairly unlikely to ring NHS111 with an urgent care need.

3.2 How do people decide which urgent care service to use?

Everyone's perception of urgent care is different and people will therefore make different choices and many people said that it depended on what a patient's interpretation of 'urgent' was.

However, most people were fairly or very confident that they would know what to do if they had an urgent care need (87% of respondents). More than half of respondents prefer to access help and advice physically in the first instance, by attending a clinic, surgery or other health care service rather than having advice from their home over the phone or online.

People said it was most important to go somewhere where they knew they would get thoroughly examined, followed by being able to see a doctor rather than other health professional. It was also important to be able to easily book an appointment for urgent care.

3.3 What is most important to people about how they access urgent care?

When choosing which urgent care service to use, people thought the quality of care was most important to them, closely followed by being able to be seen and treated on the same day. It was also important to see the right person to treat their condition as soon as possible.

Although 82% of respondents said there was enough information available to help them make a decision about when and where to go for urgent care, additional comments provided confirmed that some patients still find it difficult to know where to go for urgent care or advice. The people we have spoken to both face to face and

the survey respondents have said that it is not clear to them what options are available in which circumstances. Uncertainty about the definition of 'urgent' or 'emergency' was a clear theme, and presenting at A&E was therefore considered the safest option.

3.4 Do people have enough information to make a decision about urgent care?

Many people said they would be happy to be given advice on how to care for their condition themselves at home (77%), with only 4% saying this was not acceptable for an urgent care need.

Most said there was adequate information available to enable people to make an informed decision about seeking urgent care (82%), however some suggested that a short guide to urgent care services should be provided for all households in North Lincolnshire. This should cover how to access GP services, out of hours GP services and more urgent care needs.

People told us that those with long term conditions often know what care they need and a more direct route to urgent care should be set up for some of these (e.g. urgent ophthalmology conditions that are currently seen in A&E or conditions that 'flare up')

3.5 What concerns do people have about accessing urgent care?

Access to mental health support

The responses to the survey and our discussions with community groups, told us that access to urgent mental health care is a priority. This was particularly raised in our discussions with the Carers Advisory Partnership and the MIND Peer Support Group. Access to the Crisis and Access Team were listed by people as additional services considered as urgent care.

People told us that the A&E environment is not suitable for those with a mental health crisis, as waiting times are lengthy and the noisy environment is disturbing for those experiencing psychosis. It was suggested that a separate waiting area for mental health patients and access to face to face support available 24 hours a day, seven days a week would be required. Support from the patient's own home would be acceptable if clinically appropriate, however people said it was important that this was a conversation with the right person.

Access to medical records

Some people told us they were concerned about seeing someone outside of their GP surgery, as they would not have access to their medical records. This was particularly a concern with older people who may have multiple health conditions.

Seeking urgent care for children

People told us that their response when seeking urgent care for a child was different to how they would respond if an adult had an urgent care need. Whilst the adult might wait until a surgery appointment was available, parents and carers felt more urgency to take action when a child was ill.

Seeing the right person

People told us that the current system often involves several steps that take place before you see the appropriate person, and people are less happy about the initial contact being with someone who is not medically trained. This was a concern raised about NHS111, where respondents felt an unqualified person was following a 'flowchart' to provide advice that often still leads to attendance at A&E after a lengthy phone call.

People told us they would like to see the right person in the first instance, and that it was important to them to be assessed by someone with medical training from the outset.

Access to same day GP appointments

People told us that in some practices it was not possible to book an appointment with a GP on the same day. We were told this leads to patients attending A&E as they know this guarantees they will be seen the same day.

Many referred to not being able to get an appointment with a GP in core surgery hours; however these people did not appear to be aware of the option which is now available for patients to book an extended hours GP appointment within North Lincolnshire.

3.6 Would an Urgent Treatment Centre help improve urgent care services locally?

There was strong support for establishing an Urgent Treatment Centre in North Lincolnshire, with 88% either agreeing or strongly agreeing with the plan. Whilst there were concerns about travel and transport to the centre from those who lived in outlying rural areas of the county, it should be acknowledged that these patients would already travel to Scunthorpe General Hospital or another neighbouring general hospital to visit their A&E with some of these urgent conditions.

The findings reflect a clear support for using GP surgeries where possible, with over a quarter listing their GP practice as a place to go for information about a health condition and a third saying they would visit the GP practice or GP out of hours with an urgent care need. This view further supports the plan for a primary care led Urgent Treatment Centre.

4. Detailed findings

Interpreting our data

This report includes data from our engagement, some of which is quantitative and tells you proportions of our respondents that responded in a certain way. Some of our data was collected from discussions with groups and drop-in sessions. This data is qualitative in that notes were made of the discussions to enable us to draw out common themes. This method allowed us to investigate views and opinions in greater depth.

Our quantitative data is presented as graphs or tables, whereas verbatim quotes are used to represent the qualitative data or summaries of themes. The data from open-ended questions in the survey have formed part of our qualitative data as these were free text responses from the respondent.

It should be noted that the total responses to a quantitative survey question may not always add up to 100%. There are several reasons why this may happen:

- The question may have allowed the respondent to choose more than one answer
- Only the most common responses may have been shown in the results
- Percentages may be rounded up to the nearest whole number, so the total may come to 99% or 101%

Furthermore, as the survey was a self-completed questionnaire, not all respondents have answered all questions. For some of our questions, not all respondents followed the instructions for completion. This is particularly true of the two questions where we asked respondents to rank items in order of preference. To overcome this in our interpretation of the findings, we have looked for the most popular response.

There were 1057 responses to our survey, however not all respondents answered all questions.

Respondent profile

Respondents indicated which area they live in by providing the first half of their postcode. There were 13 respondents who gave a postcode outside of the North Lincolnshire area however these are not included in the table below.

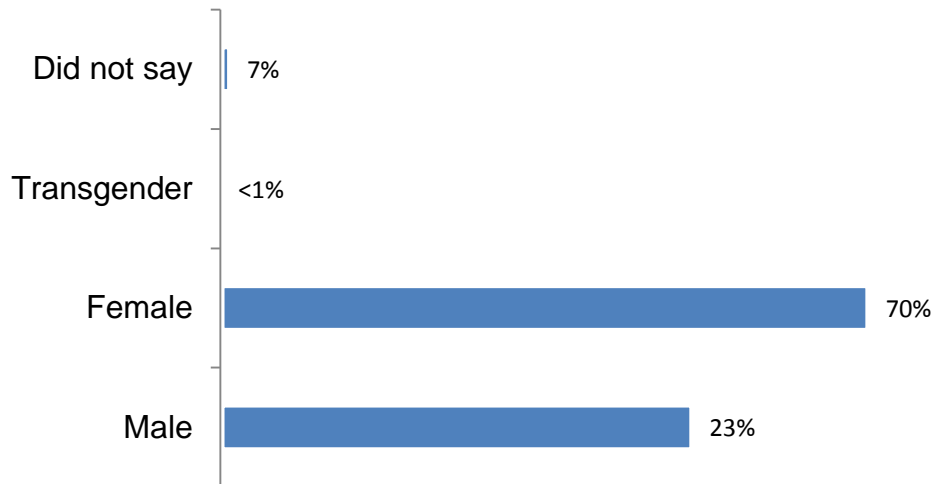
Postcode	Respondents	Postcode	Respondents
DN17	196	DN10	2
DN15	138	DN31	2
DN20	123	DN34	2
DN18	122	DN34	2
DN16	121	DN7	2
DN9	97	DN8	2
DN19	32	DN37	2
DN21	31	DN11	1
DN38	22	DN12	1
DN39	7	DN29	1
DN14	3	DN3	1
DN40	3	DN41	1

The majority of respondents said they were a member of the public (70%), a patient or a member of a community group (18%). Only 5% were staff or clinicians and 1% belonged to a partner organisation.

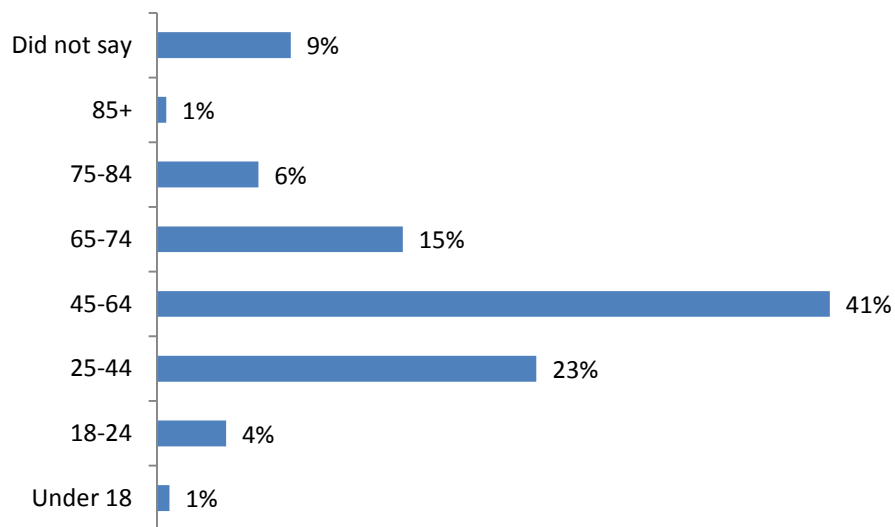
The majority of respondents were from a white ethnic background (91%).

Ethnic Group	Number of respondents	Percentage of respondents
White	963	96.7%
Mixed	2	0.2%
Asian or Asian British	12	1.2%
Black or Black British	4	0.4%
Other	1	0.1%
Prefer not to say	14	1.4%

There were more responses from females than males:



Almost three in ten (28%) of respondents were under the age of 45, and 22% were 65 or above.

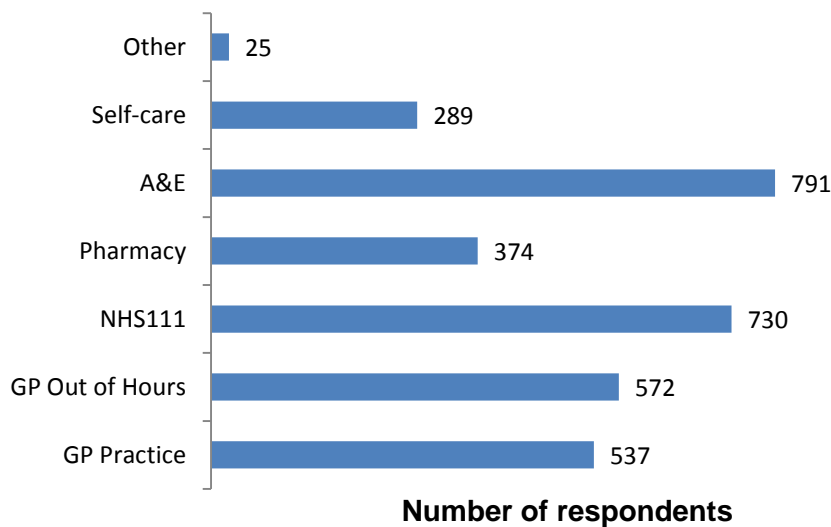


Data from our survey

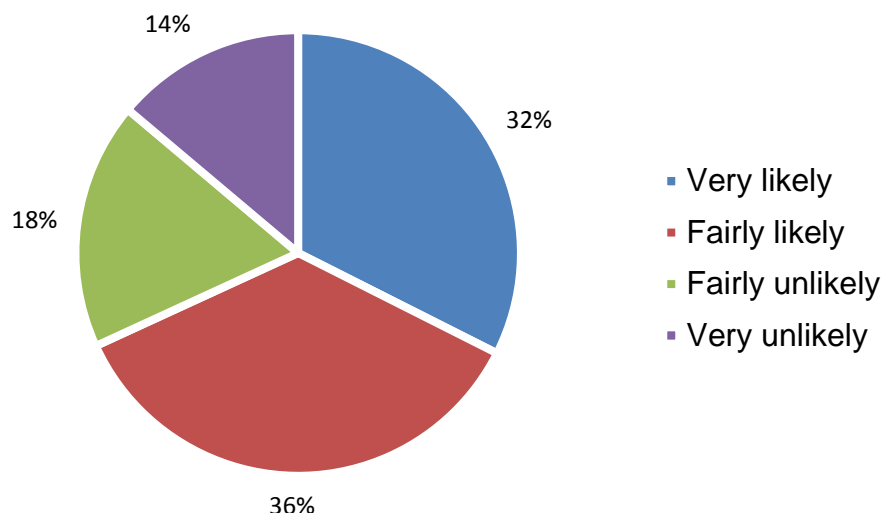
Current options for urgent care

Respondents were asked to consider which options they currently have when seeking urgent care treatment in North Lincolnshire. They were able to select more than one option from a list.

There were 75% of respondents who said they would use A&E as an urgent care option. Just over two thirds (69%) would consider calling NHS111, and just over half (54%) would go to GP Out of Hours. Exactly half of respondents said their GP practice would be a place to go for urgent care.



A third of respondents (67%) were very or fairly likely to ring NHS111 with an urgent care need. People said this is something they would particularly consider if the person needing treatment was a child. Only a third (31%) were very or fairly unlikely to ring NHS111, some saying they had not used it before or had a previous poor experience of the service.



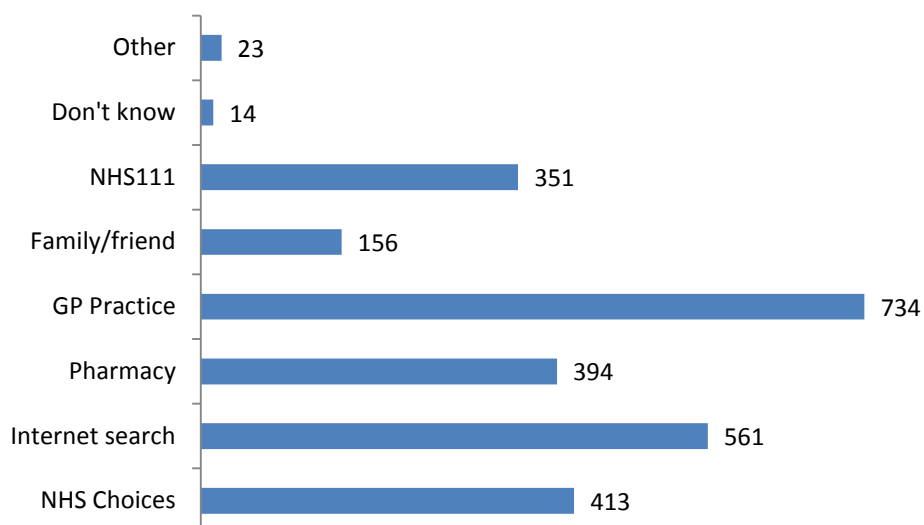
“I find it more tricky to know what to do because I have a child under the age of one. For something [where] I would wait and see my GP during surgery hours, may not be possible to wait for my child.”

“I think it’s different for babies and children as to what could constitute life-threatening. I’d rather be overly cautious.”

“[Having] occasional cellulitis, I know when I need to get urgent antibiotics. NHS111 is not the best for treating this. [Would be useful] being able to speak to someone at urgent care to be able to get the antibiotics without having to wait two hours for 111 and then ring back.”

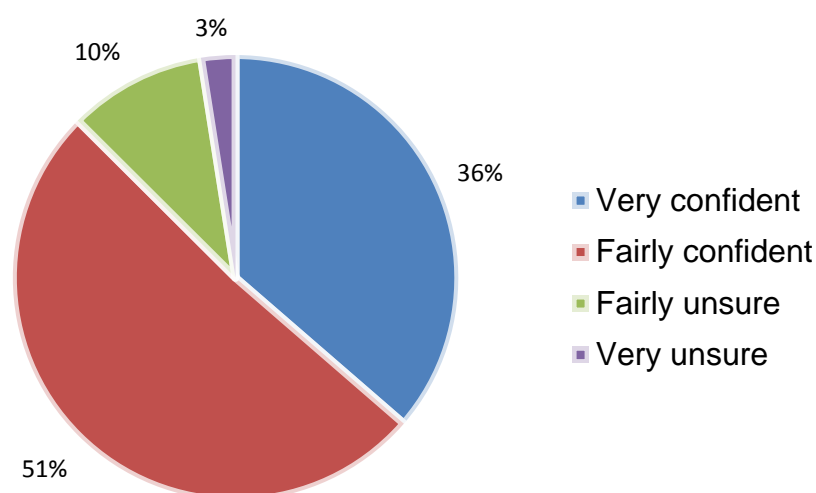
Respondents were asked where they would go to find out information about their health or health condition. They were able to select as many options that applied from a list.

Just under a third (28%) said they would get information from their GP practice, this being the most popular response. Getting information from a general internet search was chosen by 21% and 16% specifically said they would consult the NHS Choices webpage.



Confidence about where to go

When asked about how confident they felt that they would know what to do if they needed urgent care, most people were fairly or very confident about seeking urgent care (87%). Many people (82%) felt they had enough information to enable them to make a decision about when and where to go if they required urgent care.



“What is urgent to me, with scary symptoms and no medical training may be trivial to a doctor. We need more GPs then patients wouldn’t have to worry that they weren’t accessing the correct help.”

“If you are not a health professional how do you know it is an emergency? Apparently simple things can become very serious.”

“I am not always confident that the services offered contain the necessary expertise or resource to effectively treat all conditions. Recent personal experience has shown that the key to effective treatment is finding a clinician with the necessary expertise, irrespective of the process used to obtain the service.”

“I think I have common sense, but not adequate medical knowledge.”

Preferences for accessing care

Respondents were asked if they would prefer to access urgent care physically or whether they would be happy to speak to a clinician online or over the phone. They were also able to indicate if they did not have a preference either way. Over half of respondents preferred to access care physically by going to a clinic or surgery for example.

When asked what they considered important when choosing which urgent care service to use, some of those completing the questionnaire independently did not apply the ranking to the question and therefore did not always indicate a preference. In order to analyse the data, each option has been considered individually based on how many indicated it as their number one priority.

The most important was quality of care, with 57% of those completing this question indicating that it was their number one priority when choosing urgent care. 43% told us that seeing someone on the same day was important, and 42% said their first priority was seeing the right person to provide their urgent treatment rather than having to be referred on.

“Please do not herd us all into online booking. I am a one income family...I cannot afford the internet or apps.”

“Needs to be consistent and accessible to all.”

The top priorities of respondents can be seen in the table below:

What is most important?	Number of respondents placing this a top priority (base=1057)	Percentage of respondents to this question
Quality of care	564	57%
Seeing someone the same day	423	43%
Seeing the right person	411	42%
Opening times	252	26%
Appointment at suitable time	213	22%
Location close to work or home	202	21%

What influences where patients choose to go?

Respondents were asked what influences their decision about where to go to get the care they need. Again they were asked to place items in rank order, however those completing independently did not always follow this rule. This analysis considers the top priority responses to this question.

Just over half of those answering this question (54%) placed choosing somewhere where you know you will get most thoroughly examined as their main influence.

Knowing that the patient will see a doctor was the next important influence (43%), and just over a third (36%) would like to be able to easily book an appointment so they have a designated time to attend for urgent treatment.

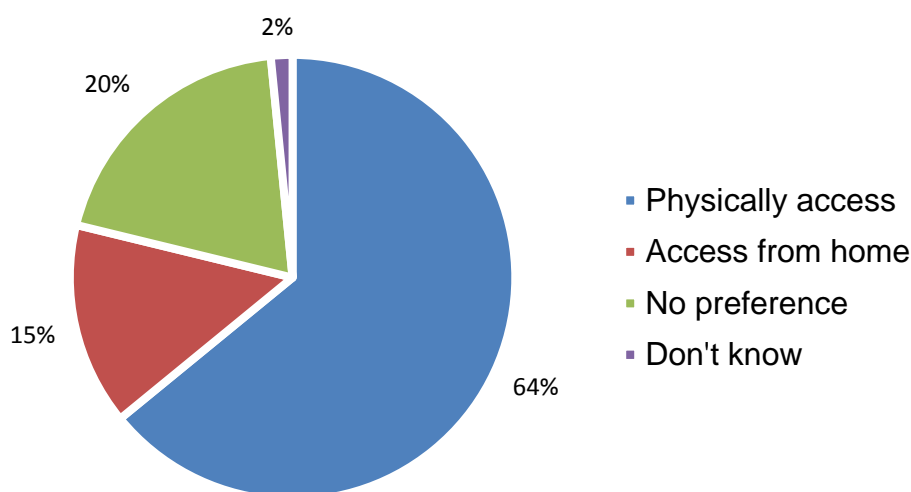
The top factors that influence respondents can be seen in the table below:

What most influences your choice?	Number of respondents placing this a top priority (base=1057)	Percentage of respondents to this question
Where you get most thoroughly examined	533	54%
Where you can see a doctor	415	43%
Where it is easy to book an appointment	349	36%
Waiting time	229	24%
Previous experience of a service	196	21%
What other people recommend	71	7%

“Sometimes you know your condition yourself, and know what you need.”

“You need to attend somewhere you can have an x-ray and therefore tend to go to A&E even though it isn’t life threatening.”

Respondents also indicated if they were happy to be given advice on how to care for their condition at home, where it was appropriate for them to do so. Over two thirds (77%) said they would be happy to self-care at home, with 17% being unsure. Only 4% did not think self-care should be an option for urgent care needs.

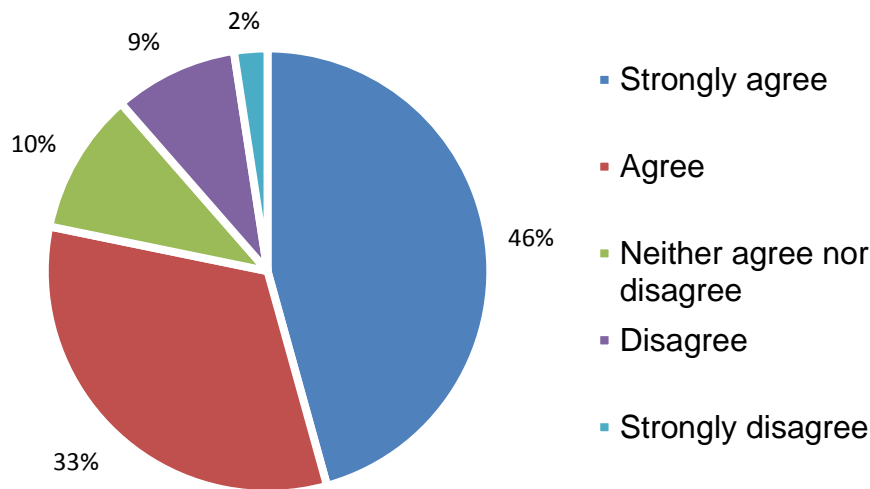


“If care can be given / self-administered at home, then this is easier than getting to a hospital or clinic.”

Support for establishing an Urgent Treatment Centre in North Lincolnshire

Respondents were asked their views on what conditions should be seen and treated in A&E. Early on in the survey respondents clearly identified A&E as an option for care for urgent conditions (75% said this was somewhere they would attend for urgent care).

When asked how much they agreed or disagreed that only those patients with life threatening conditions or serious accidents should be seen and treated at A&E, over two thirds of respondents (79%) either agreed or strongly agreed with this. Only 11% disagreed or strongly disagreed.



Respondents were then asked to what extent they agreed that an Urgent Treatment Centre (UTC) would help improve urgent care services locally. There was strong support for introducing a UTC, with 88% of respondents either agreeing or strongly agreeing with this. Only 2% disagreed or strongly disagreed.

“This is a great move forward for the area; too many people are abusing A&E when they are not able to get in to see their own GP, which is adding to the pressures of staff and to the waiting times for those that genuinely need urgent attention.”

“An urgent care centre should be just that and they should turn away at first contact anyone who doesn’t need to be seen urgently.”

“...to access urgent treatment appointments with the eye clinic we have been sent to A&E. One was as directed by the optometrist and one on ringing the eye department where we were already receiving treatment, just to be sent up to the eye department. A waste of emergency doctor’s time which could have been spent on a real emergency.”

“A co-located UTC with A&E is logical with a common access point to direct patients to the right centre according to their conditions [and] should relieve pressures on current A&E services. But [it] needs to be open 24/7 to be effective.”

Qualitative data from outreach and discussion sessions

Whilst many of the groups we visited asked questions about the definition of urgent care and how an Urgent Treatment Centre would operate, a number of themes were raised through our discussions.

Mental health support

Our discussions with community groups, people told us that access to urgent mental health care is a priority. This was particularly raised in our discussions with the Carers Advisory Partnership and the MIND Peer Support Group. Access to the Crisis and Access Team were listed by people as urgent care services.

“Urgent treatment for a mental health crisis is poorly lacking. I have been sent by NHS11 to A&E to speak to the crisis team and been sent home because they are not available to see me. It is very stressful sitting in a full waiting room when you are having a mental health crisis. I would like to see a place for mental health crisis that is separate from an A&E department. I would like to feel that if having a mental health crisis I can definitely see a mental health professional, not just a phone call.”

People told us that the A&E environment is not suitable for those with a mental health crisis, as waiting times are lengthy and the noisy environment is disturbing for those experiencing psychosis. It was suggested that a separate waiting area for mental health patients and access to face to face support available 24 hours a day, seven days a week would be required. Support in the patient’s own home would be acceptable if clinically appropriate, however people said it was important that this was a conversation with the right person.

Urgent dental treatment

People at The Forge homeless project told us that it was difficult to know where to go to get urgent dental treatment. Some told us that they do not regularly attend a dentist, so when they have an urgent dental need they need to know where to get help. A&E was considered an option if in severe pain, however some people said they had been turned away from A&E with dental pain.

Help in the local community

Transport and having care close to home was an issue raised throughout the survey, but in particular groups such as those at the homeless project said that having to get from one side of town to the other when in discomfort was a problem for them (e.g. from Ashby to Scunthorpe). They suggested urgent care could be accessed in other familiar places such as the local pharmacy and that people should be made aware what is available closer to them.

5. Conclusions

5.1 There is strong support for establishing an Urgent Treatment Centre in North Lincolnshire

There was strong support for introducing a UTC, with 88% of respondents either agreeing or strongly agreeing with this. Only 2% disagreed or strongly disagreed. Comments reflected an understanding of the pressures faced by A&E departments and how many patients treated in A&E do not present with the most serious or life-threatening conditions.

5.2 Many people would already consider A&E at Scunthorpe General Hospital as a place to access urgent care

There were 75% of respondents who said they would use A&E as an urgent care option. Co-locating the UTC alongside A&E would therefore help stream non-life threatening conditions away from A&E without requiring a change in patient behaviour.

5.3 People need somewhere they can access care on the same day and that is open 24 hours a day, seven days a week

Over half of respondents preferred to access care physically by going to a clinic or surgery for example. 43% told us that seeing someone on the same day was important, and 42% said their first priority was seeing the right person to provide their urgent treatment rather than having to be referred on.

Additional comments told us that people feel urgent care needs to be available 24 hours a day, seven days a week. People suggested that urgent care patients go to A&E with non-life-threatening conditions because it is always available on a walk-in basis when other services are closed.

5.4 People are confident they would know where to go to get urgent care, but seek reassurance by a qualified doctor

Most people were fairly or very confident about seeking urgent care (87%). Many people (82%) felt they had enough information to enable them to make a decision about when and where to go if they required urgent care.

However, comments suggested that people feel urgent conditions should be assessed by a qualified professional and that although they are confident about choosing a service, they need reassurance about their condition from someone with medical knowledge.

5.6 People value the care, support and information they get from primary care

Just over half of respondents (54%) would go to GP Out of Hours with an urgent care need. Exactly half of respondents said their GP practice would be a place to go for urgent care. Just under a third (28%) said they would get information about their health condition from their GP practice

This indicates the value people place on the care, support and information they get from primary care and suggests a primary care led UTC would be an advantage.

5.7 Many people still prefer to receive care face to face

Over half of respondents (63%) preferred to access care physically by going to a clinic or surgery for example.

Some people asked for it to be taken into account that not everyone has access to technology or has trust in it, therefore more traditional face to face models of care are important.

5.8 A third of respondents highly valued being able to book an appointment rather than the sit and wait procedure in A&E

Just over a third of respondents (36%) would like to be able to easily book an appointment so they have a designated time to attend for urgent treatment.

5.9 Not being able to get an appointment in GP core hours was given as a reason for seeking urgent care at A&E

The additional comments provided throughout this survey suggested that although uptake of the GP extended hours service has been high in North Lincolnshire, not everyone is aware of this option. It was suggested that people attend A&E when they have been unable to get a same day appointment at their GP surgery.

People also value accessing care closer to home, but some feel less confident that they know what urgent care might be available in GP surgeries or pharmacies. Raising awareness of the range of urgent care options was suggested.

5.10 A suitable environment and access face to face support should be provided for those in mental health crisis

The qualitative data and discussions with community groups told us that the A&E environment is not suitable for those with a mental health crisis, as waiting times are lengthy and the noisy environment is disturbing for those experiencing psychosis.

It was suggested that a separate waiting area for mental health patients and access to face to face support available 24 hours a day, seven days a week would be required.

6. Appendix – Survey Questionnaire

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?
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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?

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.