

Urgent Care Report

The Get Involved Group at Possability People

June 2019

1. Introduction

As part of our ongoing commission as a funded health engagement organisation with the Brighton & Hove Clinical Commissioning Group (CCG), Possability People's Get Involved Group (GIG), with partner organisation Enhance the UK, was asked to conduct engagement work with disabled people and carers on Urgent Care services.

We carried out engagement work across the city to hear the views of disabled people and carers on how to improve access to same-day healthcare in Brighton and Hove, utilising people's lived experience of using Urgent Care services in the city, and how to improve these services for everyone.

Urgent Care services are for when you need physical or mental health help the same day, but it is not a 999 or A&E emergency. Urgent Care includes:

- Injuries (such as minor cuts and scrapes / twisted ankle / broken finger / etc.)
- Illnesses or other ailments (such as rashes, the flu, coughs, etc.)
- Any other medical condition (including mental health) where the person seeks advice from a health professional such as a GP, pharmacist, NHS 111 or a Walk-in-Centre

Urgent Care is different than Emergency Care. Emergency care is defined as being for 'immediate or life threatening conditions, or serious injuries or illnesses'.

Emergency care services include: A&E, 999, Mental Health Rapid Response Service (MHRRS).

Evidence suggests that up to a third of people in Brighton & Hove may end up in the wrong setting to get treatment for their needs. The A&E / Urgent Care Centre at the Royal Sussex County Hospital has been under a lot of pressure in recent months, where 30% of people who attended could have been seen at an Urgent Care service elsewhere, but didn't know where to go other than the hospital.

To address this, Possability People's Get Involved Group has been commissioned by NHS Brighton & Hove Clinical Commissioning Group (CCG) to find out about disabled people's views on accessing NHS Urgent Care Services, and how they can be improved.

All responses have been handled confidentially and anonymously fed into this report, which has been submitted to the Clinical Commissioning Group in June 2019, with recommendations collated from participants' responses to help improve disabled people's experiences of gaining support from their GP or healthcare professional.

2. Methodology

The engagement work on this topic ran between April and June 2019. We used a range of approaches to engage with local disabled people and carers in Brighton & Hove on the topic of Urgent Care services.

A total of 104 people were consulted with throughout this consultation.

2.1 Survey for disabled people and carers

We engaged with a total of 64 disabled people and carers through the sharing of our full survey. 44 people responded through our online survey platform, Survey Monkey. The survey link was shared with all GIG members and partner organisations, on local voluntary sector email forums (including the Community Works forum and SCIP discussion lists), within the GIG's Monthly Round-Up newsletter, and on several social media platforms. A further 20 people responded via the postal hard copy of the survey, which was posted to all GIG members who has requested their information by post, as well as Possability People's Supported Bank Account clients.

2.2 GIG meeting on the topic of Making Changes, Feeling Better – 01.05.19

On Wednesday 1 May, the Get Involved Group held a focus group meeting on the topic of Urgent Care at the accessible venue Friend's Meeting House, Ship Street, Brighton. This was attended by 14 disabled people and carers who all participated in providing their feedback and views through group workshop and discussions, answering a selection of the questions from the survey.

2.3 Say Aphasia Support Group Outreach – May 2019

In May 2019, we visited the Say Aphasia Support Group meeting in Hove to gain the views of people who are living with Aphasia, including people living with an Acquired Brain Injury (ABI) or have suffered from a stroke. We held a group discussion on a small selection of the questions from the full survey, where a total of 18 people responded to survey questions.

2.4 New Life Support Group – May 2019

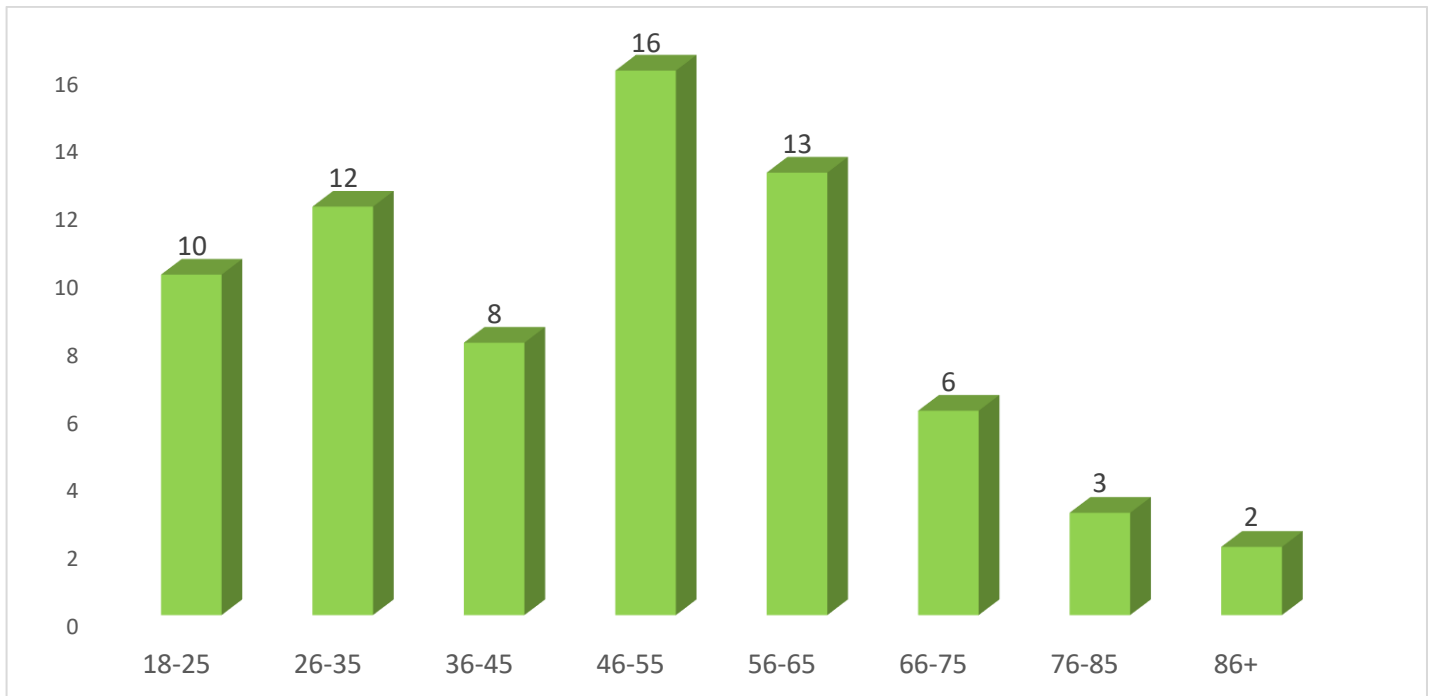
In May 2019, we also visited the New Life Support Group for people living with long term health conditions and/or chronic pain. We were able to hold a group discussion on a small selection of questions from the main survey, where a total of 8 people were able to respond.

All responses from each method above have been collated into this report, with some of the groups and people we engaged with only providing feedback for a selection of the questions from the full survey.

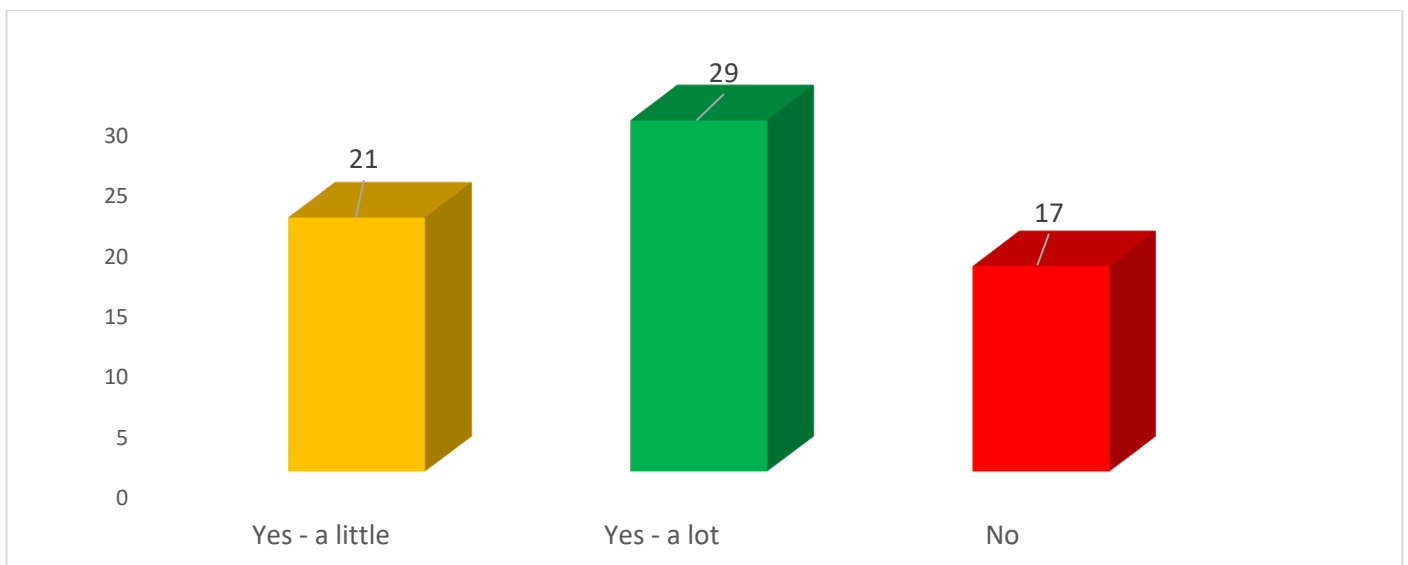
3. Demographics

A total of 70 Equal Opportunities Monitoring Forms were received from respondents ranging from the ages of 18 to 87.

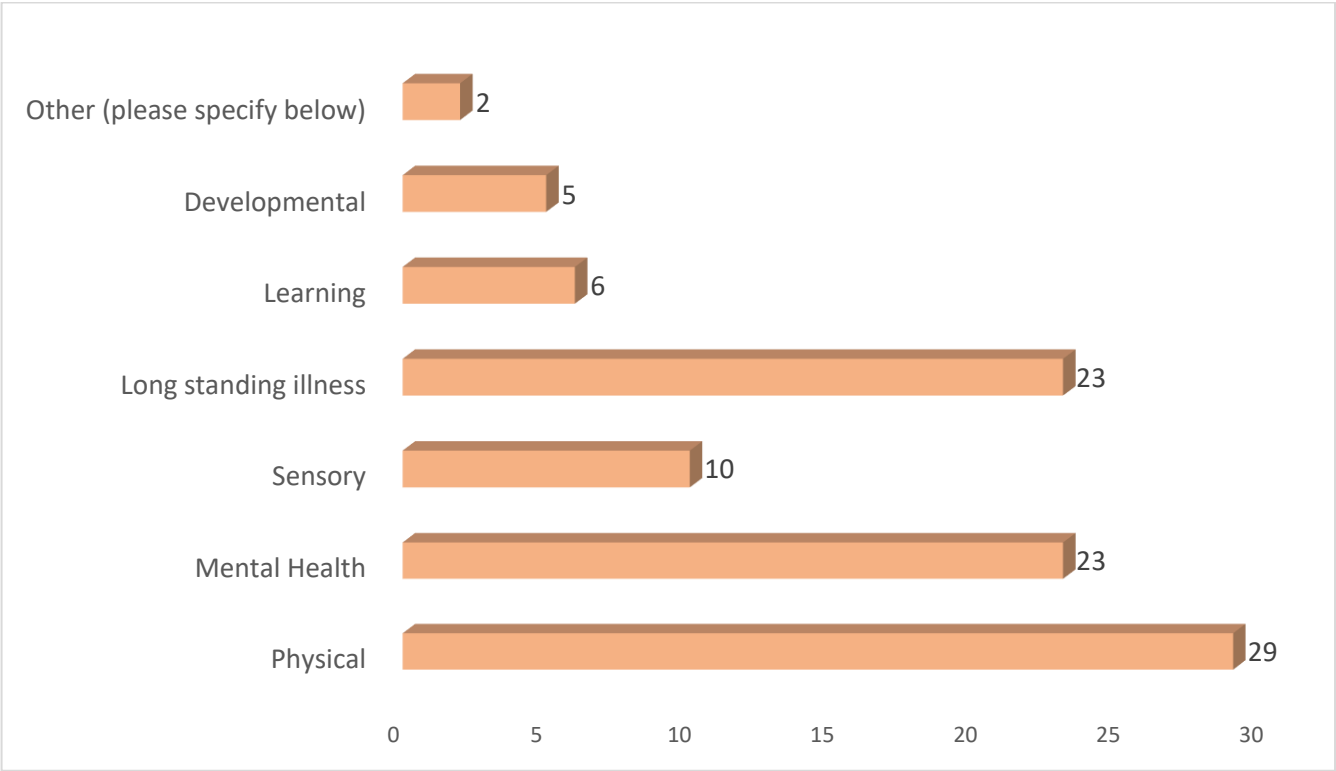
3.1 How old are you?



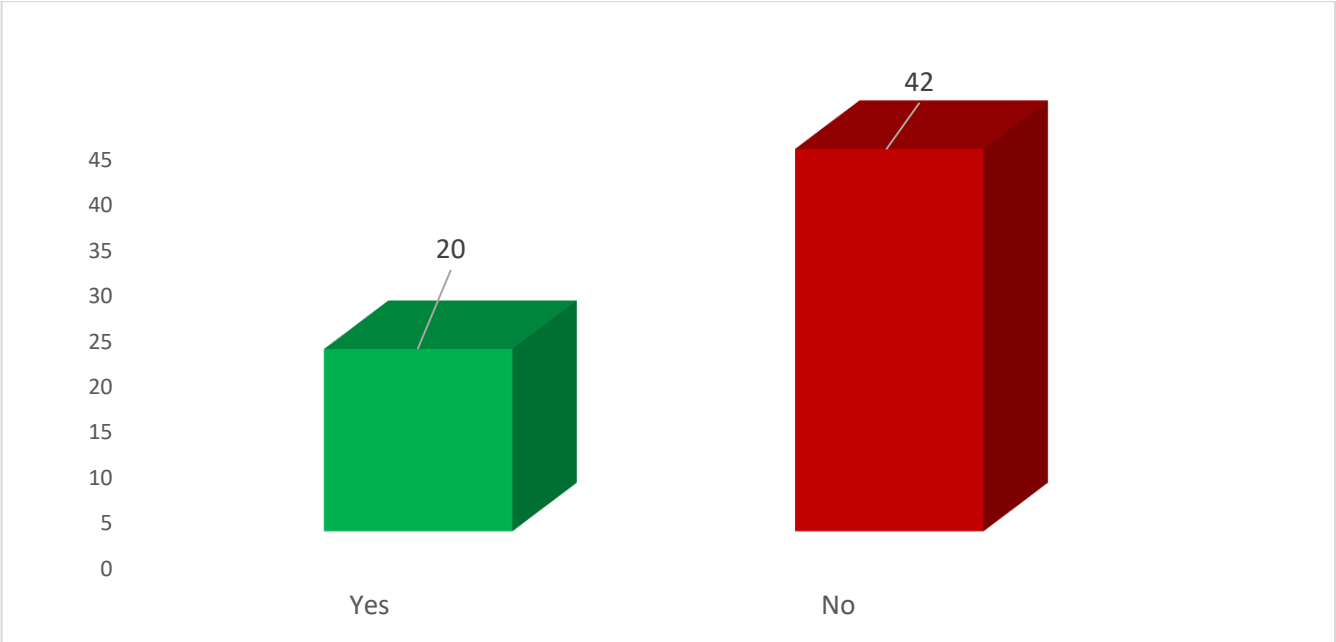
3.2 Are your day to day activities limited due to being a disabled person?



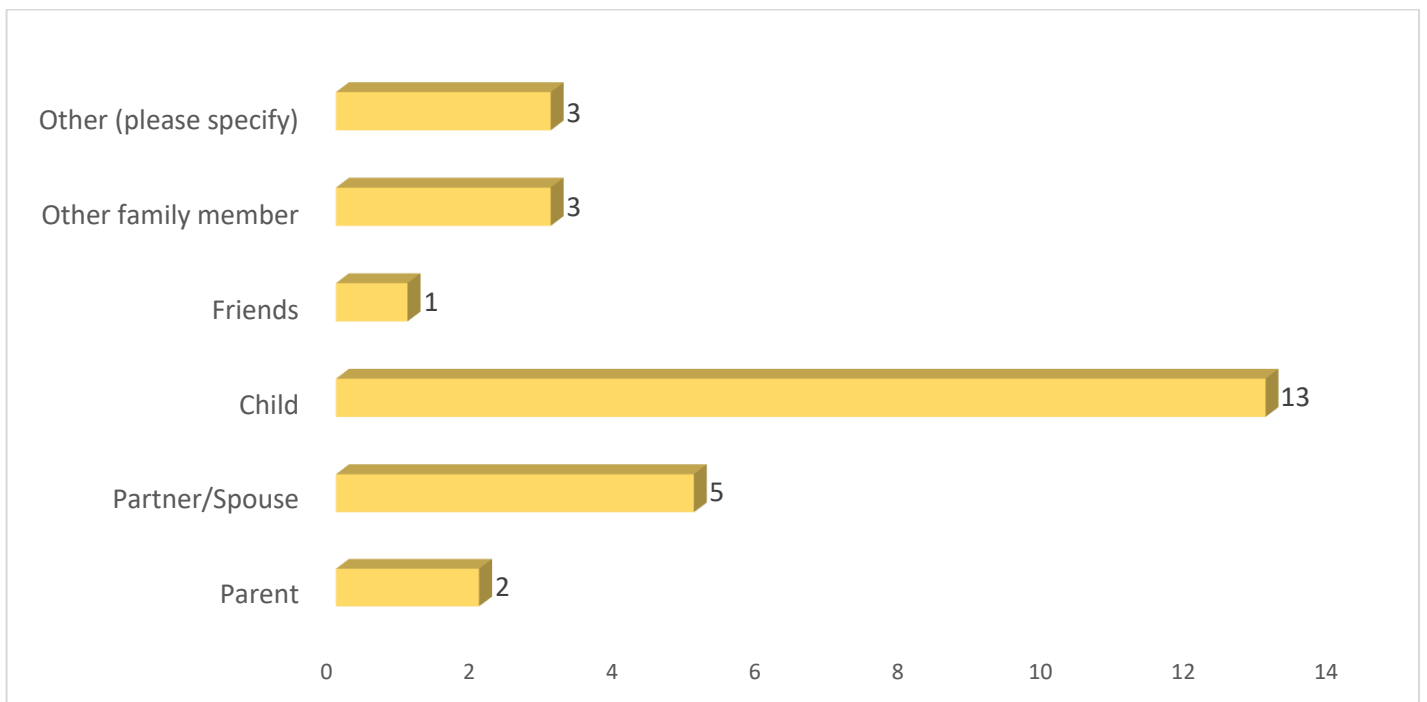
3.3 If yes, please state your type of impairment (tick all that apply)



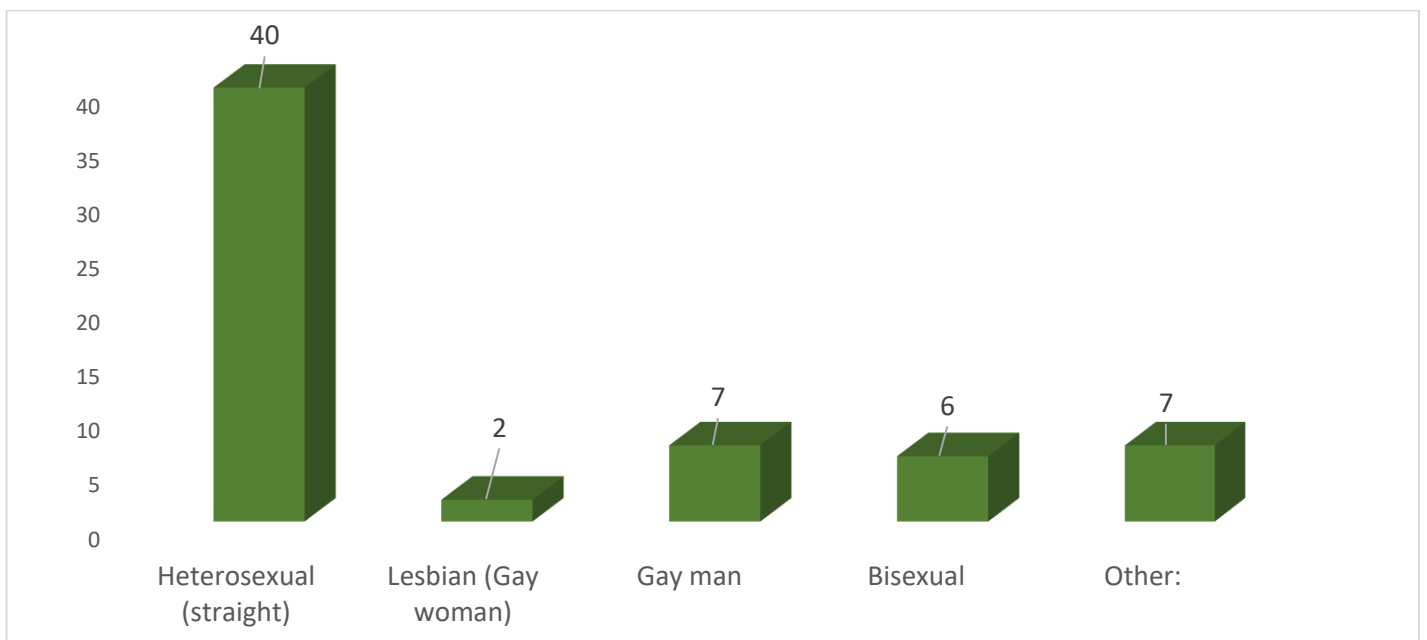
3.4 Are you a carer?



3.5 If yes, who do you care for?

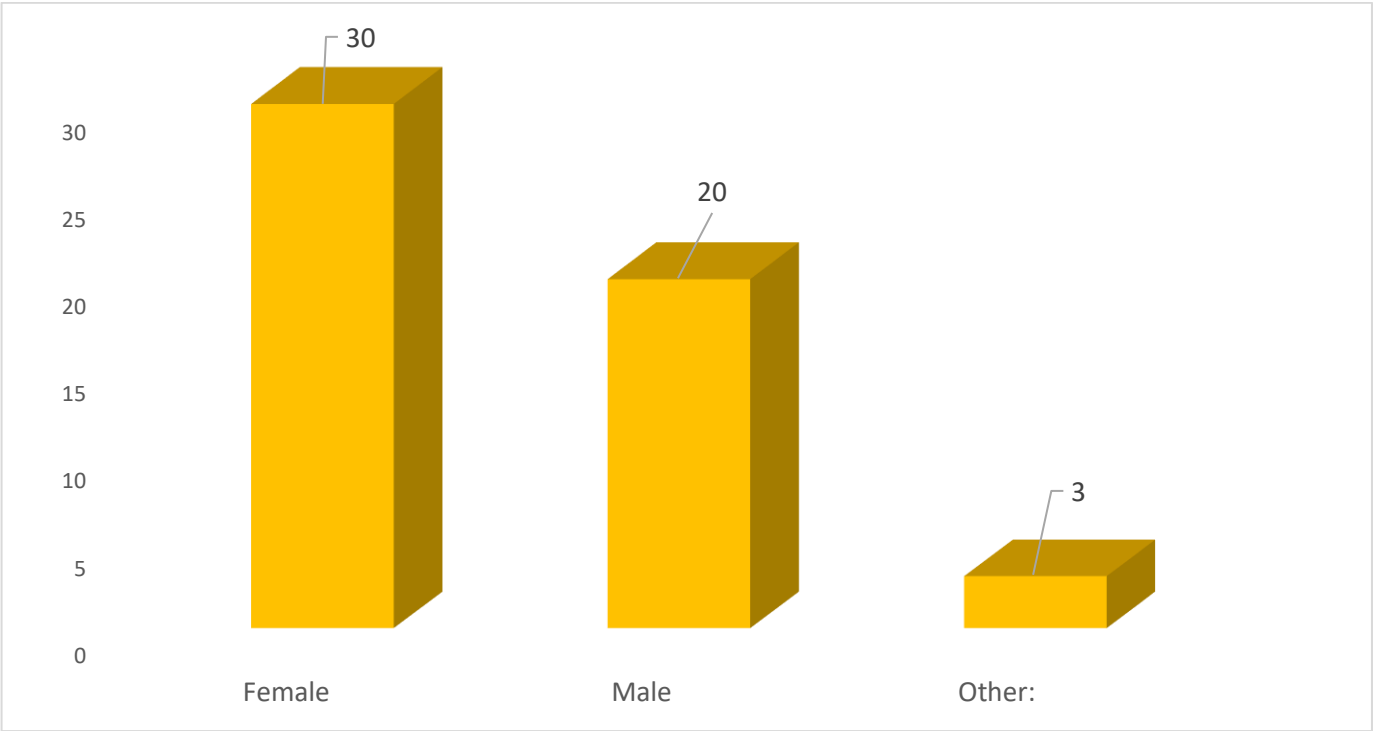


3.6 Sexual Orientation



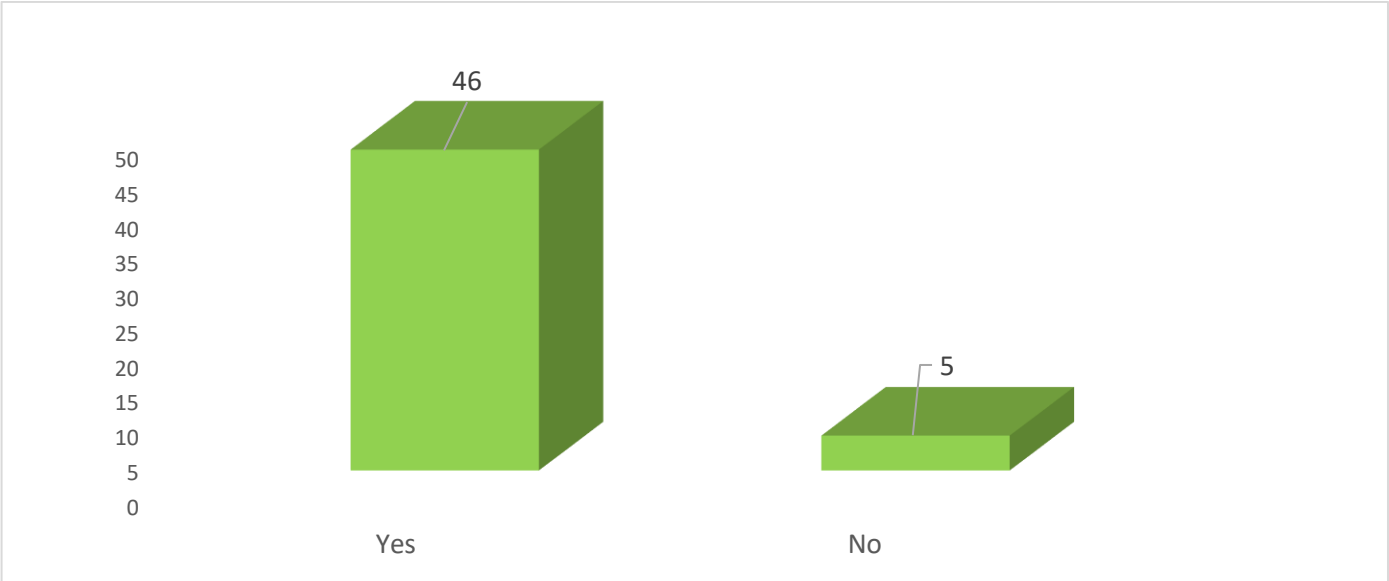
In 'Other' 4 respondents stated 'Asexual' and one person stated 'Queer'.

3.7 What is your gender?

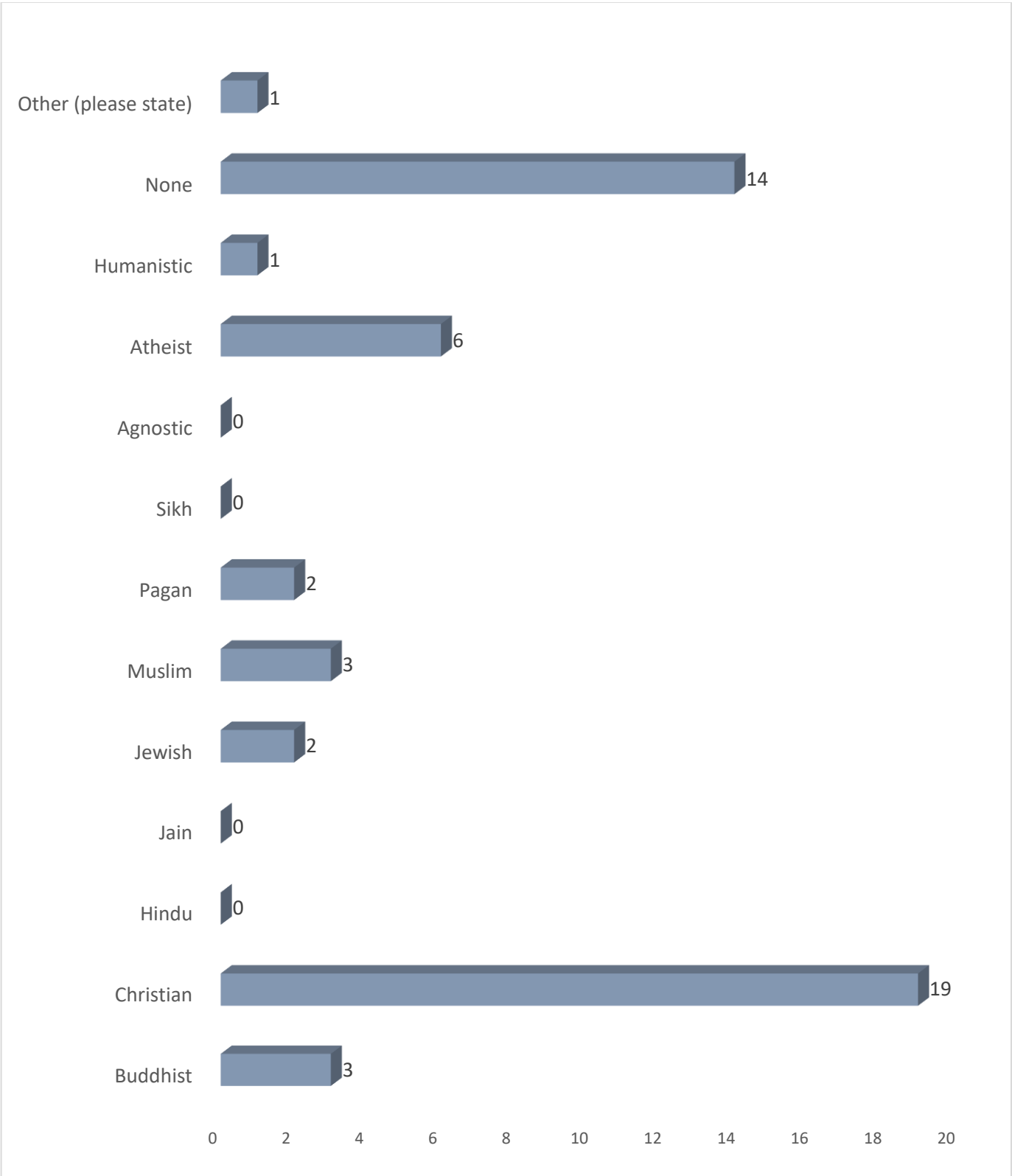


In ‘other’, one person stated ‘Female and gender fluid’ and one other person stated ‘non-binary’.

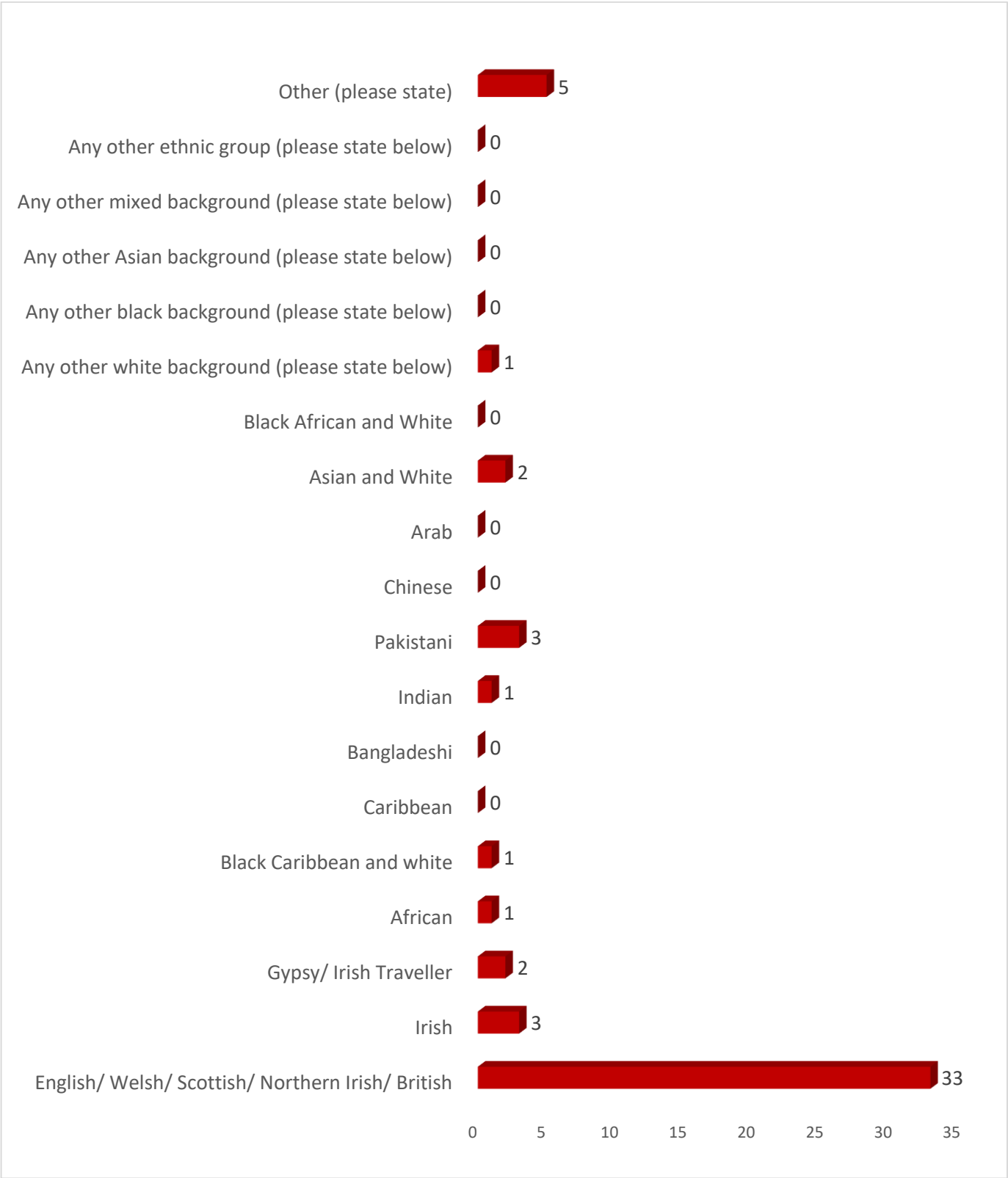
3.8 Do you identify as the gender you were assigned at birth?



3.9 What is your religion / belief?



3.10 How would you describe your ethnic origin?



4. Survey Questions

4.1 Before being a part of this survey, what did the term Urgent Care mean to you?

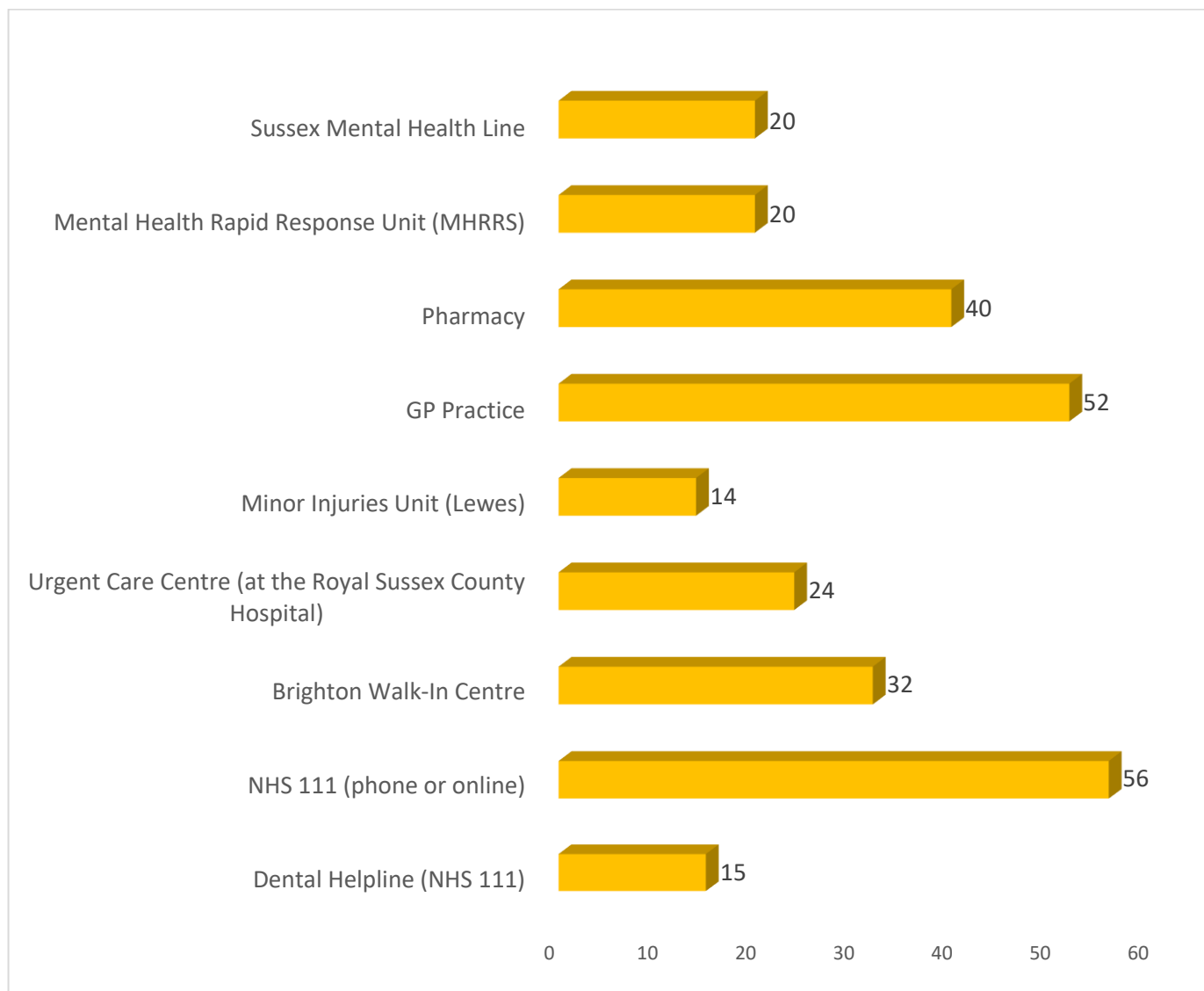
"You need help with something but it's not an emergency, so you shouldn't go to A&E"

"Implies a need for medical care in the immediate future as opposed to an appointment anytime next week will do."

It was helpful to get help for minor and large emergency
Anything requiring same day treatment / same day access to medical advice
Life threatening conditions needing attention immediately
Being able to ask for help when I feel anxious
You need to see a doctor but it isn't an emergency so anywhere but A&E
Urgent Care means going to the Sussex County Hospital
Being able to get the help in an emergency
In my case it would be for a fall or the sudden deterioration in my mental state
Urgent Care means that you can have help and advice
It means what it says, urgent! But not life threatening
A problem or injury that needs to be seen straight away
To be seen as soon as possible
Urgent Care is at the hospital
Urgent Care means I can ask for help when I'm feeling anxious, need advice and medical treatment or attention
Accessibility to getting care as quickly as possible
Anything requiring same day treatment/same day access to medical advice
life threatening condition needing attention immediately
it was helpful to get help for minor and large emergency
Urgent care refers to someone in difficulty who doesn't necessarily have a partner or carer to hand. I would contact either my daughters, the GP or use the Care Link service I subscribe to.
pressing medical issue requiring immediate support to medical help
It sounds very confusing and I guess I thought it was the same as emergency care
That you need to see a health professional asap, but it's not an emergency

Care which is required immediately or the individual will be at risk re: health.
Care that is urgent but not life threatening
Nothing really, its jargon. I guess life threatening health services?
attention needed immediately that cannot wait
Care required ahead of other matters.
Treatment needed that day
Same day medical attention e.g. broken bone
Life or death situation
To be seen by a doctor the same day
Having a health issue that needs immediate attention, due to pain or access to drugs.
Urgent care means very important something that could be postponed to the next day but no longer seven days before intervention (meaning a home visit) due to my immobility.
Anything not emergency
Before being part of this survey, I was unaware of the term 'Urgent Care' so it meant nothing to me.
Care that is needed within 24 hours.
The type of care that someone requires after a sudden and severe injury/illness develops. For example, a mental health crisis, a broken bone or an infected tooth.
Being seen on the same day
Mental health ...
Non-emergency care, care that can be seen by a GP, nurse at GP surgery, or mental health care.
Emergency care
Emergencies
Immediate help, life threatening
Emergency care!
Help with recovering after epileptic fits and the disruptions that unpredictable medical conditions cause that need constant availability of medical assistance
Same day care, not emergency
Immediate action, response.

4.2 Before being part of this survey, which of the following Urgent Care services did you know you could access for same-day healthcare advice / support?



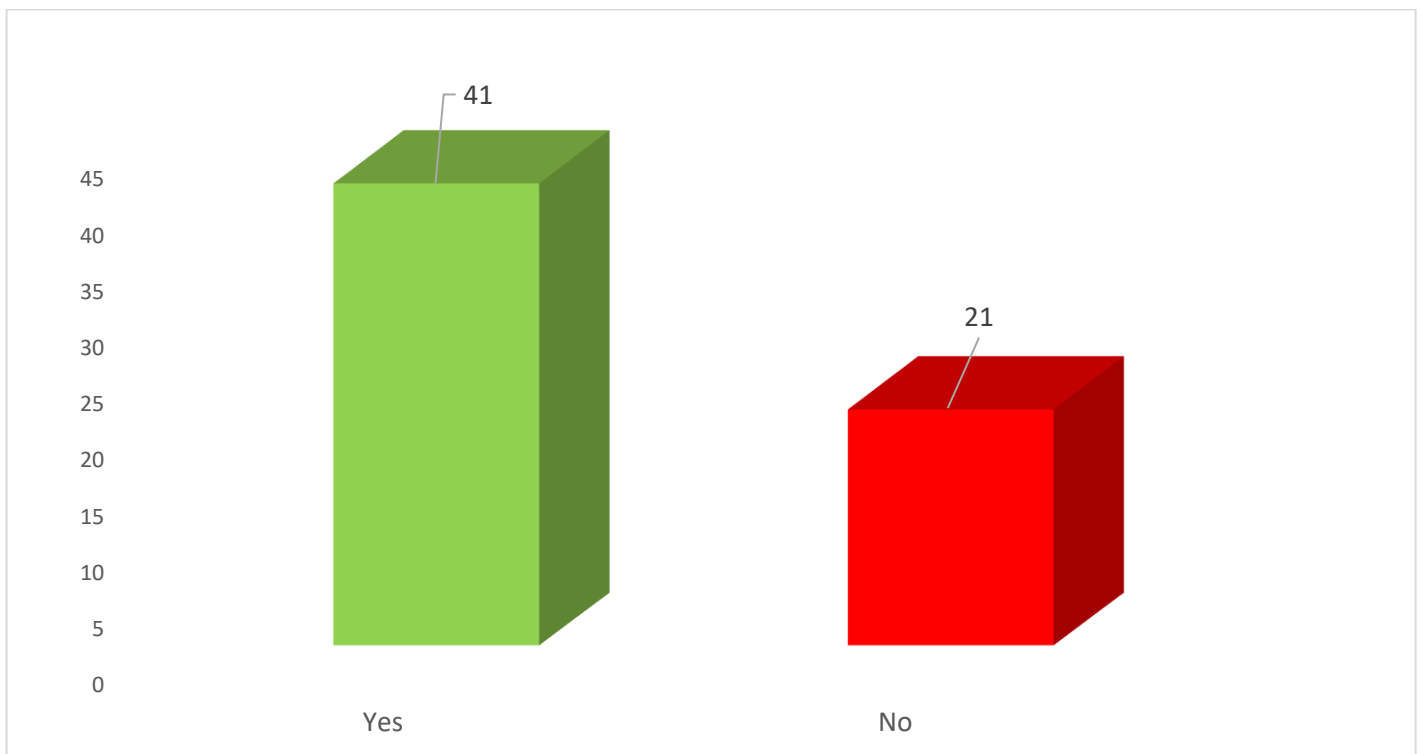
“Although I am aware that there is a mental health rapid response unit, I have no idea how I would contact them or what they can do. They were just mentioned in passing to me as some of my colleagues support people who use this service.”

The top two most well-known services were the NHS 111 phone or online service (56 responses) and the GP practices (52 responses).

Pharmacies and the Brighton Walk-In Centre were the next most common answers (40 and 32 responses respectively).

The two services that were least known to respondents were the Dental Helpline on NHS 111 (15 people) and the Minor Injuries Unit (14 people.)

4.3 Have you accessed any Urgent Care services in the past 12 months?

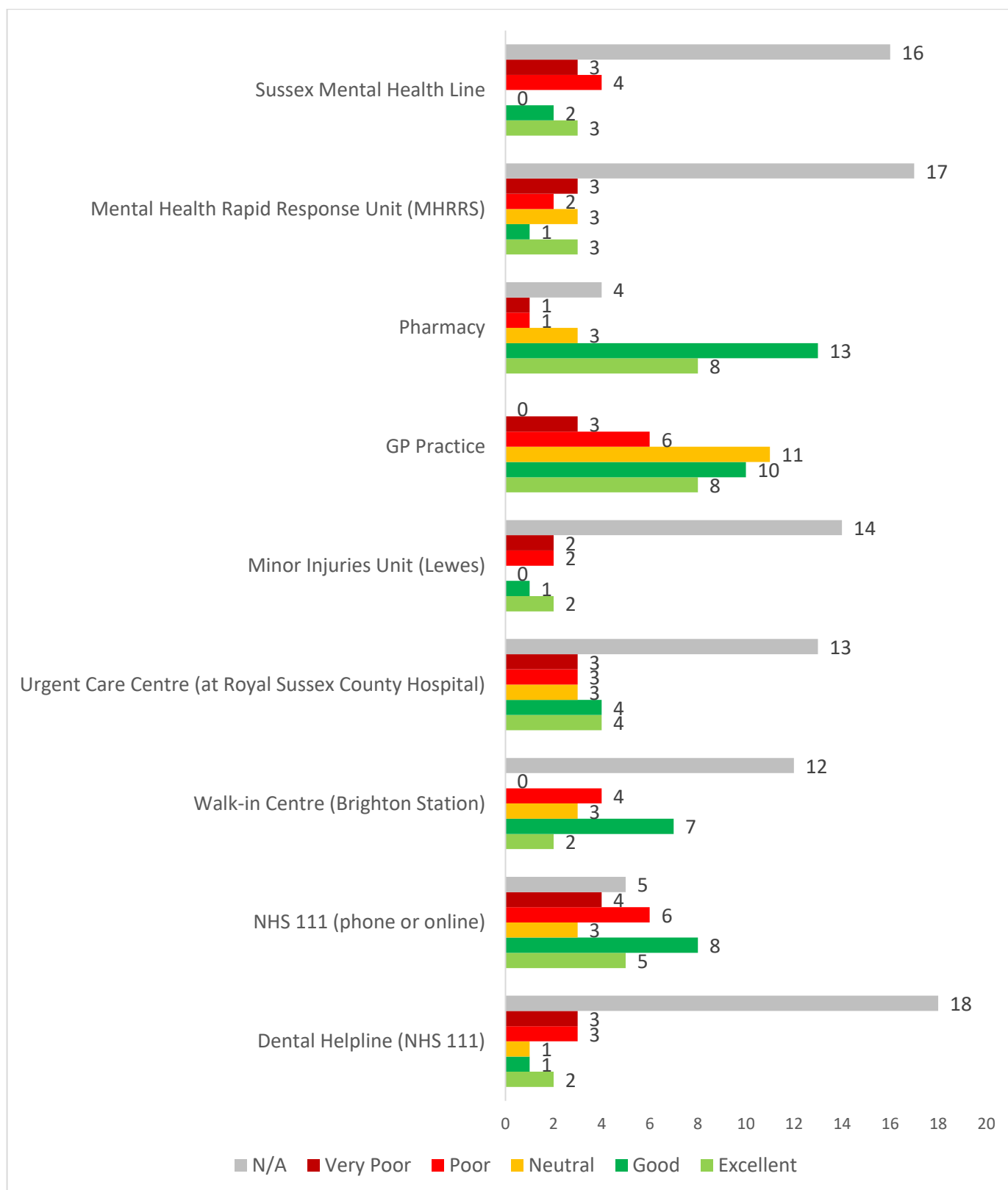


“I didn’t know about the Sussex Mental Health Helpline. This needs to be better promoted”

“Out of hours care is virtually non-existent for mental health issues. 111 are more of a hindrance than a help, MHRRS have been good in the past, but unless you present at A&E (very difficult) there seems to be nothing out there that fits the bill.”

“Pharmacy is great for help, they can usually see me within 20 minutes of just dropping in, I get a private appointment room and they take the time to go through everything with me.”

4.4 If yes, you have accessed Urgent Care services, how would you rate your overall experience of using these services in the last 12 months?



“I don't know anything about Sussex Mental Health Line and would like some more information on this.”

“Long waiting times to speak to the GP, when you're not feeling good and having to chase appointments - the time to get the appointment is too long too. It's hard to cope with this system when you feel so ill”

Further Comments:

Going to the pharmacy is much easier than trying to see the GP, which is near-on impossible! They say you HAVE to call them on the day you want an appointment, but all the appointments are gone by 10am. If I'm ill, it can take me hours to come around, and feel able to call someone. It's not fair to people who have long term health issues, I'm at my worst in the morning even on a good day let alone on a bad day. They should be more lenient or prioritise disabled people to have emergency appointments, otherwise we all end up in A&E for no reason.

Recently, I went to a chemist to talk to a pharmacist. The first one was busy and couldn't talk to me in a private setting. The second pharmacist had closed down. In the third pharmacist, I waited for 20-30 minutes to talk to someone. There were not enough chairs as other were waiting too. I sat on a walking stool (my stool I carry with me) for this period of time. The pharmacist was kind and clear, but looked tense and under pressure.

It takes too long for me to see my GP so I ended up in A&E

I know the Royal Sussex County Hospital is a teaching hospital, but there seems to be a lot of student doctors walking around lost in A&E

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I have attended A&E department for a PEG replacement and I would rate the experience poor

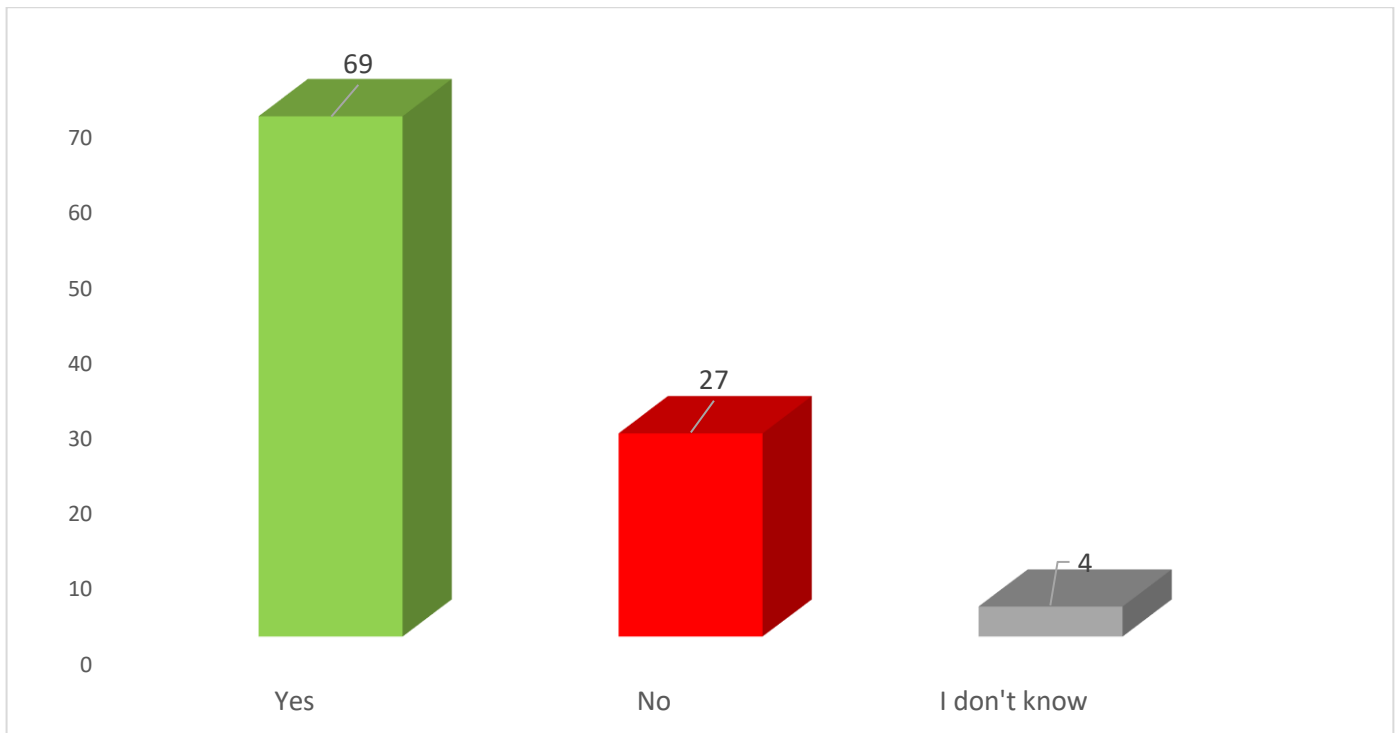
The walk in centre is ok but always busy. I often get sent up to A&E from there for further treatment anyway as they can't do anything so it's a waste of time.

X ray machine not working at Lewes. NHS 111 not responsive enough and takes too long

Re; pharmacy and re-ordering repeat prescription do not come before existing medicines ran out. NHS 111 (phone) is excellent. I have never used this online service

Mental health crisis line were both good and bad. It depended on who was answering. When my son was ill it was Sunday morning and I tried to get hold of 111 and crisis team and I couldn't get through to either for about 2 hours.

4.5 Have you experienced any barriers or problems when accessing same-day healthcare (Urgent Care services) locally?



“A number / a lot of GP receptionists are brusque and sound tense. I find this very difficult and it is unhelpful. Please train the receptionists and reduce their workload. They are the first people we all talk to.”

“Inaccessibility, unfriendly hours (not open weekends etc.), and very long wait times at drop-in/walk ins.”

“The GP surgery receptionists have been rude and lacking in empathy/basic courtesy on occasion and have acted as gatekeepers/been a barrier to me gaining support from my GP which, it turned out, I had a right to receive.”

The vast majority of respondents have experienced barriers accessing same-day healthcare locally (69% of respondents).

The most common barriers stated, as well as all further comments, are listed on the next page.

The most common barriers stated by participants when accessing Urgent Care services stated include the following:

- Inability to access same-day appointments with the GP was the most commonly stated barrier. Many people cannot use online services, and are reliant on phone calls to receptionists. Phone call waiting times have been reported to be very long, and often no appointments are available by the time people do get through on the phone
- GP receptionists were also reported as being a barrier, often cited as being rude, dismissive, unhelpful and do not signpost people to other services they could access if no GP appointments are available
- Poor availability of same-day urgent mental health support has also been stated by many respondents
- Inaccessible buildings and services can also be a barrier, such as stepped access to local pharmacies and a lack of hoists available for wheelchair users unable to weight-bear
- Transport availability to and from services is a common barrier stated by participants
- The Walk-In Centre and the Urgent Care Centre at the Royal Sussex County Hospital have been reported to have long waiting times to be seen

Further comments:

I am not online, so getting an appointment on the same day with my GP is almost impossible. Due my chronic fatigue and pain conditions, I am very dizzy and out of it in the mornings, especially when I'm very ill, so I am never able to call the doctor in time to get an appointment, as they're all on the same day! Why should the appointments go to people who can call or go online from 6am, when I can't even do this until at least 10am by which time all the appointments are gone. And then the receptionists say it's my fault for not calling soon enough. What's the point?

I took my child to the Brighton Walk-In Centre where we waited for hours - but I didn't realise I could have phones NHS 111 to be allocated an appointment slot at the out of hours GPs at the hospital.

I have called my GP a few times and been told I cannot talk to a GP or book an appointment because the telephone and face to face slots have all been booked up. It feels like a real struggle to make a GP appointment. I can really understand why people choose not to do so.

I can't see my GP on the same day, only a phone call by which time it's too late, I've had to go hospital

Inability to be able to see my GP
For mental health issues, there is nowhere you can go apart from A&E. Urgent care is very poor and you sometimes get argumentative staff manning the 111 line. You do eventually get to speak to an out of hours GP by which time the situation has calmed down or someone has called the police, who are not trained in these matters. You may be too distressed to attend the walk-in clinic or A&E
Being passed to so many different departments, and not getting any further
Travel
Transport. I can't drive or travel unassisted so need someone to come with me but I can't afford a PA anymore
Long waiting times. Sometimes I can't see my GP on the same day, but they only offer same day appointments. It's awful.
My pharmacy has steps so I can't get in
Took my child to Brighton Station Walk In where we waited for hours, but I didn't realise I could have phoned NHS 111 to be allocated an appointment slot at the out of hours GP at hospital. (That was a few years ago)
I have called my GP a few times and been told that I cannot talk to a GP or book an appointment because the phone and face to face slots have been booked up. It feels like a real struggle to make a GP appointment. I can really understand why people choose not to do it. A number/lot of GP receptionists are brusque and sound tense. I find this v difficult and unhelpful. Please train the receptionists and reduce their workloads. They are the first people we all talk to.
Actually getting me into an ambulance was impossible because I am in a wheelchair and their stretcher wouldn't fit in the lift. I will have to take this up with my landlord (for the 2nd time). My carer could fortunately drive, so she took me and the ambulance man warned them ahead that I needed to be seen quickly. I was seen quickly but the doctor who saw me obviously hadn't put many PEGs in and hurt me much more than usual. It still feels bruised 3 weeks after.
Housebound so cannot access most services. Prejudice and disbelief because my son and I both have rare hidden disability and serious health problems. Despite this we are largely off the radar. Largely it is down to do it yourself
Mental health services are always full and you're left in critical situations alone
Waiting times for everything are atrocious
At previous GP practice was very difficult to get a same day appointment. Difficult to get through on the phone. Unhelpful policies. Telephone appointments had to be done first when face to face required. Current GP is a lot better.
I could not be treated in Lewes due to X-ray machine not working
Carers don't read the notices I place advising them of my preferences, and access to my medical history is not always available to consultants so operations have been cancelled when I have

already travelled to the hospital sometimes medical technicians are not available e.g. Lifting hoists
I personally haven't but did on behalf of my teenage son. Informed by the hospital to get a prescription for antibiotics due to infection, and told if he does not get them that his surgery may be cancelled on the day. Went to GP surgery and told no appointments and to try again following day. Following day rushed youngest into school early so could be back at home to call at 8.30 but could not get through to surgery on phone. Frustrated, and annoyed that the NHS could be paying the cost of surgery that would be cancelled when he got there, simply due to lack of access to GP. Called 111, informed to walk into doctors to explain, and if no success to go to the care centre at Brighton Station. Missed work due to this, and he got the tablets just in time (3 days before surgery). Should not have been so stressful.
At Brighton Walk-in Centre there would have been a long wait and I was told that if I might need an X-ray there were no X-ray facilities there so I would be better going to A&E at the Royal Sussex County Hospital, which I did. At the Royal Sussex County Hospital, after a wait of over an hour, I queried why I had not been seen. I had wrongly been recorded as having been seen.
Not enough lines open so couldn't get through to 111 and crisis team. Crisis team kept turning us away saying the patient was not accepting help so he ended up in A and E where he escaped from after being sectioned and then the police got involved. I felt that this scenario could have been prevented if better urgent care could have been provided.
I was told to wait for a call-back on NHS111 and it took about 10hrs. The person I spoke to told me one thing but a few hrs later, I received a call from someone else who knew nothing about the previous call and gave me different instructions. Given how ill I was, it was very difficult to make sense of what was happening.
Staying up till midnight to try to book on answering machine service that didn't appear to be working. Phoning at 8.03 and all appointments already taken.
It can be very hard to get a GP appointment on the same day. NHS 111 seem a waste of time.
The receptionist was really reluctant to let me see a GP on the day.
Available appointments at GP, not being understood at Pharmacy
Lack of information. Transport issues.
I haven't been able to get a same day appointment with my GP because I can't contact the surgery in the morning and then can't book an appointment in advance either
GP appointments can be hard to get same day. Travel to any of the places I'd have to get to.
I feel there would be more barriers accessing care outside GP practice hours.
It's hard to see anyone on the same day!
Only same day appointments are available which is frustrating
Long waiting times on the phone when calling receptionists – sometimes up to an hour!

When they do phone you back, you're often not able to speak because you are on the bus or at work, so calling back by GPs can be pointless
Receptionists are huge barriers to accessing Urgent Care services on the same day. Why do you need to tell them what the problem is? They're not medical professionals and have had no training so how can they tell what's important to triage first, or prioritise? They might think that something like a UTI is not a priority, but when you have recurring kidney infections and other health conditions making it worse, it can be extremely urgent – they don't know this because they don't have access to your records.
Receptionists feel like prison officers and a gateway to the doctors.
Nurses should do the triage on the phone, not receptionists!
Nurses should do more signposting on where else you can go for support, like the 'Be a Hero' campaign. Tests are often repeated in the same hospital in two different departments. Why can't information be shared more? There's a lack of communication between departments.
The pharmacy is great at giving advice, but mine can be very busy, and you're talking over the counter so everyone in the queue can hear what you're asking about. They're not that proactive in offering a private room to talk in, but they are often available.
You don't have enough time in GP appointments to get your point across, especially when you have communication needs.
My carer books my appointments for me, as I can't speak very clearly. The GP needs you to call up for appointments on the same day, but it can take a very long time before we get through by which time the appointments are usually all gone. Hey offer phone calls but I can't use the phone any more so my carer has to relay the information, which is a breach of my privacy. They should prioritise people with communication needs to have face to face appointments when needed.

4.6 How do you think Urgent Care services could be improved locally and be made more accessible for all?

“Prioritise appointments for people who have multiple conditions or complex needs”

“Better promotion of what services are available so everyone doesn't end up in A&E. I didn't know about the minor injuries unit in Lewes, GP should tell you more about where else you can go to help save time.”

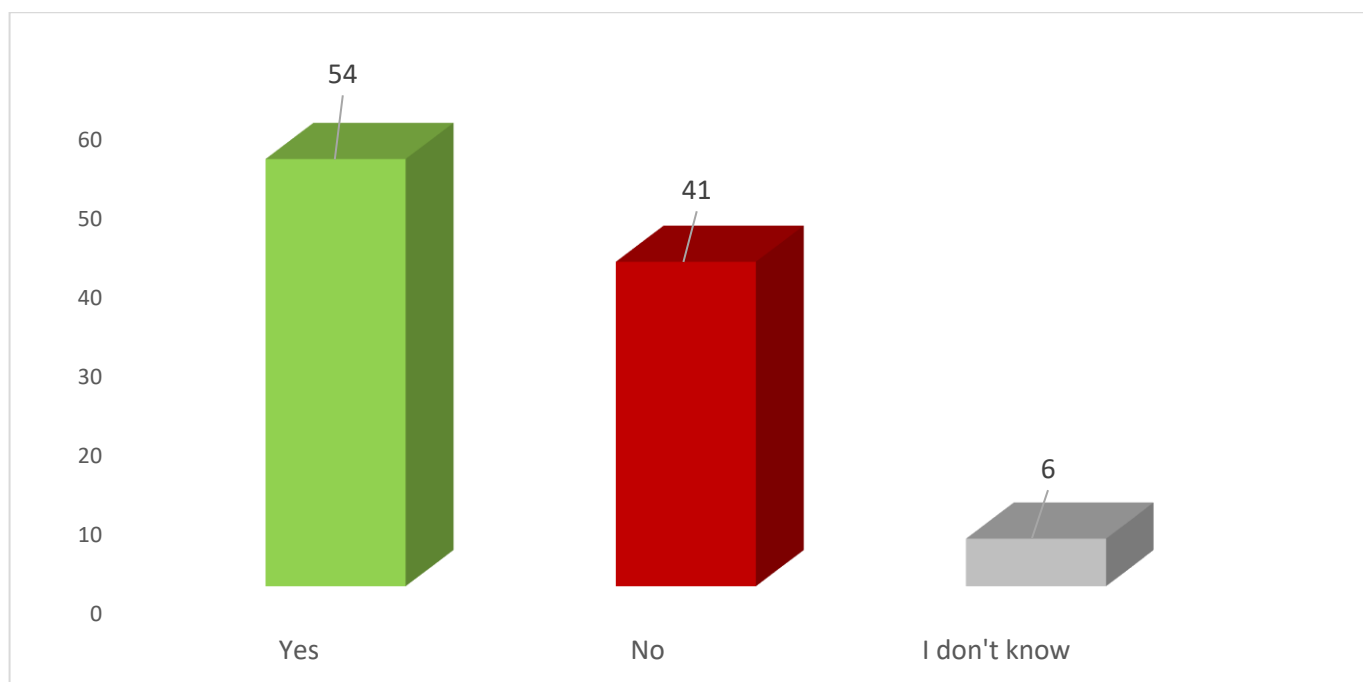
Leaflet setting out where to go or who to phone for what problem. This might already exist - in which case make the leaflet more readily accessible, send out to schools etc.
There needs to be more information over a long period of time. Posters and leaflets are helpful. I want to understand what Urgent Care means and where I should go if I need it. As a patient, I've often been told there is no availability at the GP practice, at a chemist and at the Walk-In Centre. I can see why people go to A&E.
Have printed leaflets with information on in GP surgeries. I don't use the internet so need it in a handout.
More information on the choices available and a list of helplines
More GPs!!
There needs to be quicker access to out of hours doctors, someone who specializes in mental health issues. I don't need to go through the 111 questions such as 'is the patient breathing' when hearing the background chaos - it's pretty obvious that they are. You can ring your 'contact numbers' for hours, only to get bounced back to the emergency services
It's a mess and it must be improved before the building work is finished. When I was last in A&E, I watched as a staff nurse went bed to bed to check on each patient and break up small groups of nurses standing around talking when others are working flat out
More communication between departments and hospitals
Handbook with choices available with a list of helplines and places available
To have written handouts or leaflets about other services, as I have no access to a computer and their telephone numbers
Increase staffing to improve waiting times. Thereby alleviating stress on staff and improve conditions for waiting patients. Analyse data for those busy times
Leaflet setting out where to go/who to phone for what problem. (Or maybe this exists - in which case, make it more readily available, sent out to schools, etc.)

More local info in Wilson Avenue area like a leaflet, delivered like Preston pages, informing folk of services they are unaware of i.e. Dental Helpline, Urgent Care Centre RSCH, Minor Injuries Unit
More awareness made of the role pharmacies offer for urgent care.
I think the business of replacing PEGs definitely needs rethinking. Either nurses should work after hours and on Bank Holidays or doctors need more training in this
Publicised more widely. More education around what service is required for your medical needs. More staff, to reduce waiting times etc.
For receptionists to be aware of patient's rights and for these services to be made advertised and made public.
Better information provided, less waiting, less distance to travel, longer opening, better physical access to location
Hard to say as I've never required it. However, anything that can take pressure of A&E would be welcomed.
Improve GP's so they are flexible to patients' needs. Widely publicise other services e.g. mental health services.
Better information posted up in surgeries and A&E. Info sent by NHS directly to patients by email
More staff
Every patient's changing circumstances should be regularly accessed and medical notes amended accordingly. The federation for people with disabilities have never made a visit for the whole time I have been a resident at Patching Lodge. So home visits should be mandatory for all clients at least every six months.
General GP provision is extremely poor in Hove and this is feeding into the issue of Urgent Care - no preventative action is being taken and so people are ending up only seeking help when it is urgent. At my surgery in Hove you can only make same-day appointments at 8.30, and so discriminates against those who have to take children to school. I tried several times to make future (non-urgent) appointments at my surgery but was turned away and told I cannot do this and had to get in the 'scrum' for a same day appointment. So, my last appointment was for the same day for something not urgent - and this slot could have been used by someone who really needed it.
Not sure as I haven't used the majority of these services personally
Clarification on methods of booking same day appointments
Later GP appointments so we can make them after work or weekends.
Do not have much experience of using same day care in Brighton, other than A&E
People should know what is available and more about their rights.
More information on who you can access

Definitely more info about where and what to access
Publicise more. Better funding probably
Better information, including how it is different to emergency services and where and how to access. Clarity about how access to the services are recorded on patient records so GO and others who need to know you've used the services get it flagged or something.
Better administration and communication between the providers of urgent care and non-urgent care
More resources and information made available.
Patient transport
<p>Firstly I feel that Urgent Care sounds like Emergency Care, which may be why people go to A&E in the first place for non-emergencies.</p> <p>Improvements - longer GP hours and improved out of hours access to GPs; quicker response times from NHS 111; if 111 recommends seeking care, co-ordination between 111 and the GP or health centre where the patient is going to speed up care provision; better communication between health agencies to allow urgent care providers to quickly access the information they need to treat patients; clearly signposted disabled parking outside urgent care providers.</p>
Publicity. Advertising
Explain more of the options available people don't know where to go - pharmacies / IC 24
Better signposting between services
Better publicity on all the options – leafletting in surgeries/ pharmacies
Ambulances take far too long to arrive
We are being told to go to the pharmacies but they are run into the ground / too busy do they need more funding
What can your Pharmacy help with more information needed what help can they give you where is the accountability if they can't help
Are you being seen by the actual pharmacist or just a member of staff that isn't qualified or just working front of house
There are different levels of pharmacy
Chains can be better as they can afford a more highly qualified pharmacist but they maybe more spread out across several pharmacies so you have less access to them
More easily available information on what your pharmacy can do for you
GP receptionists shouldn't be triaging! Is it safe for the patients? They're not qualified like nurses
GP services should be held accountable. It shouldn't be acceptable to be spoken to rudely by receptionists

Receptionists need training in how to communicate with disabled people – need more understanding and empathy. They make you feel like you're being interrogated!
Not just same-day appointments need to be offered. If you have an urgent need to see a GP at 3pm and no appointments left, why can't you book an appointment for the next morning?! It would prevent people to go to A+E.
Phone waiting service, knowing you're in the queue to be answered can be more reassuring! (You're 10 th in the queue)
Promote online services for GP appointments and support people to understand <u>how</u> (training needed?)
Priority should be given to disabled people with long term health conditions (LTHCs) to see their named GPs
Ensure all ways to book GP appointments are accessible to <u>all</u> . User testing from disabled people (pan-impairment) is needed
How do you access GP home visits? Those are desperately needed by people who aren't able to leave the house, but not all GPs offer this anymore
What about the GP/nurse roving services? Are they still available out of hours?
Longer hours for GPs availability, particularly for working people.
Invisible disabilities/illnesses – need to be a raised awareness of for GP services
Phone charges to call the GP should be erased.
You should be able to have a symptom-checker online, to alleviate the need to see a GP for minor things
Have more people answering the phone in the morning, I shouldn't have to wait for an hour before speaking to someone!

4.7 In the past 12 months, have you delayed or avoided accessing Urgent Care even though you felt you needed it?



53% of respondents stated that they have delayed or avoided accessing Urgent Care even though they felt they needed it.

“Over a weekend or bank holiday - I tried to put it off until weekdays due to not quite knowing who to call or where to go, and fear of long waiting times with my 2 young children, which is no fun!”

“I don't want to wait forever to be told it's in my head again. Pain is a struggle so I manage at home.”

“I didn't think I would get an appointment as it was mid-afternoon and expected to have to ring in the morning.”

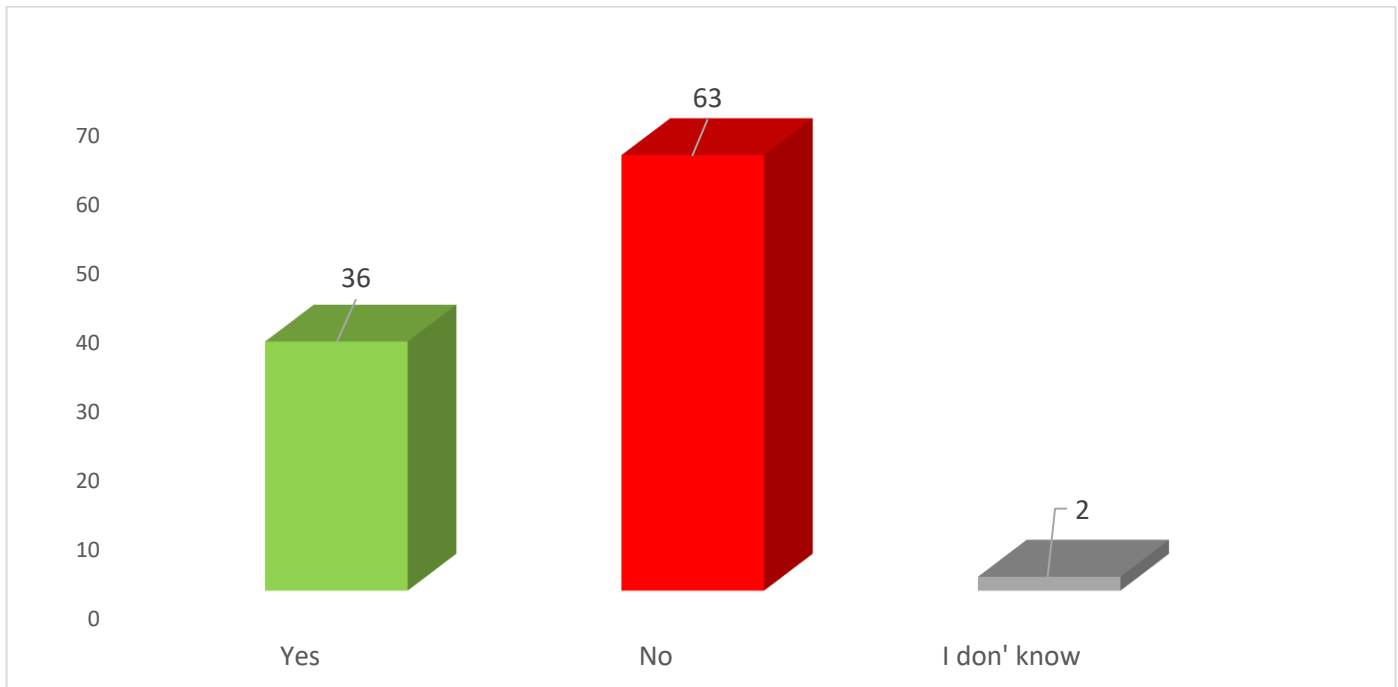
Further comments:

Everyone keeps telling you the doctors are under so much stress, have too many patients, the waiting times are too long so I try to stay at home for as long as I can before I need to go in. But last time, my chest infection turned in pneumonia when I left it too late and had to stay in hospital for 2 weeks.

I only call when I urgently need someone, because it's so stressful getting through to the GP surgery. You can be on hold for up to an hour, and then they often don't have any

appointments anyway. If they offer you a call back, you're expected to just stay indoors until 6pm just in case they call, if I'm out on the bus when they call, it's not private so I miss my appointment. They should give you time slots for call-backs
As I've already mentioned, it is a struggle to talk to a health professional
I don't want 111 sending the police around, against my own wishes (again). I don't want to hold up an ambulance (again) the crews are pretty good but can't really do very much. I don't want to be sectioned (again) and sent to a truly dreadful secure mental health unit where they proved to be at greater risk.
I could not face a further 14 hours on an A&E trolley!! I was only given one sandwich and 2 teas in that whole time
I am suffering with a painful back which is getting much worse, I have to take prescribed painkillers from my GP, but nobody is helping me find out WHY I have back pain. Painkillers are just covering up the symptoms.
Over a w/e/Bank Holiday - tried to put off due to not quite knowing who to call/where to go and fear of long waiting time with my 2 young children, which is no fun
As I have already mentioned, it's a struggle to talk to a health professional.
Didn't want to take time off work
Prejudice disbelief and abuse from various health professionals
I was unaware of some of these services.
Due to being left in a critical mental health condition on more than one occasion I felt that I couldn't access the services I required which then became a life threatening situation
I get told I'm making up my pain symptoms a lot or that they're just period pains so it gets downplayed when actually I'm in absolute agony, can't even stand up and need help. They don't take me seriously because I'm a young woman
Time to wait when feeling in pain
I was confused as to who to call and if it was necessary
Because it can take an extreme amount of time. The hope is that whatever is wrong will pass on its own
Repeated dialling without getting through - being unable to make times offered.
I have left going to the GP's as I feel they don't listen and want to rush you out of the door.
I didn't think they would bother to do anything about it.
Didn't make dental appointments so taken off register. Can't find a dental practice that meets my access needs as a disabled person. Didn't think Urgent Care could help as last time I tried they referred me to an expensive dentist who charged me, did no work and referred me to my original dentist.

4.8 In the past 12 months, have you gone to A&E at hospital for a non-life threatening illness or injury because you were unable to access help elsewhere?



Over a third of respondents (36%) stated that they had gone to A&E for non-life threatening illness or injury because they couldn't find help elsewhere.

"My GP surgery runs out of appointments very quickly, so I have often gone to A&E because they can't see me. The receptionists should give you other options, I didn't know about the minor injuries unit in Lewes, if this is less busy than A&E I would have gone there."

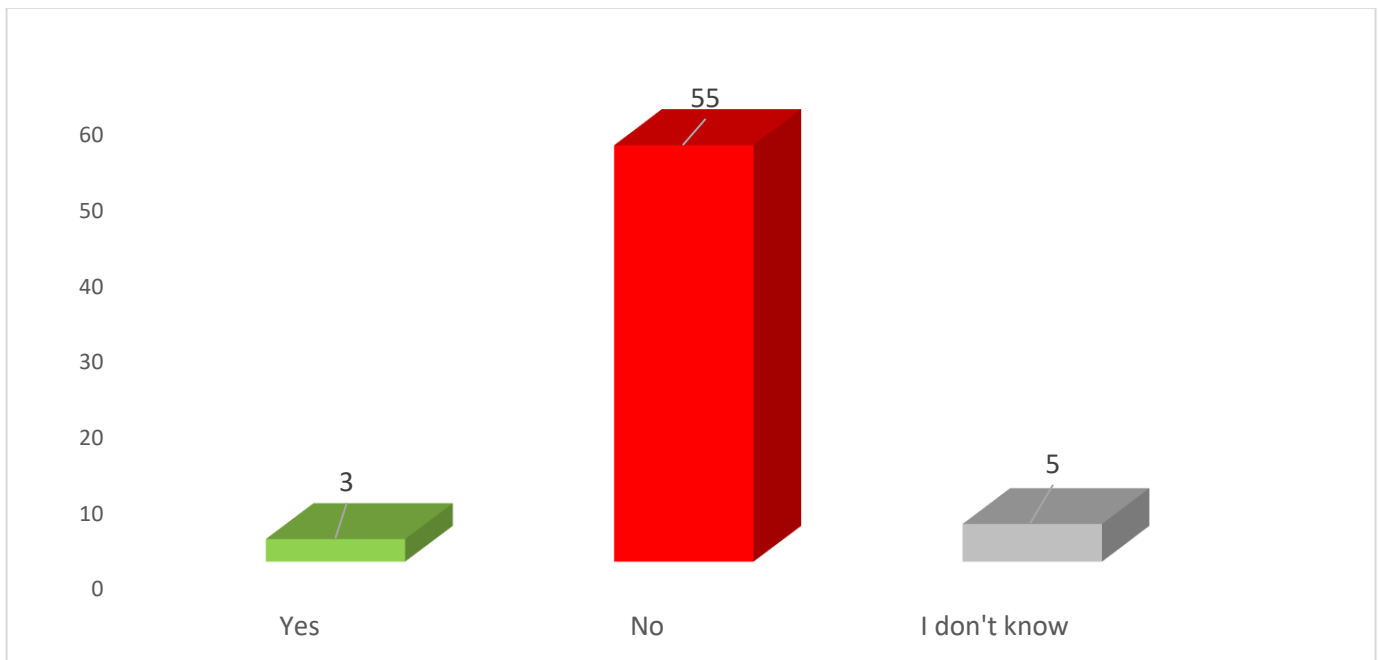
"Both my son and I have been admitted to A and E by ambulance recently. Often have tried to access GP first but impossible."

"I couldn't be seen by anyone else, so I went to A&E. I was on hold at my GP for 40 minutes, before being told to wait to be called back. I waited 3 hours but was in so much pain I had to go to A&E - I didn't know where else I could go."

Further comments:

I went to A&E because I could not be seen at the Walk-In Centre at Brighton Station. It was at the weekend so I could not see my GP. I think it was a Sunday so most of the local pharmacists were closed.
Extreme back pain and other problems
I could only get a nurse's appointment and not get to see the doctor
I went to A and E because I could not be seen at the urgent care service at Brighton Station. It was at the w/e so I could not see my GP. I think it was a Sunday, so most of the local pharmacies were closed.
For the PEG replenishment
Mental health
Lewes X-ray not working
I couldn't get an urgent appointment at my GP surgery for an ear infection, so thought I would go to the walk in clinic but just didn't have time to wait there. So ended up waiting nearly 3 weeks for an appointment at my clinic!
I was admitted to A&E at the Sussex County Hospital in February this year (2019) to have my catheter replaced.
I haven't, but have heard of other who could not get GP appointments and so gone to A&E.
I passed out at home in February heat and stress
It happened in April 2018; so just over 12 months ago.
I've not had great experiences of the county hospital A&E, so tend to try and get an emergency appointment with a GP or the out of hours doctor if it's not life-threatening.
Toothache.
Hurt ankle in fall

4.9 Have you seen any campaigns locally supporting Urgent Care services?



Only 3 people out of 65 respondents had heard of campaigns locally supporting Urgent Care Services. However, when asked what they were, the answers were vague, and didn't provide a description of the campaign messages (see below).

If yes, what were they?

Pharmacy
Pharmacy
Only this one...

4.10 How do you think the NHS can better inform the public about Urgent Care options for same-day healthcare?

“Train receptionists in how to speak to disabled people and actually have some empathy with people who are ill. They can be the biggest barrier to receiving the help you need. Rude and dismissive!”

“I think the information is out there but information is one thing, actually getting some out of hours help is another. Myself and the primary carer would probably sit it out rather than ring the limited services available to us. Same-day mental health care is not out there.”

“This has to start with GPs making this information available at initial registration, when patients phone for appointments, and with information in the surgery and on the practice website. The websites of BSUH facilities, NHS 111 and B&H Council should have clear instructions on where to go locally if seeking Urgent Care. People usually only access this information as and when they need it, so it needs to be easy and quick to locate on websites, presented in clear language and in accessible formats.”

All comments:

Leaflets sent out to schools to be sent home with every child. Leaflets distributed by health visitors to families with young children
Information on TV, bus stops, in GP practices, pharmacists. Information could be included in the message I listen to when I call my GP practice instead of the same hold music they've had for 10 years.
Phone people, text messages, or a letter from the NHS explaining what the options are.
In the GP surgery
In the GP surgery or pharmacy
Advertising is very expensive
Just better communication - letters or email
TV adverts and GP surgery
At the GP surgery
At the GP surgery and pharmacy
A handbook with what's available to you

Perhaps have a phone call, texts, even a letter from the NHS explaining clearly the healthcare being provided. Not on an email as I have no computer!
Use digital media. Use GP surgeries to promote by simple purse-sized cards. Post office windows, flyers and TV adverts
Info on TV, bus stops, in pharmacies, GP practices.
NHS to advertise local urgent care options on tv
For GPs to provide access info and more available info and literature at practices/other family centres etc and pharmacies
Television and poster adverts or even on Spotify and YouTube
Posters/leaflets in doctors and pharmacies, more info on the NHS website that directs people to 111 etc.
Social media campaigns. GP surgeries give out info packs to new patients or those not using correct services.
Through care agencies such as Martlet's Care
Adverts across the city - in libraries, shops, noticeboards, community centres, toilets, bars, cafes and so on. Also, online and on social media.
Mail and email. Advertising on healthcare websites and forums. Prominent posters at bus stops, places of work or leisure, post offices, shops, pharmacies and GP surgeries (maybe this is done already but I hardly ever leave my home so won't have seen them)
Through GP surgeries staff so then signposting patients to the relevant urgent care facilities. Posters and I think social media adverts would be a great way to reach those people who may not be able to go out
Make it available first at all times
Direct information from GP could help. When being consulted they could give example of how or when urgent care should be accessed.
Posters in pharmacies and health centres. Better informed GP admin staff. One stop shop for all mental health services
Letters or emails via surgeries
People are aware and also aware of the waiting times and non-availability so they avoid
To have posters in many languages plus in braille at services - day patients in hospitals plus GP centres advertising these services with the advice that when in doubt ask a receptionist.
Yes, but I also think the way they are run puts people off using them. Have never used it, but heard negative things about the wait time at Brighton Station.
Posters in doctors surgeries, NHS website

Work with the larger local employers to disseminate information
Website / National campaign / Up to date phone messages
Posters, social media.
GP contact databases?
Wrote to everyone, even though that's very difficult.
Social media advertising
GP practices, pharmacy, emails especially if you've accessed a service that could have been accessed elsewhere
Posters in GP surgeries, social media campaigns, publicise through specialist disability and other support groups such as Amaze, Possability People, Extratime, Speak Out, Age Concern
By interaction with care but not urgent care providers
Information via GPs
Targeting disabled people in places they might go to and others. Leaflets/posters in shops, supermarkets and coffee places etc.
TV, radio, free news, press, social media.
Better publicity - put up signs in A&E stating where else you can go - especially when there's a long wait. Who knew you could go to Lewes?!
Social media campaigns
TV adverts – direct to camera, professionals speaking.
Bus Ads? GP hold music
GP receptionists to signpost
Posters/leaflets in GP surgeries
Pharmacies to have posters saying what they can help you with
Public places like libraries
Cascade through community groups/charities
In schools and colleges – letters to parents/teach kids
Leaflets in with council tax letters
Council website/twitter/SCIP list...
Through other groups connecting with public
GP surgery websites
Urgent care recognised jargon! Should be same-day care. Sounds like A+E

4.11 Anything else you would like to add?

I feel the patient is in a difficult situation. There is a lot of useful information available about stopping smoking, drinking water, etc. We are all encouraged to visit the GP if we notice any worrying symptoms, but it is actually very difficult and quite stressful to. We have to battle with the receptionists, phone at exactly the right time (8.30am - 12pm) and then cancel any other. Arrangements to go to the appointment. On one occasion, I had to dial over thirty times to get through to the receptionist at 8.30am at the GP practice. It's disgusting.
An emergency psychiatric 'walk-in / phone-in' facility like the Maudsley Hospital in London is desperately needed in the city
No, they are wonderful people and the team leaders encourage people to work together. Team work pays off
In waiting areas, have specific space for wheelchair users. Chairs are generally lined up and wheelchairs have to be placed at the end of the rows - stuck out into thoroughfares, which is not helpful to staff or other patients.
Better info generally - posters with access hours and info regarding wait times Small business card type reference cards to have handy in purse/wallet
I had a very good experience at the Brighton walk in centre. There was a long wait and it did seem that some people were there incorrectly, with minor ailments
We feel abandoned and alone when it comes to health problems even when serious. Just too much effort and pain to get help
Even though I work in the field, I was unaware of some of these services existing and the criteria one must meet to use them.
Nothing helpful! Just thanks for providing the services and conducting the survey :)
Improve A&E staff skills from reception -usually poor to triage. Make them more knowledgeable with more initiative.
Every time I dial 111 on behalf of a child the operator tells me to make an urgent appointment with GP regardless of the problem. Is this standard advice re children?
Publicity is key to service delivery see answer to question 10. Adequate funding required, free at the point of delivery - not means tested for initial consultations
The staff, regardless of the circumstances, are almost always helpful and friendly. Sometimes though, it feels like they've forgotten that I'd like to know what's wrong and just prescribe the relevant treatment
It would be very helpful to have more appointments that you can book in advance but within a week rather than a month for semi urgent issues
It is all a bit of a shambles.

Information is key, not just on accessing Urgent Care services but on what the patient can do afterwards, e.g. registering with a practitioner for check-ups.
I have found 111 extremely helpful and have told friends about the service for which they have been very grateful
Perhaps create a mailing list of vulnerable individuals and send out a pamphlet informing them of how to access the system.
A common experience/perception about accessing urgent care from some GP practices is that receptionists can be obstructive, and don't have the knowledge to assess a patient's needs. I feel it is completely understandable that patients are reluctant to discuss their details with anyone other than a trained medical professional, so I feel that taking steps to remove this initial barrier would help enormously to address the problem of patients going to the wrong place, and increasing patient confidence. Patient experience regarding this seems to vary greatly - some GPs are brilliant at providing urgent care, and others seem to be lacking. Identifying and supporting practices which aren't coping well should be a priority.

Recommendations

- The CCG are to provide community-led training to surgery staff, including GPs, healthcare professionals and reception staff, on how to effectively communicate with and support disabled people when accessing GP services, such as Disability Confident training with Possability People.
- The CCG are to create campaigns and increase their messaging to raise awareness of alternative options for patients to access Urgent Care services when same-day GP services are not available, including:
 - o Training receptionists to signpost patients to other services
 - o Clear information on where to access same-day mental health support
 - o Posters and leaflets in GP surgeries, pharmacies and public spaces
 - o Online, TV and radio campaigns
 - o Through care agencies visiting disabled people at home
 - o Through local charities and voluntary sector organisations working with disabled people and carers
 - o At hospitals, especially the Royal Sussex County Hospital's A&E department
 - o On the Council, CCG, NHS, hospital and other health-related websites
- People with long term health conditions, or complex needs, are to be given greater priority over same-day appointments with their GP when needed. Disabled people should also be given the option of booking their named or preferred GP as a priority when requested.
- The CCG are to create a local engagement campaign to help encourage patients to become an active participant in their own healthcare decisions and treatment, and promote the ways in which they can do this.
- Urgent Care services are to provide clear information to patients on the different ways in which you can make a complaint or provide feedback on their experiences in order to improve patient experience and ensure patients are receiving appropriate support in their healthcare.

The recommendations made have been drawn directly from the feedback from participant responses and we are keen to maintain an ongoing dialogue with the Brighton & Hove Clinical Commissioning Group as to how these recommendations can be implemented.

For further information on the Get Involved Group at Possability People and the results of this report, please contact:

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