

## Improving urgent care services – what matters to you? Survey comments received

Respondents could offer comments and suggestions in free-text fields and this is what people told us:

### Question 1

**What would make you more likely to use the 111 service?**

1	There should be a website for 111.
2	Used in the past and was very good service.
3	The questions 111 ask are irrelevant to some issues and waste time.
4	Regarding web chat – I don't remember how to use it.
5	I have had no need to contact 111. I have a hearing problem. I prefer to use things online so I can see it, otherwise I would avoid it.
6	Speaking to a doctor.
7	If the service was run by properly qualified medical staff, as NHS Direct once was. This is a cheap substitute.
8	If I was really worried I would go directly to A&E or call an ambulance
9	If records were available and kept in an easily accessible way the number of introductory questions would reduce and the system would be quicker. More efficient and less annoying and time wasting
10	Don't trust their advice.
11	I had a wrong diagnoses
12	I have rung 111 in the past and not been happy with the 'health care professional'.
13	I have used the 111 service on about 3 occasions, and I don't think there is anything that would make me more likely to use it as it has been excellent every time
14	If you didn't have too long to wait for a call back
15	Example recent 111 enquiry advised they would ask my GP to make urgent contact - even though surgery had advised this was not possible until after weekend. My GP never made contact in response to this.
16	For profoundly deaf this service is not accessible unless they have a Minicom or they can web chat and the person at the other end has a good level of sign language.
17	I have used them in the past on two occasions and was given very dangerous advice and ended up in A&E on both occasions- will never use them again and advise others not to.
18	Or email too please.
19	And that assistance does not take as long at present, i.e. I used 111 and waited six hours for the doctor.
20	If I were confident that the person I was speaking to was a fully qualified and experienced professional who would be able to tell me what the next step to take was.
21	I just have no confidence in the people who answer. Have used it in the past. The person I spoke to seemed completely disinterested - only wanted answers, not interested.
22	Can't really know about it as never been told about it at school or college.

23	I've had occasion to use the old NHS Direct a number of times - and found it excellent - indeed almost literally a lifesaver - however I have heard of too many bad experiences of friends and family and via BBC News about 111 - these are not "scare-stories" they are real dangerously bad experiences - NHS quite rightly recognises the importance of "friends & family" experience - on the basis of my friends and family experience I will never use 111 as it stands - and I always strongly advise friends and family indeed anyone I discuss this issue with to never use 111.
24	During opening hours we are MUCH safer going to a big busy pharmacy such as Boots (assuming we cannot get a GP appointment) or failing that one of the Walk-In Surgeries. Obviously I would advise people to avoid going to A&E when other options were available - but when a large reputable pharmacy or a Walk-in is unavailable (e.g. late at night) I will always advise that they attend A&E - people's health and lives are too important to risk with the 111 service as it currently stands.
25	I am a technology enthusiast and have worked in public service IT most of my career and I would strongly advise against implementing a web-chat service for this purpose - you could literally put life at risk e.g. if you lose an internet connection mid-chat - doesn't matter so much if the chat session fails in the middle of you trying to get help for your not-working Virgin or Sky box - but if you are starting to suspect the child of the person chatting with you may be developing septicaemia and the chat drops - what are you going to do then - trace their IP address? No chance.... I also wouldn't rush to prioritise a video-calling service for now - the absolute priority should be to spend any available money on getting back to a robust trustworthy voice-based triage service (although new technologies could certainly form a part of that.... E.g. robust functionality such as SMS/MMS or WhatsApp for sending pics or short video-clips.
26	Not having to repeat the same information over and over again. Also for the person with whom I am speaking to be qualified medically and able to judge when my predicament is so serious that I require 999 help.
27	I would like to be sure that any healthcare professional I spoke to on 111 would know what they were talking about and not reading from a "crib" sheet.
28	Not clear what exactly this is about. Accident and emergency seems clear. This is about urgent care – how is this not an 'emergency'?
29	My mother is profoundly deaf. She does not have a smart phone or computer so and as she lives on her own she is unable to use this service
30	I am not convinced that the people answering the 111 service are healthcare professionals – children have died as a result of their parents relying on poor advice from non-professionals.
31	The 111 service is inadequately staffed with competent knowledge.
32	If it actually helped and offered advice rather sending me to A&E
33	The automated questions are v frustrating. The people at 111 are definitely reading off a script not listening to your actual problem – very difficult when you're phoning regarding a young child and know that you need an out of hours GP appt.
34	Being sure that the advice I am given is from a fully qualified professional – not someone with an inadequate medical knowledge and understanding.
35	My wife was in agony with gall-stones/liver cancer and I phoned 111. It was a hellish experience. Long story short I phoned 111 when there was no promised call-back and told them I'm going to A&E Pembury. I reiterated that I wanted to cancel any doctor, or ambulance. A&E Pembury were indeed expecting us. My wife was kept in at the SUA and I returned home at 08.30 to find 7 answerphone messages - all from 111. The penultimate message was an ambulance crew sitting outside my house wanting in! The last call was from a Dr (no name given) at 07.32 saying "this service is finishing too, please ring your GP". A total shambles. I will never use 111 again.
36	I would not use this service again. Had euphorbia sap in my eyes and in a lot of pain. Advised to go and speak to the pharmacist who was amazed - she said there was nothing she could do and to go urgently to A&E as this stuff was a major irritant.

37	Non medical people makes it too dangerous. If I was sure that it was manned by professionals I might consider it.
38	I've used it in the past and was happy with the service I received. From that experience I don't feel the need to suggest changes.
39	I was recently told by a 999 operator that as the patient (myself) was breathing my call was not an emergency. 15 minutes later I had a heart attack and was rushed to hospital. A crash team was called on the way and I was lucky enough to be taken straight to the operating room. Many thanks to those who saved my life. I would like to know what medical training and qualifications are needed to become one of the people that answer the 999 calls and is the 111 service just as inexperienced?
40	Twice have run them they did not seem to know their head from their toes, never again wasting time with them could cost a life
41	If they were safer clinically
42	I have no faith in the 111 service and have written numerous letters about its failure from the launch. To try and combine NHS direct and out of hours doctors services has been catastrophic. The professors who designed the tick box algorithm have obviously never been ill. The health advisors are not medically trained and there is vast shortage of clinical trained advices. I now dial 999 if it is very serious or go to A&E. The wait for an out of hours doctor when she was very ill was 18 hours. The IC24 doctors are demoralised and some exhausted so how can they be expected to make best decisions?
43	If the 111 service could provide me with an appointment with a Dr. within 15 minutes drive of my home
44	Need much more explanation of this service online
45	Quicker response
46	Healthcare professionals that answer the phone have to have first aid training and continual training to improve their assessment knowledge.
47	It was answered promptly and call backs from medics were less than 30 mins
48	111 diagnosed me with a pulled muscle in my neck; because I accepted that I went on to have 2 more strokes damaging my balance control. So no I would not use 111.
49	Update or revise the 'questionnaire' callers to 111 have to plough through with daft questions.
50	If I felt I could actually get through to someone in less than 45 mins!!
51	My usage of this service to date has achieved an excellent level of service, but it would save time if all services had access to my full medical records, perhaps using our NHI number.
52	When I have contacted 111 in the past it has been a waste of time as, despite answering a barrage of questions, the advice has always been to see GP etc. The personnel on the other end have not had sufficient clinical knowledge to assist. Failure of service and a waste of time and resources. This has also been the experience of friends and family.
53	I have used the 111 service once or twice and found it helpful. I would welcome the option of web-chat, rather than telephone, however, there are occasions when one really wants a medically trained person (not necessarily a doctor) to actually see the patient (who is not always the person trying to arrange help). This is because, as a lay person, one does not always have the knowledge/skills/experience (or confidence) to be able to answer the 111 provider's questions adequately or correctly.
54	With my condition I some time have problems with speech
55	If I could actually speak to a doctor rather than a message taker.
56	At present appears that 111 just asks questions via computer prompt, never seems very personal individuals often can under react or overreact with health issues nothing replaces eye to eye contact!! They then frequently direct to A&E which overloads these departments.
57	I feel that as an 'informed' person I could check info myself (rather than answer reams of often irrelevant questions) and make a choice about what to do next. Admittedly have not used lately.

58	At present I am not likely to use it as I have no confidence in it
59	Actually I used the service recently and my call was referred to the Eastbourne out of hours service at the station. My records were available which made the service absolutely ideal. It is an excellent service.
60	I have not used 111 service yet, but previous service to 111 was helpful
61	When I have used them all they say is go to A&E. On occasions I have tried to go direct to local minors hospital but told I have to go through 111. This causes delays and anguish.
62	Experience tells me that it is not fit for purpose as exposed by the Daily Mail. Call handlers not properly trained with no clinical experience
63	Especially good for people with anxiety so they do not put off anything important.
64	Limited records available i.e. so a prescription could be issued.
65	Health record available - very important
66	No medical experience. No good experience. Gently through to a clinical person more quickly.
67	Video call - handy to look at a child.
68	We use Skype all the time. Web chat for issues you are less urgently concerned about. I have lived in Rye for a year and can always get a same day appointment with my GP .
69	We use regularly at PM
70	Not very good phone. Do not pass information on, rush off duty. No Doctors on night duty. The trouble often happens at night. I do not sleep well.
71	It is essential that the healthcare telephonist is a fully trained or specially trained medical "expert". Skype might be useful if, say, there is a rash.
72	At present I do not have confidence in this "remote" service and the standard of knowledge and training of the advisers.
73	Users want to know that their call is being dealt with quickly and that calling 111 will not delay necessary treatment.
74	I use when needed. I sue the service regardless. They do their best and I have experienced good results.
75	If given another to call make sure the message can be recorded clearly in English.
76	It is the sense that the 111 operator is reading from a script that is annoying. I have been asked if I am breathing!
77	My experience of 111 is 90% negative. They escalate calls and use up valuable paramedic and A&E resources.
78	I have used the service with small children and so far have had results but not used since May.
79	I don't have any confidence in NHS 111. I want to speak to someone locally rather than someone in a call centre who is talking from a crib sheet.
80	If I could be sure that the healthcare professional was indeed fully qualified to asses all medical issues! (and I personally don't think that's possible)
81	People need to have the camera facility on their phone - needs to be easy.
82	Anxiety of the operator and unsure advice they would give.
83	If I know that a clinically qualified is the one I'm talking to. At present it does not appear the 111 team I talk to are qualified except asking a set of pre-defined unwanted questions.

GP walk-in centres: There are two centres locally providing walk-in GP appointments – at Station Plaza, Hastings and Eastbourne Rail Station. We are looking at how these services are best provided. We are considering changing the way these services are accessed. For example, instead of walking in and queuing to see a GP, you would call NHS 111 and be given a telephone assessment. If necessary you would then be offered an appointment on the same day without the need to queue.

## Question 2

**From the options below, what things are important to you in a service that assesses your needs on the telephone? Please select all of the options that are important to you:**

1	Going to the GP is not a pleasant experience. They make me wait over time but cancel my appointment if stuck in traffic. Calling ahead.
2	I would look up the info online first.
3	The self help info would not be much good for me as I am housebound and without transport
4	Have used the facility at Eastbourne Station and it was fabulous! I really don't think any change is needed. I only waited half an hour to be seen which I thought was acceptable. Certainly quicker than seeing my own GP.
5	I would like the person who answers the phone to listen to me, then refer me to the best advice/treatment, not just run through a script that is applied to the caller regardless of the reason why they have rung.
6	It is unlikely I will use this, as I'm now retired.
7	Leave the walk in centres as they are and resource in accordance with demand. Adding NHS 111 to the equation just makes it more complicated. NHS 111 has a mixed reputation and would need significant improvement to convince patients it is an improvement. Some people find it hard to articulate over the phone which is no substitute for face to face.
8	Speaking to someone sympathetic and helpful is very important and every time I have used 111 they have been
9	For a healthcare professional to have access to my health records.
10	Being triaged by personnel who are competent and can refer speedily and correctly - To have confidence in this process. I do not want to have to answer unnecessary questions - that are not relevant to my query
11	To have access to the same service NOT at the coast but more central in East Sussex. The coast is NOT central.
12	I use walk in when a GP appointment is unavailable or outside GP hours
13	Again a telephone assessment is not appropriate for deaf people.
14	not waiting too long with young children
15	Do not like the idea of telephone consultations at all and would never use such a service.
16	Preferably speaking to an Advisor who is British born, speaks with good clear English, as can be hard work trying to speak, converse with operators in any service if their native language is not English/British when in an emergency, worried, anxious, in panic mode etc.
17	Confidence in the service which I think has been lost.
18	Again with the confidence that the person responding was a professional and not just reading from a prepared response script.
19	A doctor should be available at all times.
20	The old NHS Direct was very helpful when it existed. As long as 111 is the same.

21	No need to speak with a local healthcare professional - but there certainly is a need to speak with a skilled and experienced healthcare professional who can do a proper triage like the old NHS Direct... Please note that the NHS Choices Website is very badly out-of-date and inaccurate – should not be relied upon as a valid source for nearest services, etc... NHS Choices blames Hastings and Rother CCG locally for this.... This is not a trivial issue as if people cannot easily access other options because NHS Choices is so out-of-date, they will (quite rightly in my view) turn up at A&E - where the overloading will only get worse....
22	I would worry that signs and symptoms might be missed over a telephone service.
23	Having more walk in centres in more towns.
24	Need to keep the 'walk in and wait' option – some people may be unable to phone.
25	If there is no interpreter she cannot communicate at a drop in surgery
26	Being able to text and have the response treated equally with voice calls.
27	The current walk-in service is excellent and I would not like to see it replaced by a telephone triage system. My daughter used it recently when visiting and had to wait about 2 hrs, but it was worth it as she had an infection that urgently needed treating.
28	Walk in centres are fantastic at Eastbourne residents should use this before they turn up at A&E more advertising needed re: this centre.
29	Being given an appointment to be seen by a professional – diagnosis over the phone is dangerous.
30	"The same day...." that leaves the door open for a doctor to visit 23 hours later = useless.
31	To always be able to speak to a health professional
32	Being assessed by a healthcare professional with appropriate knowledge, e.g. Registered nurse or doctor
33	The most helpful thing about a walk-in centre is being able to speak to a health-care professional face to face.
34	I have used the Eastbourne one twice and had excellent service. Once on a Sunday they 'phoned the Eastbourne DGH A&E and arranged for us to see the ophthalmologist on duty in A&E - excellent! The other occasion, on a Saturday they confirmed I had an infection in an operation site (1 week prior) and prescribed the necessary antibiotics.
35	It was not long ago that you could walk into your local GPs surgery and wait to be seen on the same day, this is the service we need again.
36	No continuity of care - particularly important when dealing with a mental health patient I care for.
37	Having follow up care or advice available if needed.
38	NHS 111 is overloaded and do not answer calls in a timely manner and ask questions from a list. I would rather cue for a doctor at a walk-in centre than waste time with NHS 111
39	I am unhappy about the proposed changes to the station walk-in centre. Having used the centre at Eastbourne station, I know how valuable it is during an emergency.
40	With NHS Direct you could nearly always speak to a trained mental health nurse or they would ring you back within short. The Sussex NHS trust line is virtually always busy especially at weekends and you cannot speak to anyone directing you to A and E in an emergency. If you could speak to trained mental health nurse at the time many people would not get to crisis point.
41	I am a long way from both these walk in centres so being able to access other appropriate treatment/advice options is very important
42	The walk in centres are both in the south of the county. There is no walk in centre in the north.
43	Neither is local to me. Need more of these dispersed across East Sussex
44	How can walk in centres in Eastbourne and Hastings be of any use to someone living in Uckfield?
45	I don't want a phone consultation, I want to see a doctor.

46	Ringling for an ambulance.
47	Not having to wait ages to see someone when one arrives. "Walk-in" should not equate with "hours to wait". This is probably why people visit A&E instead. At least waiting hours in A&E results in seeing someone who can help, rather than being referred elsewhere.
48	This service is mainly for when it's out of hours for the GP or if you do not have a GP. I have used both the drop in and 111 service. I have found the 111 service terrible.
49	Same day is not always adequate. For example, if someone has a bleed (eg nose bleed), few of us can safely assess the rate of blood loss and if one waits, say, 30 mins for the bleeding to stop but it doesn't, the blood loss could be become dangerous before the patient can actually get to one of the A&E depts, especially if having to travel from one of the outlying areas. Even from where I live, in Hailsham, it usually takes 20-30 mins to drive to the Eastbourne DGH and not everyone has a car, anyway.
50	Being able to speak to a doctor rather than a message taker or call handler.
51	The telephone assessment is so much more precise /diagnostic if done by a RGN or Doctor.
52	I would prefer face to face telephone gives no confidence video would be better
53	Too far away!
54	Have the reassurance that your request is being dealt with quickly.
55	Being able, as a severe stroke and heart attack survivor, to know my medical needs can be treated promptly.
56	No help to people in Crowborough having walk-in in Eastbourne or Hastings 25 or more miles away.
57	How can deaf people use phone?
58	I think the money spent on these walk-in centres should be redistributed to my GP practice, as he tells me that he can see the patients more quickly and for a fraction of the cost if the funding was available. People should have to pay up front to access these services
59	Not so helpful for those with anxiety or a bad relationship, so they can't speak/ be heard by their partner or parent (confidentiality).
60	Pharmacists - via supermarket. Convenient. Happy to wait in current arrangement.
61	I'm not really interested in discussing over the phone.
62	It would help if the GP turned up for work on time and not 15 minutes late.
63	Emphasis on access to face-to-face contact, when desired.
64	Definitely this one (being able to speak to a local healthcare professional.)
65	Pharmacies add a middle person - would rather go to A&E.
66	Less important for a person to be local.
67	I can access NHS Choices etc.
68	To see Doctor. Very often this happens at night.
69	To feel confident if needed I can see someone the same day.
70	Walk in centres are currently unpleasant places where the wait can take hours and the staff seem uninterested.
71	Face to face consultation is usually worth waiting for.
72	Local healthcare professional - being a doctor or nurse
73	Rother District Council has an on-line alert which covers refuge timetables and local planning applications. It could have the regular pharmacy out of hours details?

74	A local healthcare professional knows which pharmacies are open and what facilities the local GP out of hours service and hospital provide.
75	We just need more doctors.
76	It's pointless ringing NHS 111 first – it's just yet another person to relay info to when you're feeling ill it's so frustrating to have to speak to lots of people. It's best to simply go see a doctor in a GP's surgery. You may have to wait, however at least you should only have to give the information once!
77	A nurse would be a useful person to know
78	To have prescriptions sent through to local pharmacy following call to 111 etc.
79	Some a telephone consultation with GP could prevent an appointment needed.
80	Joined up care between all services - by them having access to my health records - not just GP.
81	Would it be possible to have walk-centre at the Eastbourne DGH, in addition to the station, to filter out and help those who don't need A&E.
82	Having staff who allow you access to a Dr/ professional, rather than the blank rude - "No" as it happens when I ring the Dr's surgery. Reception staff are not always helpful.

### Question 3

**How helpful would it be for you if you could be booked for a same-day appointment (should this be needed) so you didn't have to queue?**

Note: If a healthcare professional assesses your need, they can direct you to the service which is best able to assist you. This may be to a pharmacy, a GP service or - as now - if it's very serious, to A&E or call for an ambulance.

1	At the click of a button they could have your info.
2	The whole point of a walk-in centre is to walk in and wait. There also a 24 hour GP. If 111 was more refined, they could direct you to the most appropriate medical professional.
3	If they knew my medical background / same day appointments
4	Same day appointments / medical professional at the other end
5	If I knew that I could get a professional opinion without having to make a GP appointment. It is not always necessary.
6	I can get to A&E by ambulance but can't get to GP or other local service because patient transport is not available to places other than owned by NHS
7	I don't trust telephone assessments.
8	If the patient considered the matter urgent, availability removes a lot of anxiety
9	Not having to queue is appealing but somehow this just does not seem plausible. Let's not opt for something that is not achievable.
10	Once they got me an appointment at A&E, but I didn't mind queuing - it was midnight and it wasn't an A&E emergency although I was in quite a lot of pain, but I saw a Dr there who could give me antibiotics
11	This proposal to manage the resources in the drop in centres via a diversionary distant 111 call handler, introduce additional cost, delay and user difficulties into the process. Extra resourcing at known peak times is the way to go not giving NHS funds to private call handling companies.
12	What about mental health services?
13	I live at least 15 miles from the 2 Walk in centres so it is much better for me to get an appointment because of the distance. I have also used Uckfield and Crowborough out of hours GP services.



14	For deaf people each surgery would need to have access to telephone interpreting.
15	I would rather just wait to see a medical professional.
16	Our GP Surgery is usually able to offer us a same day appointment if needed. I find this extremely useful with my young children
17	Although having an appointment time would be good the nature of urgent care means I would always be happy to wait.
18	Prefer to have access to own doctor or practice.
19	I have used the station walk in at the weekend twice once for a wound which had become infected and another time when my husband's ulcer dressing had come adrift. These were not serious enough for a&e but couldn't wait for Dr's surgery to open on Monday.
20	I am unsure what is involved in the current queuing system but if turning up and queuing means you are seen but phoning in means booked appointments are limited and you're not seen then I don't like this option at all. What happens if there are no appointments left but you still need treatment?
21	This is ok but not sensible for my 92 year old mother who is deaf.
22	Of course – if there was a proper telephone triage by a skilled and experienced healthcare professional. Don't take this the wrong way (as I am nearly 60!) but we will all have to work for longer until we are older in the future and staffing a proper NHS Direct service can be done by older skilled and experienced clinical staff - who may not be up for working full shifts on wards or in busy surgeries anymore - but can deliver a very safe and high quality service by telephone - if you implement this intelligently they could do this from home (with proper IT and peer-support and supervision it's very do-able) Now that would save money and lives...
23	However the problem with telephone conversations is that the person listening is unable to see the patient and pick up on nonverbal clues about their condition. People on the phone often do not show their feelings and remain distant.
24	If you disagree with the health care professional and think symptoms are more serious - what can you do to bypass this system?
25	Interpreters cannot be booked at such short notice
26	Sometimes it feels unnecessary to see a GP, e.g. I know that on occasion I need to use naproxen but can only get it on prescription – feels like a waste of the GPs time to have to see them and painfully inconvenient if I have to wait.
27	Great question not sure of the options. Surely the first point of contact should be the GP, if it is then out of office that help is needed then you call 111
28	We only use the walk-in centre for urgent matters when we are unable to deal with the issue ourselves at home or by visiting the pharmacy. It is a vital option for us and waiting is not an issue when it's important to be seen.
29	It is not helpful to have to go through a long discussion with someone who is not qualified before being given what is needed - an appointment with a senior nurse practitioner or doctor. Too much discussion about personal health problems with unknown faceless people over the phone when what people want is to see a professional.
30	It makes logical sense and we assume it is already in place and if not why not?
31	The need for speed when one is ill is essential so a definitive "your appointment is....." must be specified.
32	Provided the person has sufficient knowledge to be able to do this. I used to work in pharmacy 60 years ago and he was the first port of call, and he would either give you the required medication, or refer you to the doctors if needed. This should be encouraged again!
33	If I am sick I want to be seen on the same day, why should we have to wait? The worry of not knowing what is wrong with you doesn't help. Being told you have to wait 2 weeks or more (yes that is about the time it takes to get an appointment at my GPs) is disgraceful.

34	I should be able to book my own GP appointments not have to wait 4/6 weeks for an appointment
35	Once again you need medically trained people not someone who can tick a box.
36	Can the professional expertise of the 111 responder be guaranteed?
37	Obvious need help the same day
38	But only if local to me. I live in Crowborough - so services in Eastbourne or Hastings are useless
39	This should not do away with the ability to just turn up. The alternative then would be A&E.
40	Currently I can't even get a doctor's appointment in less than 2 weeks.
41	My GP service in this respect has been very unsatisfactory for emergencies, with referrals to A&E even to achieve urgent medication.
42	Obviously, this would depend on the urgency of the assistance needed - in some cases, a minor issue can become a more serious one (requiring more extensive treatment), over quite a short period. I've not used a walk-in centre, so don't know whether a triage assessment is carried out on each patient, when they arrive, as at A&E departments.
43	Survey fault. Clicked "Very Helpful" but it wouldn't accept the option
44	If healthcare professional very experienced.
45	More than just very helpful in my case, critically important.
46	If the interpreter be available on the same day
47	I can already get a same day appointment with my doctor if I need one
48	A walk in clinic is the next service up from GP. If it is not that bad then A&E.
49	A limited queue would be ok
50	Quite often need to see someone if urgent.
51	Not good to wait with child.
52	Not good to wait with child.
53	You need to do some promotion about what A&E is for. Even I have used it when I probably shouldn't have.
54	I can book same day appointment with my GP if I want one, or can forward book a routine appointment online for a chronic problem.
55	We have had a good Doctor's surgery but now it's dreadful.
56	My Doctor's surgery have just made me wait two whole weeks to see my GP and even then the receptionist moaned that she should not have made an actual bookable appointment – that I should simply have rung every day at 8.30 am to see if any appointments were available that day or come in on Monday or Friday to "open" surgery and simply waited! Ridiculous when you work!
57	This would solve problems that many people have with work.
58	Currently, I wait up to 2 weeks and I sometimes wait 30 minutes past my appointment time.
59	Working full time and having 2 young children, I struggle getting a GP appointment, and when they are poorly and then waste time being to and fro from 111 - walk in - see Doctor.
60	A miracle.
61	This is also difficult when only option pre-bookable is useful when also have to work.

## Question 4

**What would make you want to use web chat-typing or video calling (in addition to the 111 telephone service) to offer more ways to access urgent, same day advice or care?**

1	Web chat would be useful.
2	If there was a physical problem that could be looked at over the video call.
3	Being able to talk to a clinician.
4	To actually be talking to them live. Talking - not waiting.
5	If they had access to my records.
6	1. I would use these facilities for any kind of problem. 2. Video calling would be fantastic.
7	I would only use this if I wanted the doctor to see an ailment.
8	Web chat typing would be useful. Video calling only in emergencies - so would use it.
9	Don't like the idea.
10	If the telephone was busy.
11	I would not make a video or web chat call. I would prefer to call.
12	Possibly not for me, but useful when asking for an elderly relative.
13	Something visual.
14	If it was quicker / easier. Telephone service seems most efficient so I'd be more likely to use that.
15	Nothing.
16	Nothing.
17	Being able to see someone face to face gives you more confidence in a positive outcome.
18	Simplicity. Prompts to open software. Step-by-step guide.
19	I would not use video chat, however, would use a simple to use web chat service.
20	Not sure.
21	Nothing.
22	Not likely to use as have poor mobile phone signal at home.
23	I available, would use.
24	Would not use it unless I was able to show symptoms on video.
25	Nothing I would not use
26	Knowing that this is staffed by qualified people able to respond quickly
27	I think sometimes it is clearer for both sides to know what the issues are if it appears in words that are typed. Possibly less misunderstandings. Wouldn't want this to be the only option though. Might be difficult in times of stress.
28	This could be useful but if you are very unwell you would not want to use this method
29	Nothing. It is difficult to type well when ill or upset and it is always slow
30	Video calling would enable the patient to show rashes or signs of stroke etc. to professional.
31	Nothing, I would never use that service.
32	Nothing. Chat lines are a disaster and video calling is not very reliable.

33	Nothing - if I was ill enough to need urgent help the last thing I could do is find someone with a computer and go through a very laborious process of explaining by typing what was wrong with me.
34	Speaking to someone should be adequate, except where description important
35	Nothing. I prefer to speak to a person.
36	Nothing one needs to see a person in flesh
37	Nothing
38	I would use this service if I felt I was in touch with someone with real training and experience, not a glorified first aider.
39	Knowledge that service is reliable and secure
40	I would only want to use Skype or other camera based option
41	I would use video calling to show an injury, rash etc for assessment if this was possible
42	Quick response
43	Nothing
44	Would not want this
45	For clarification and deeper understanding. However, not everyone has access to the internet and it is these disadvantaged groups that have the most need.
46	If it was instant and not call back!
47	I wouldn't use it.
48	Nothing, I would much rather just speak to someone unless I had an ailment which showing to someone visually would help, although would the viewing quality be good enough
49	A very limited and costly benefit to a few techno fans with expensive phone technology, a gimmick for some. The vast majority of likely users of 111, who are probably over want it to a simple low cost route to good advice given by experienced healthcare professionals. Not call handlers with a check list!
50	I'm just aware more people use their smartphones and may be more comfortable with having a web chat type conversation than ringing up. Would it also be helpful to be able to upload images if say a rash was concerning or the symptoms were better displayed?
51	If I wanted some urgent help I don't think I would want to stop, turn on my computer and find the correct website. I would prefer a phone call. Also I don't have reliable reception on my mobile phone so wouldn't use that.
52	Knowing someone is there to respond straightway
53	Don't find web chat services user friendly, often slow to get response back, protracted process to get to the right answer, feels remote. Video calling better, more direct, easier to understand face-to-face
54	Nothing
55	To be able to have access to a healthcare professional, not a non-medical person e.g call handler.
56	Web chat typing would be good if I had a hearing impairment. Video calling/Skype would be more use as you could show symptoms visually if necessary.
57	I am not set up for this but am on net.
58	If I could be confident that my concerns would be addressed by a suitable qualified HCP
59	Nothing. Terrible idea.
60	Reassuring to see the person you are talking to.
61	I would prefer to speak to someone on the telephone.
62	Quickness

63	If I'm ill I do not want to use these services. I prefer instant access by phone.
64	I would use web chat but not video calling
65	For minor problems that would be fine but if I was really unwell I don't want to spend time on a computer.
66	Quicker response
67	Web chat can be incorporated with telephone interpreting for deaf people.
68	Nothing - would never use such a service.
69	Nothing.
70	I'd be happy to use a video or telephone service. I feel that a lot could be misinterpreted via chat or text
71	I would not use this facility
72	Sometimes easier to explain, especially for people who are deaf, sensory impaired, or have mental health or language type problems.
73	I wouldn't want this, rather phone
74	Nothing especially as access to technology needed for this.
75	Would use web chat but not video calling.
76	Confidence you were speaking to a qualified and experienced professional.
77	I would always prefer to use the telephone if stressed. Couldn't cope with the other.
78	I wouldn't
79	Nothing.
80	Better broadband connection due to rural location. Less than 1meg. However web chat is a good idea and we'd use it if we knew there was that facility
81	I'm not sure if this would improve things. Things can easily be misread when you are texting/emailing/web chatting and could therefore lead to problems if people can't communicate effectively. Video calling could resolve this as long as connection speeds were ok and there were back up systems in place in case of technical difficulties.
82	Not sure about this, I do not have very good experiences of web chat help.
83	Nothing at all.
84	Nothing!
85	Speaking as a carer seeing the problem is sometimes easier than describing it.
86	Possibly.
87	The ease and speed of such access.
88	Not interested in either of these options.
89	Nothing.
90	That it is straight forward and quick to access.
91	I would not want to use web chat, as if I felt so ill, I'd rather just dial 111 or in desperation 999.
92	Reassurance about the competency of the person I am chatting to.
93	See above. The elderly seems to get less and less care and consideration.
94	Urgent advice of medical advice and help itself.
95	If you aren't sure and you just want to check - like something from Boots.
96	I would not use it.
97	If it was easy to access.

98	I don't have the computer or phone to do this.
99	Not being able to do more physically.
100	Would not be keen on web chat as I prefer to speak to or see a clinician.
101	High quality, professional help at the other end.
102	Video calling would give more information to the assessor.
103	For some people this might be a preferred option as it is a more familiar way of contacting people for support.
104	If my problem was visible such as a rash or damaged part.
105	As discussed above I would never use the 111 service as it currently exists and strongly advise anyone who will listen not to use it...As stated above I would strongly advise against a "web-chat" service as a medium to carry out triage in potential life-at-risk situations - this technology is not that great for giving support for your washing machine or vacuum cleaner - would we be happy to use it to get advice re a sick child? Please please think carefully before you go any further with this idea... I know this has already been said to you at ESBT events - you should take that advice seriously. "Video calling" is not routinely used by most people (young or old) but there is clearly a place for giving people a way to submit still images or short video clips to assist with triage-WhatsApp or a function similar to that might be ideal for that - although images can even be sent by text (MMS) – but I would strongly suggest that voice should be the main medium of communication – it is pretty much universally understood and used, generally stable even where and when an internet signal may not be (e.g. Hastings) As one long-serving experienced GP said in a recent ESBT session – "people actually tell me more over the phone than they do face-to-face in a consultation" and "the phone is like the confessional"... You should take that kind of gold-dust feedback very seriously... But there should certainly be an option, once a (stable and traceable) phone connection has been established, for users to then easily submit still photographs and short (30 seconds to 1 minute) video clips to assist with triage – when requested by the skilled and experienced healthcare assessor – and certainly there should be an option to upgrade the call to e.g. a Skype session – if both the assessor and the caller (e.g. the parent of the young child with suspected septicaemia) both agree that would be appropriate... But services like Skype should be the rarely used "icing on the cake" and web chat software should be avoided for any health or life-at-risk situations. There is a good reason both the telecommunications industry and the EU have both recently emphasised that these services do not have the regulatory framework to guarantee service e.g. in the case of a mast or server failure – that voice/SMS services are required by law to have in place – web chat and Skype etc. cannot and must not be relied upon for health or life at risk communications...
106	I would not want that if I or a family member was ill. If you are ill you want human contact.
107	If this facility was available in a central place (as not everyone has these things on their computers at home) and if a 24 hour service was possible.
108	Ease of access and use
110	Video relay is better
111	No advantage over phone call
112	A lot of elderly profoundly deaf British Sign Language users could not access this.
113	No other choice for me, it must be text based, I don't use voice phone.
114	Web chat is fine
115	N/a
116	This would only be for people who have internet. Not for any OAP who often is confused and needs immediate assistance if out of hours.
117	Web chats are totally inappropriate for a medical consultation.
118	Nothing
119	At present cannot imagine using such a service

120	Video calling would be useful because the healthcare professional might be able to observe something significant about the caller's health which might be missed via non visual communication. And it's more time effective for everyone.
121	If I had to show them something I couldn't describe in words alone
122	For a difficult and unusual medical problem
123	If I was interacting with a healthcare professional direct
124	The elderly population do not have access to the technology so it would discriminates against them .
125	Nothing
126	If it would give more time to explain what symptoms were being experienced and get more in depth advice
127	If I was worried about a skin condition, or a rash or similar, or wanted the healthcare professional to be able to see my symptoms
128	Video if the heath professional needed to see the problem (i.e. a rash or a swelling)
129	Video calling may be beneficial if it helps the nurse/medical professional to actually see what is happening i.e. when I have rung 111 in the past due a rash on my son, it would've been easier had they been able to see it. I'm not sure web chat typing would be my preferred method, it is a longer way of doing things and just not as effective as actually speaking.
130	Web chat - sometimes I don't feel comfortable talking on the phone and it would then enable confidential conversation if you are in an office or around other people with no option to go to a quiet area
131	Knowing that I would be speaking to a health care professional.
132	Nothing.
133	I probably wouldn't use.
134	Sometimes it isn't easy to talk - with small children around or in a busy place, using web chat would be easier in these circumstances. I would probably use it if I wasn't really sure of the best course of action as it feels less like I'm bothering people.
135	If the phone was a queue sometimes a we chat can let you think more clearly if you aren't in a mad rush
136	No.
137	If the problem was not too urgent as takes longer to do online chat than make a call.
138	To show visibly if issue was see-able, rash or injury
139	Nothing, I'll use the phone
140	Nothing.
141	Only if I can't speak to a person as opposed to an answering service. Answer machines are the scourge of the earth.
142	Nothing!!!! A simple appointment to see a doctor instead of wasting more and more money on delaying techniques.
143	Nothing as it induces huge anxiety.
144	Might be useful, but not everybody wants to see some strangers face talking about ones very personal medical condition.
145	No.
146	Convenience, being able that NHS diagnosed remotely when feeling ill.
147	If I had something visibly wrong which might help if the person could see the problem on video calling.
148	More convenient.
149	I would not want this

150	Nothing.
151	Quick response with a qualified person.
152	Nothing.
153	Too old and I suspect that most of the people who would benefit are not sufficiently computer literate.
154	Not confident with this technology.
155	Might be quicker to get through.
156	Possibly for issues requiring video consultation.
157	Prefer to see a doctor.
158	Nothing.
159	No.
160	Not keen on this idea.
161	I would not want to use web-chat or video calling.
162	No I like face to face.
163	Long delays in answering 111 service.
164	Nothing.
165	Video calling could be helpful because face-to-face conversations are more appropriate in a stressful situation than impersonal web chat typing.
166	Owning a computer.
167	Nothing on web chat you need real people.
168	Only if it was relevant to my problem, e.g. someone could look at it.
169	I would use these if I was well enough to. I think they could be quite useful if I needed the health care professional to see something I was concerned about. Could also be used by friend or relative if patient wasn't well enough.
170	Because I suffer with anxiety & depression, it can be difficult to use the 'phone, therefore easier to use web chat.
171	If I had a condition that was visible e.g. rash.
172	Nothing.
173	The assurance that there would still be sufficient resources to maintain the telephone service for those for whom that is the preferred option.
174	Nothing.
175	Nothing.
176	I live in a place where I can't get to the doctors easily and I don't drive, plus booking appointment's at a convent time for my family is a nightmare.
177	Web chat is quick and should be offered
178	Seek guidance on a medical problem.
179	Absolutely nothing
180	No
181	I would not be happy to use this method.
182	Nothing. I prefer to only speak and see to people.
183	Personalised care from a trained practitioner. Rather than someone following a computer algorithm



184	Always useful of moving on technologies
185	If it very responsive
186	Access by phone is quicker in an emergency. If not an emergency, video chat could be useful but not essential
187	If it was an easy system to use.
188	I wouldn't use this. I prefer to speak to a person.
189	If something needed to be seen by a medic. Or if you have a sleeping child but the issue is visible so you don't have to disturb them.
190	Nothing.
191	Could work provided the technology works (for example Skype is flaky in much of Wealden)
192	Not sure, due to past experience.
193	Certain conditions that need to be seen such as rashes or minor injuries - this would be very useful.
194	I would not be very keen to use this system.
195	I have only used 111 on rare occasions, mainly for elderly neighbours who don't have Internet access. I understand the difference between an emergency and urgent advice... I would like to have more confidence in that service provider putting me through to the correct person/ service, however I had chosen to contact them. I have spoken to people on the ball and people less so. Having set the scene above, I really am not worried how I make an initial contact; having decided the issue needs a medical intervention I want to speak to someone who is thorough, interested and knows where to direct my query.
196	Nothing.
197	I am long term ill and disabled and find it difficult/ impossible to use phone. Has meant I have not been able to access help in past.
198	Nothing.
199	Provided I would be speaking to a medical professional.
200	Nothing.
201	Nothing.
202	N/A.
203	Nothing if the outcome was the same as the experience so far with 111.
204	Nothing.
205	I have occasionally used web-chatting assistance for non-medical issues and actually prefer it, in principle. But that's because I have some difficulties with using phones, which doesn't apply to most people.
206	It would depend how ill I was.
207	Due to speech problems.
208	Links off NHS website.
209	It is another method of contact that is useful - but it will only be useful if the person at the other end is a doctor and not have numerous other web chats at the same time as happens in commercial businesses.
210	Wouldn't use it.
211	The person at the other end was a qualified health care professional.
212	It might make the person on the other end realise that I really did need to be seen face to face instead of over the phone.
213	Not sure I would. Maybe to show the extent of an injury
214	Nothing - I like to speak to someone

215	If it could aid swifter diagnosis/ access to help. For this the people answering the phone need medical training rather than following a computer aided script. Especially for parents of younger children
216	Nothing. In my eighties with poor eyesight I no longer use the computer. I've done this with the help of my daughter who can't always be here.
217	Having it available.
218	If it was user friendly.
219	I wouldn't use it.
220	Nothing.
221	If it would be helpful to see symptoms e.g. swelling.
222	Nothing!
223	If adequate skills were available to all if using this facility.
224	The technology! Plus confidence in whomever I was speaking to.
225	I do not think of going down this path. I prefer 1 to 1.
226	Nothing would make me want to do this.
227	When worried about a certain health problem.
228	None.
229	I would have more confidence in video or web than telephone call.
230	It would need to be simple to use.
231	Not all people have computers or can use them. Many elderly people are confused. Telephone contact is by far the better way.
232	Nothing. It is slow and difficult for me to use.
233	Speed and confidence seeing to whom one is speaking.
234	The fact that I might need medical assistance in the evening, at night or at weekends, not just on a weekday during normal working hours.
235	To know I have correct info.
236	Not talking to someone working from a script.
237	I would want to speak face to face not web chat.
238	I would not use and the clients I support would not use as many of them do not have a computer.
239	Triage would be better as pt could point. Might help with language difficulties too
240	So they could see anything visible.
241	Is there any staff at the other end can sign in British Sign Language? If using FaceTime on iPad?
242	Nothing about this appeals to me. Keep the videos for YouTube and Facebook. The people who say they want this service are not the people with the highest needs. They are the worried well
243	Video calling may be useful as if you have an injury or something similar you could show it.
244	Nothing. I would not find this comfortable at my age
245	If people have anxiety about speaking on the phone - If you can show physical symptoms - If you have problems with speech and communication - Quality of web cam would need to be good (and sound) - Programme to turn your voice into subtitles
246	Nothing
247	It would be useful always.
248	I am unlikely to use this.

249	Never.
250	It would be easier to get across and show what was wrong rather than just trying to describe it over the telephone.
251	To show them what's wrong instead of having to travel if it is something minor.
252	This could be very helpful to also show the doctor what is wrong i.e. rash.
253	Not interested - although? Ability to show people conditions remotely e.g. rash!
254	I've never used.
255	In my opinion, this survey is loaded and already an agenda is in mind.
256	Rather use phone.
257	Don't feel confident using a service like this.
258	I would prefer telephone calling.
259	I would just use web chat knowing which website to visit to access.
260	I only have a basic phone.
261	I'd rather use the phone.
262	Wouldn't.
263	Nothing.
264	Not having to leave home and wait with a poorly child would be excellent. We would definitely use this.
265	If same level of service, and would help with the wait times.
266	If you could be sure you were communicating with a professional and help/ advice would be given.
267	Very often, tone of voice can be a barrier to effective relaying of information - e.g. a tired/ stressed operator or a panicking patient.
268	App on phone for web chat.
269	Rash/ cuts so you could show a prof for reassurance.
270	I wouldn't.
271	If showing mechanism was in place i.e. for a rash or cut.
272	If child or adult has rash or cut then video would be a good option.
273	To asses child, can do own observations but need professional advice.
274	Maybe i.e. rash
275	Need a really good broadband connection! Otherwise delay and frustration. You don't want to be focusing on the tech rather than the medical problem. In Rye BB is on.
276	Same day advice and to be able to show the signs or symptoms.
277	I would use video calling, but probably not web chatting, as I would want to be able to talk to someone directly.
278	Having it available 24/7 for appointments that could be contagious.
279	Wouldn't want to use.
280	Skype.
281	If I was unable to attend an appointment in reason – no car or transport services. No one able to take me. Lack of funds for a taxi.
282	Telephone only. Not web user.

283	Nothing.
284	Video calling would be great when it comes to young children and babies as sometimes words aren't enough to explain their symptoms etc.
285	If it was me that was ill and I was alone I would not want to fiddle about with a computer/ video call. But if they option was there to, say, take a photo of a rash, bruise, eye infection then that would be useful, as I would use my iPad and email.
286	I wouldn't want to use web chat, typing or video calling – I prefer to pick up the telephone and talk to someone on the 111 telephone service.
287	I do not like this damned robotic age.
288	Nothing.
289	Not sure that web chat is appropriate, might be able to be convinced.
290	Nothing.
291	Nothing. And this is useless for the elderly who don't have computers.
292	Necessity! Bear in mind many elderly people are scared of computers and never learned to type – for me it's second nature as I've been typing for over 60 years.
293	Only if the system was very quick to engage. No long winded connections or passwords.
294	What happens if you haven't got a computer?
295	We have only rung 111 when we were feeling really ill. The thought of trying to set up a wider (?) to converse when feeling so ill, is unrealistic. Could groups of practices local to each other - I'm thinking rural here - collaborate in covering urgent care?
296	Absolutely nothing.
297	Nothing.
298	I would not wish to use web chat typing or video calling.
299	Nothing. It's a completely stupid waste of time. We need more frontline staff, not IT solutions that cost a fortune to set up and have no track record of delivering.
300	Depends if someone answers?
301	Nothing would make me want to use video calling. A telephone consultation with a face-to-face follow up if required is more than adequate. Web chat typing is always frustrating. It only works well if you have good broadband speed. In my village we usually have less the one MBPs download speed.
302	Nothing would want to make me want to use web chat or video calling - we are talking about people who feel ill - not a conference call!
303	Web chat is much less stressful and allows thinking time for answers,
304	Not comfortable with internet. Would probably not manage it if I was ill and needed urgent advice.
305	Assurance that the person or the operator was medically qualified.
306	Not sure what if people who don't have access to such items.
307	I don't use the web.
308	I would need to be sure it was secure and confidential.
309	Not easy to use
310	If it was a weekend
311	Wouldn't use this service
312	Web chat would be useful to get an answer straight away.
313	I wouldn't use these facilities

	Needs to be easy to access
314	Depends on the problem if something that helps to be visible, helpful.
315	No, I prefer phone.
316	No objections to either although video calling would be limited by ISP connection speeds especially on mobile devices.
317	Would not use web video call.
318	Not keen on using web chat
319	Video calling may show operator symptoms they can't see over the phone.
320	If it cut down queue time, and provided advice very quickly.  If the person on the web chat was a doctor (rather than the people on 111 who are looking at a computer system for info)
321	If I was hearing impaired or had visual symptoms.
322	Don't not like web chat, typing or videos
323	I mostly wouldn't use it
324	Video calling might be good in cases of rashes etc.
325	Nothing.
326	Would want to use personal face-to-face consultation. Have found other services just tend to follow a prepared script of questions.
327	Not my kind of thing.
328	I wouldn't as too impersonal
329	If I couldn't explain properly in words what the issue is on a web chat I would be able to show them.
330	If they could see records.
331	Reliable info and advice.
332	If there was an app and website - easy to use.
333	It would give the healthcare assistants the chance to see the patient and get a better idea of their signs and symptoms.
334	If it was available weekends/ after hours.
335	It's not worth it for me. It's a waste of time, even for less urgent things.
336	Wouldn't necessarily use 111, urgent would go to hospital.
337	A better diagnosis especially with children who cannot rate their pain etc.
338	It is more anonymous.
339	Quick responses.
340	If I had something on my body they needed to see to understand what was wrong with me.
341	If I had something visible on my body I was worried about – video calling would be useful to get advice.
342	If a situation arose that I was concerned about and need info to see whether it was urgent or not.
343	Ability to show ailments and conditions via video, thought given to written information.
344	If I am ill, the last thing I would want to do is log onto my PC - I want to talk to someone.
345	No, do not use computers.
346	Ease of call.

347	It would be good.
348	Nothing.
349	I wouldn't
350	Nothing.
351	Web chat if needed a quick simple response to a query. I wouldn't like to video call.
352	I don't think I would be able to use this prefer to see a person face to face.
353	Give me time to think about questions I have been asked and time to consider my answers.
354	Only if you felt well enough to use iPad.
355	Visual aid to medical problem.
356	In case of serious emergency that would need visual aid to represent what one's distress is about.
357	If I had training how to use other IT devices and could afford to purchase the devices – i.e. smart phone - lap top, iPad.
358	Would like telephone contact to continue also as not always access to computer.
359	Web chat more control over conversation and optional record of the conversation
360	Having used web-chat with other businesses, I find it a bit slow – not what you need when asking about health advice.

## Question 5

### How important is it for you to walk-in somewhere, without calling or booking first?

Note: By using a walk-in service you may be assessed and provided with an appointment later on, or directed to a service which is best able to meet your particular need.

1	It reduces the stress around an urgent problem.
2	Because it would be a real emergency.
3	When oldest son had asthma attacks then ringing, waiting for a call back, waiting for further assessment (on phone) and then call back for appointment was time consuming and worrying. It used to be easier to access help quickly at our local GP practice when they were the local out of hours centre, then there got to be so many phone calls it was tempting to just go to A & E. Now there isn't an out of hours centre there.
4	If the need is urgent, otherwise what is the difference between this service and visiting the GP?
5	It is awful to walk into the Eastbourne place. Always full with never enough seats.
6	If I was ill enough to need to be seen immediately I would call 999 although anecdotal evidence suggests that is not an effective service. It is unclear how an ancillary/alternative to the emergency service could be effective if the first-line service has proved inadequate.
7	As I am older, 66, and live on my own, I don't want to be driving somewhere unnecessarily if I can get the information and advice via the phone or a web chat. If it is then proved that my best outcome would be to get to a walk in facility I would then make an informed decision to drive.
8	Walk in centres were designed to alleviate the pressure on A&E and have met a need.
9	I can see a walk in place could be very useful and relatives have used it. I have called 111 for out of hours advice
10	Minor injuries units excellent, haven't had need to use another walk-in service
11	Being assessed and then being given an appointment later on is very frustrating. People who triage are often not qualified or make poor decisions. Triage and treatment should be in the same package, not separate.

12	This facility should be available for minor injuries that need face to face action
13	Could be useful at weekends and out of hours.
14	Prefer to make contact first because of the distance.
15	There is no walk-in service near us, as far as I know, and nothing open on weekends. A month ago I developed a UTI, with a high fever, on a Saturday when I was seeing my partner in Herne, Kent. The SP nurse directed me to a walk-in centre in Whitstable, where a dispensing nurse (?) was able to see me and prescribe antibiotics, which I bought at a nearby Tesco. If I had been home there would have been nothing available, and my fever might have been dangerous by Monday. Can we have weekend care with dispensing nurses, e.g. perhaps in Uckfield?
16	If you are at a clinic I feel confident that I will get a clinical response.
17	This is not something deaf people generally access as there is the communication barrier without an interpreter
18	Reassuring to know the service is there if you need it.
19	It is not the walk in service itself but simply trying to access a service that is the dilemma
20	With GP Practices having limited opening hours and also having limited appointments to deal with painful ailments available in a reasonable time (same or next day), essential!
21	I'm not sure because if I could get an appointment on the day I would prefer to have one but if going to walk in means I am seen then it's very important to me.
22	Most people would prefer to see someone face to face.
23	If we don't offer this option, frankly, people will still "walk-in" somewhere... i.e. A&E... I have had occasion to use the Hastings Walk in Service after my 92 year old mum had had a bad fall on a Friday night and was released from A&E in the early hours of Saturday morning – we were able to get absolutely excellent support from the Walk-in doctor over that weekend with initial wound care and also training me in how to do it – at a time when the GP Surgery was of course closed - the flesh on the back of her hand was stripped back to the bone and tendons - if we hadn't had that extra care we would have probably ended up back in A&E which we wouldn't have wanted and was avoided by having the Walk-in. One very important point (which I don't think is picked up in this survey? But I know is being considered elsewhere) but A&E should (must) also be considered a "walk-in" location – i.e. we absolutely need to change the still present "more-the-merrier" mind-set in UECN - walk-ins to A&E should be Triage'd just the same as Walk-ins to the "official" Walk-in locations - and if on a Saturday afternoon someone is brought in with a minor football injury that would be better dealt with by them popping into Boots and then self-treating then that's what we should be telling them (or if they don't want that they might have a very very long wait) - but there would need to be the correct staffing of that Triage service - including robust security staff to ensure that the Triage decision gets "respected" – staff as well as patient safety, must be paramount...
24	I have never used a walk in surgery. If I was in another town away from home I probably would. In Eastbourne I want to use my own surgery.
25	If it were in my own town and not miles away in the next town. It is helpful that these walk-in clinics are by stations, but as they are Southern Rail this reduces the benefit.
26	Unable to use this service due to being profoundly deaf and no access to an interpreter
27	Face to face is potentially more accessible - if staff fully deaf aware and can access communication support instantly (on line)
28	Helps to reduce pressure on A&E
29	I have a young child, I would like to know that if she became poorly I could get her to a GP quickly
30	Walk in service is very time consuming for both patients and staff. And having queued for that service, it might not be able to provide the appropriate treatment or a face to face appointment might not have necessary after all. Patients don't necessarily know how to grade their health need. eg urgent, emergency, or something that can be dealt with via self-help/over the counter.
31	We are careful only to use the walk-in centre for urgent issues when we are unable to use our GP Surgery

32	If something is urgent enough that you don't have time to make a phone call then it must be urgent enough to visit A&E; there's normally time to make a phone call or pop and see a pharmacist.
33	Ultimately it is good to know I can see a health professional, regardless of an assessment by somebody over the phone who may not get a full picture of my needs
34	If you can't get an out of hours GP appointment following a call to 111 then you have no other option other than walk in at the moment (or attend A&E). The walk in centre is a bit like a right of appeal!
35	I have no issue with going to a different place for walk in help outside of doctors hours - more walk in out of hours centres are needed - in our area the doctors surgeries that are only open part time should be used as a walk in facility - the facilities sit there not being used -why!??
36	A walk-in service cannot function properly unless one is seen in less than an hour. There's little point thereafter - go to an A&E department.
37	Live in area where this is currently unavailable.
38	Providing same-day appointments were available I would be happy to book before attending.
39	I prefer an appointment with my GP, continuity of care
40	I thought IC24 stopped walk in appointments all has to go through, adding to A&E departments being overloaded with not strictly emergencies. ESBT response: IC24 currently provides out of hours GP appointments and the two GP-led walk-in centres. Walk-in appointments remain available at the centres and the out of hours GP is accessed by through NHS 111.
41	When I call my (?) it is because I am concerned about my health, I would like a response and if necessary an appointment that day.
42	As long as it doesn't involve driving over 20 miles to the coast.
43	Would prefer A&E European so that I can see a qualified doctor.
44	Haven't needed this service so far, so untested. I guess it is good to know it is there as an option.
45	Otherwise the A&E is looking good ...
46	As I've said above, this obviously depends on the nature and urgency of the issue. Sometimes, it can be very important but, often, not.
47	Unfortunately with many doctors surgeries struggling to cope, if you need an appointment on the day you phone you can't have one for sometimes up to two weeks. What use is that if the problem is now.
48	A walk in needs to be able to also provide treatment in appropriate cases not just later appointment or advice
49	maybe having more than one doctor on call would be helpful and lesson waiting times
50	I am housebound
51	Some GP surgeries can't give us appointments on same day or even book in advance, or unless you get up at 7.30am to book on line app. not helpful if you are taken ill after 7.30am and all apps taken.
52	Unfortunately it not possible as they don't provide interpreters on the same day
53	I want to know the doctor I see
54	Relief that it's dealt with, even if you are waiting. Closure straight away.
55	When no other option available.
56	It's good because you don't have to wait until the next day. Sometime in N.Ireland you have to wait for a week.
57	I wouldn't come without an appointment. I am registered here at Hastings walk in clinic. If really bad > go to hospital.
58	Depends on what's up.
59	It makes one believe that one is still living in a "1st world" country!



60	It is very difficult to get an appointment with our Doctors.
61	Various reasons such as school hours can be a problem when booking 9-5 appointments.
62	I live in Peasmarsh. We've used it a few times.
63	As long as waits are sensible i.e. 1/2 hour.
64	But they don't know my history.
65	If out of hours service is acceptable, good service & GP booking, same day system is ok.
66	If out of hours service is acceptable/ good service, the GP booking same day system is ok.
67	Can deal with a lot over the phone. - Would advocate first aid courses for new parents.
68	- face to face is reassuring - you can resolve your problem quite quickly - 111 was slow and took a long time - even though I understand why. - GP - 5 mins with appointment
69	For illnesses that show later in the day because GP is booked up by 8.30
70	Would expect to have to book.
71	Not something I've done really - but that's the point of a walk in centre...?
72	The Plaza has given me excellent service since I've been ill.
73	On two occasions I used this walk-in centre (Poly clinic). Seen fairly quickly and problems were dealt with.
74	We are very lucky, our GP practice is normally able to offer same day appointments so have not encountered problems in this respect.
75	I am wheelchair bound (left leg amputee aged 90), and if I needed an urgent my GP would make a home visit or an ambulance would be called.
76	GPs don't do home visits very often and if you are unsure as to whether you may need urgent help, to be seen on the same day is essential.
77	If you're well enough to go out and get transport then walk in.
78	Our GP Practice provides such a service on a Saturday morning for a limited time. It seems to work well.
79	I would not call 111, I want healthcare, not complexity.
80	I think it's very important to keep the walk-service with perhaps some form of triage on arrival at the centre.
81	Prefer continuity
82	I rarely have the need to access GP services urgent or otherwise. I do like knowing that the walk in service is available (for my children) should I need it. I don't like the idea of only being able to access it via 111, which is a pretty useless service.
83	I don't like the walk in – I have complex health issues, a 12 year old daughter and run my own business with 14 staff. I require/ need certainties – I do not have a spare 2 hours (plus) to sit and wait in a room full of other sick people – I want appointments!
84	Getting your own GP saves a lot of explaining.
85	I would prefer to have an appointment where possible.
86	Maybe I don't have time to call you and I need something. What if I can't get through? (On the phone)
87	If it was all pre-bookable you wouldn't be able to get the same day advice. Back to the same problem as GPs.
88	Because at times you can't get appointment at own GP.
89	Having a diabetic child - it would be so much better.
90	Station at E/B has been used several times and although busy has been very helpful.

91	I take part in sports such as rugby which leave me with injuries on a Sunday so this would be helpful.
92	Helpful when working full time.
93	Except at weekends. Have excellent GP.
94	Thought of using it the other day when my eye swelled phenomenally (the soft tissue around the eye, but waited until the morning and it had subsided a bit.)
95	If GP practice have no more available appointments that day knowing that there are other practices open to all is important.
96	Poorly written - too much repeat information - will reduce the number of people who bother to read this (who tend to be those who can't state their needs/ be bothered.)
97	Already use a pharmacy first.

## Question 6

**How helpful would it be to you if your own GP practice could direct you to an assessment service if they were not able to offer you a same day appointment?**

1	Depends what's going on. The walk in centre was treating late husband's swollen glands as an infection but he had lymphoma. I think getting to see own GP earlier would have led to earlier treatment, although I don't believe it would have affected the eventual outcome.
2	If there was transport.
3	My GP has never been able to offer a same day appointment, despite saying on their website that they do. My only reservation is how would continuity of care be managed?
4	This seems to be introducing an intermediary tier of administration which would most likely struggle to be effective in view of the fact that existing services are not operated adequately.
5	With records more likely to know who to refer to.
6	I liked the old out of hours system as I often got my own GP who was aware of my medical history.
7	I am with a surgery in Bexhill, who have always been able to offer same day appointments if required, fantastic service.
8	As long as this service is adequately resourced.
9	It is so difficult to see a GP at my surgery now that I will avoid calling them if at all possible and hope my ailments go away.
10	The GP surgeries are currently very generously funded and should by law provide their own initial triage service by their own paramedics /nurse. Then most of those with urgent needs can be seen by the paramedics first. It works well in my local medical centre.
11	I still wish to be seen by a healthcare professional at my GP practice if at all possible.
12	I think it would diminish the GP/Patient relationship which is based on trust and familiarity.
13	As long as this didn't turn into a regular referral - due to staff issues at the GP surgery. Or because it is easier to redirect patients
14	It depends on the problem and how long the wait for the assessment service is.
15	Not necessary
16	Prefer my GP to be resourced to offer urgent appointments, not helpful to be redirected especially if patient records not available
17	They should provide a same day service.

18	My GP usually offers either an appointment or telephone assistance
19	Pharmacy might be more appropriate for assessment.
20	With a view to being seen if it is urgent but without too much to-ing and fro-ing. This would be very distressing with an elderly confused dementia patient or young child
21	They could offer more flexible appointment times as current are limited and discriminate against people in work
22	But you should be able to get a same day appointment at the GP's.
23	Provided that it was local and accessible – if you are feeling very unwell, a referral to a drop in centre 10 miles away if not helpful.
24	I am at the walk in centre for convenience. Close to home - the GP is further away.
25	I would prefer to have 7 day service at my GP. They earn enough money to work unsociable hours like the rest of us. Sadly my health isn't important to me between Monday - Friday 9-4. This is a terribly antiquated system. Banks etc. are available to the public pretty much constantly, and my health is more important than my money!
26	Again as long as this assessment service was staffed by appropriately skilled and experienced health professionals i.e. not the current 111 service - but as per my answers at 5 above and 7 below, I regularly use big Pharmacies before, instead of (or sometimes as well as!) the GP - sometimes the pharmacist will know a lot more about appropriate prescription or OTC remedy than the GP anyway) so I would continue to use those options as appropriate - however safe reliable diagnosis is vital and of course that cannot be done by a pharmacist - so if I couldn't get a GP appointment in a reasonable time-frame, and a pharmacist wasn't available or appropriate, then I would again go to a Walk-in, or if that was not available, to A&E.
27	If it means going on line or going on a phone I feel it would be upsetting.
28	Whatever service I use must be fully accessible with communication support if necessary.
29	I only call when I need to see the doctor which is infrequent. For my son I would expect to be able to see the GP on the same day.
30	Our GP surgery offers a same day call-back service if they are unable to offer a same day appointment. This is very effective, and I have used it on a few occasions when I have had a severe chest infection.
31	At present there seems to be an average of 2-3 weeks wait to see my GP. .
32	Our GP practise offers same day telephone appointments and is excellent.
33	They should open the surgeries that they keep a stranglehold on and only open part time or relinquish them to other doctors groups creating more appointments in our area.
34	If my local GP can't see me I don't want to travel when I'm ILL to some assessment centre miles away.
35	N/A at this time.
36	Insufficient GP's available for extended hours?
37	It would be essential; they have a duty of care.
38	If they can't offer an appointment I assume I am not ill enough.
39	Provided this did not become an excuse for surgeries to offer fewer same-day appointments in future.
40	Doctors surgery should have more staff, once again people just go A&E.
41	Absolute necessity.
42	I expect an appointment on the day from my GP and would feel that maybe my go isn't coping and therefore I might not feel like I am being treated by someone I trust
43	It is rare to see your own GP unless you book a long way in advance. If the matter needs attending that day, I would be happy to see anyone suitably qualified.
44	Don't use this as an excuse for all the extra housing development being carried out/planned in villages.

45	My GP knows me and I know her. I think it is quite important especially when you have confidence in someone and are familiar with the surroundings
46	Current system is really unworkable
47	Depends where that (face to face) assessment service would be. If I could felt I could get the assistance I need via 111 or a local pharmacy, for example, I would not be phoning my GP practice for a same-day appointment, anyway!
48	This would need further training of reception staff. As they are the main problem when asking to see a doctor. It's a normal practice for them to just say phone in the morning. Regardless to what you say. Then in the morning it's next to impossible to get through before the appointments are all gone.
49	Concern of the person directing me. Qualified health care or telephonist?
50	Currently having to wait 7 weeks for a GP appointment or call on the day to get medication for my autistic child is a nightmare as it is for any parent with young children especially if they then tell you that after 30 minutes In a queue that there are no appointments for that day left and to call again tomorrow.
51	Surgery is so busy that I worry this will become the norm and there would be no continuity of treatment
52	Main problem now is that many GP appointments are "blocked " each day working population/older people have to be very quick off the mark to get an appointment urgent or non-urgent, the only way is to queue outside the GP surgery at least half an hour before the phone lines/computer access starts, this is a sad way to be treated when unwell.
53	I rather be able to get an urgent appointment with them in a reasonable timeframe based on need not what the receptionist decides
54	My GP can never offer me a same day appointment anyway.
55	I already know where the walk-in centres are. Why would I call my GP if I was planning to go there?
56	It's reassuring. When you have a problem, your GP is the first person you turn to. When they have no appointment, it is stressful.
57	The GP surgery should offer the assessment service.
58	Assuming how accessible it is.
59	My own GP is dreadful – I saw him with various physical injuries and had very low confidence in him – the GP at the walk-in is far better.
60	I wouldn't want to be sent elsewhere. I like continuity. Sometimes locums don't have time to read notes for me.
61	Obviously!
62	But if it was a healthcare professional.
63	Would go to A&E but if assessment could be quick then may consider it.
64	If the GP surgery is "open" they should see all urgent/ painful cases.
65	Once after the surgery was closed - I was given a telephone number to ring and was able to see a doctor the same day. The surgery has automated service which gives the telephone number.
66	One needs continuity as patient/ doctor relationships. Fed up with seeing different Locums and giving a potted health history in the allotted time.
67	Our GP cannot currently see people usually in the same week. We also have very rude receptionists who want to know what the call is about!
68	It depends on the problem.
69	It would be important to establish whether the enquiries have transport to other services. Very necessary in rural areas.
70	That wipes out weekend service.

71	Most people prefer to see named Dr. The time it takes to explain to another wastes time
72	I would be surprised if my own practice was unable to see me urgently on the day.
73	For me personally not helpful at all since I have complex health issues - (crowns, gall bladder issues), I need continuity of a decent GP practice.
74	I like to go near where I live, on a bus.
75	I would prefer to see my own GP whenever possible.
76	Your own doctor is ideal because they know your history.
77	Only if you get there.
78	Seeing your own GP is important.
79	Having something urgent that needs dealing with is not great when there are no GP appointments available.
80	Providing staff directing you are qualified to do so - medical/ nursing knowledge not just receptionist.
81	Stiff knee tendons
82	That would not help - as would not give continuity of care.
83	Especially for emergencies.
84	This would be helpful, but I would prefer to see my own GP.
85	Would prefer access within, say 48 hours, to own GP who would know medical history.
86	It is really difficult to get an appointment as I work and have to book on the day.
87	If transport out of my area was covering an affordable service and not on strike.

## Question 7

### Do you currently ask pharmacists for advice and/or remedies – as well as medicines?

1	But I did know that I can get advice (for my asthma).
2	I believe they are an underused resource.
3	A lot of people do not use them enough.
4	I prefer the internet. I use reliable URLs
5	My local pharmacist is always too busy to speak to customers.
6	I also use a shop in Hastings Old Town, they stock a range of alternative/complementary medicines.
7	Pharmacists should be integrated into the referral pathway.
8	Rarely as I don't have a local pharmacist.
9	Pharmacist is always too busy dispensing prescriptions to talk to patients. They do not even talk to the patients when handing out new meds.
10	Especially as it can take up to 3 weeks to get an appt to see my Doctor, and /or do not have the spare time to see Doctor when available, due to work and other commitments.
11	Only as I have a GP in the family!
12	Have not been impressed with the responses generally - several have responded either that they do not know or that I should go to a different pharmacist.
13	I have to talk to pharmacists very often because I can't get to see my GP sometimes.

14	But I knew I could.
15	I regularly use big pharmacies before, instead of (or sometimes as well as!) the GP - sometimes the pharmacist will know a lot more about appropriate prescription or OTC remedy than the GP anyway- so I would continue to use those options as appropriate - however safe reliable diagnosis is vital and of course that cannot be done by a pharmacist. But often small pharmacies are not able to cope with lots of people asking for advice - I pretty much always go to a big one e.g. in Hastings, Priory Meadow - which is excellent....
16	Despite my family connections with pharmacists meaning I am very well aware of their expertise, I never forget they are small business people and may be swayed by greed to offer me the higher priced options, or to buy something when there is nothing effective they can offer.
17	Tried it once and they got it wrong.
18	Pharmacy at Tenterden have been very helpful
19	When I need help in deciding how to treat something
20	There's normal far more time with these qualified professionals than it is with the 10 slot doctors work to. I've never been seen "on time" with my GP - always 15 -30 minutes behind.
21	I am a nurse.
22	You wouldn't ask an estate agent to build you a house would you?
23	Found their knowledge suspect in the past, advised to take two drugs that reacted with each other.
24	Always very helpful in helping me understand the benefits or not of any of my medication.
25	It's never been a good service when I have tried to use it and the lack of privacy counters any wish to use it
26	Invaluable service from surgery
27	Pharmacist has recommended me to walk-in or A&E. Also sorted medication problems.
28	I have done in the past but this has been not very good advice
29	Only around once a year
30	I have asked a pharmacist's info regarding a rash my daughter developed and a cough that wouldn't clear... advice 1, an over the counter specialist cream, advice 2, see your GP.
31	It is very useful having a pharmacy beside the GP surgery.
32	The pharmacies where we lived in France were excellent and very knowledgeable on all subjects. There is no reason why we can't enjoy the same service here in the UK.
33	Pharmacy provides an invaluable and excellent service.
34	Sometimes, reading the information/advice on the NHS Choices (and some other websites) can also prove helpful, though I realise not everyone knows how to access the internet
35	I certainly think the pharmacist has a wealth of knowledge and in-depth training that could be utilised more.
36	So far they have always been most helpful. It might be more efficient if our pharmacists were as trained as the European ones and could prescribe appropriate things, thus taking the heat off the doctors.
37	How can I make communication with pharmacist without interpreter?
38	The pharmacist can explain my medications to me, but they are usually pretty busy
39	Again, good for people who don't want to use GP or walk in centre.
40	Not a fan of pharmaceuticals
41	My son has eczema and my daughter has asthma -people know each other in a community like Rye.
42	People know each other in a community like Rye - we know the Boots people and the Doctors. It's old school.

43	I did try once but he wasn't very helpful.
44	Would do if necessary.
45	The pharmacist across from our walk in is great.
46	Pharmacists are often much more help than the GP.
47	I don't trust pharmacies - I've worked with them.
48	It was the wrong advice. My GP was furious.
49	But my experience is that pharmacists then direct me to a GP as they are not willing or able to take a risk in uncertain.
50	Very good understand medication better than Doctors.
51	People don't realise how well qualified pharmacists are.
52	For minor ailments like skin irritation or minor pains and strains.
53	Ibuprofen gel
54	I used to work as a pharmacy rep - not 100% confident some pharmacists give good advice.
55	Very helpful and always polite.

**Question 8 did not have a free-text field. The data was quantitative only.**

## Question 9

**Are there any other comments you would like to make about same day, urgent care services?**

1	Services need to be improved to give people more confidence in them. People who call any of these services are normally anxious and do not always appreciate that they may not be first in the cue. Their waiting time needs to be managed in a way that keeps them calm and able to cope with whatever circumstance made them call in the first place. People got to A&E mostly because they panic when a loved one is feeling unwell or when they themselves think that there is something wrong. Public confidence in A&E is strong and much work needs to be done to divert some of that confidence towards other available urgent care services and facilities.
2	1. Work together and support us as much as possible. Use today's technology - accessing info straight away with better communication. 2. My father's op was cancelled same day because his notes were still in transit between Princess Royal and Brighton (same trust).
3	Currently seems unavailable.
4	Good service already available, although very stretched. Would be useful to have blood tests same day as need to take time off work otherwise.
5	If it is just to supply previously supplied medication it would be good not to have to see the GP.
6	When someone is very ill, direct people to the right place first time! This was not my experience with my son.
7	Wonderful to have this sort of thing here. Do you go into large employers? DWP, Ashdown House, Hastings? We have health come in.

8	All of this is great as long as people don't abuse it and use it instead of helping themselves with paracetamol / tweezers.
9	There is probably only an issue with urgent care because people misuse the service and because there are insufficient GP appointments esp re long term conditions.
10	I am 85, live alone and have a long-term condition. I use a wheelchair full time and have no car. Currently GP visit or A&E is my only option in emergency.
11	GP appointments are very hard to book currently. Usually if it is considered urgent an appointment can be available on the same day, but non urgent appointments can be non existent. Is the patient informed enough to determine whether an appointment need is urgent or not??
12	I think they are a very good idea and I would be interested to know how they will develop.
13	I feel it is important to have access to a healthcare professional who can make decisions and arrange an urgent home visit from a healthcare professional if that is deemed necessary in the circumstances.
14	If considered urgent unless proved otherwise
15	We need a walk in service or new hospital in and around the Hailsham area GPs book are closed and the enormous amount of houses being built.
16	I have been disappointed by the long drawn out procedure of going through the input questions which have little relevance to my enquiry.
17	Resource it properly and account for population growth.
18	There be dedicated child same day urgent care service
19	111 have dealt with me a couple of times for minor but painful ailments which needed me to see an out of hours Doc, and once when I had a brain haemorrhage, and they were brilliant every time
20	Patients want a solution to what they see as an urgent need. Layers of additional staff at inflated cost ( the providers have to make a 50% profit?) is wasting funds and can lead to more medical risk for the patients. Immediate local treatment is what is needed. ESBT response: providers are not required to make a profit.
21	I would want to be sure that appropriate support was given. I sought same day support via 111 and was told I was probably fine, saw a locum GP who said sorry not my area of expertise best see your consultant. The Locum made no arrangements and I was admitted critically ill to hospital less than twenty-four hours later. I would want to be reassured that the clinicians were competent and that people wouldn't be fobbed off as I was.
22	Both my daughter and I have had issues with the quality of care we have received at a Walk In Centre. The primary problem was the lack of access to our healthcare records... (respondent detailed a personal story).... These scenarios could have been avoided if the Walk In Centre had access to a patient's health records.
23	Make sure robust accountability and governance arrangements are in place before changes are made - robustly test the system
24	It is impossible to get through to GP surgery for urgent same day appointments - if needed I attend surgery when they open doors if able.
25	No. I know that if a problem is urgent - that you can get help.
26	I have used the 111 service a few times and found it very good.
27	I have personally only had good experiences
28	It is difficult for me to drive to Hastings or Eastbourne, and my partner is disabled and will need a lot of care. I hope our GP will make home visits if needed, and would like some service available on weekends.
29	No
30	GP service excellent,



31	I work with profoundly deaf people who although can access same day urgent care do not fully understand what is being communicated if a British Sign Language interpreter cannot be found to support them. this often results in a misunderstanding and poor management of their health condition often resulting further intervention needed at a later date.
32	Queues are usually really long with long waiting times, especially if you have a young child who isn't well it's hard to sit waiting so long with a child. Also the last time I used this service and took my 2yr old to Eastbourne as he had an awful cough, the doctor wrongly prescribed him with a steroid nasal spray; we were told the next week by our local GP my son is too young to have this spray.
33	More opening times at our doctor's practice at the weekend! Also since the practice we use has changed we don't actually know who our registered doctor is! I
34	Yes. In Feb this year my husband suffered an acute attack of severe gout, where he could not walk, drive for ten days. Despite our local surgery being a 10 min walk, our registered Doctor was not available, could (it felt) not be bothered, to make a home visit, where we had to phone 6 times to get an urgent prescription...(respondent detailed a personal story)...
35	Have used Plaza Walk In and very satisfied
36	High quality of clinicians is fundamental
37	Our rural location means we are self-reliant and so have to decide upon whether to drive a long way to find help or relying on a 111 service
38	No
39	Very limited so far but when I have required urgent help generally I have been satisfied.
40	They are essential to protect emergency services
41	Yes, people need to be able to see a GP on the day they make the apt and also have this walk in option too.
42	Would be useful to have correct phone numbers
43	The service I get is very good and in urgent need I can always get assistance from my GP Surgery
44	We need more in this area.
45	I think this type of services is really needed as living my area (Hailsham) it is getting more difficult every day to get to see a GP or even be referred further. Long waits is involved and sometimes it is just not acceptable if you are in pain.
46	My G.P. provides this already!
47	We knew to call NHS Direct. We don't know about 111. Promote it through health visitors, midwives, wherever mums congregate. Banners in towns.
48	The current system doesn't work and needs to be improved urgently before more people die
49	It is difficult to get - having to phone at 8 a.m.exactly after setting the alarm, (especially if you are very unwell) is fairly useless - usually get engaged and then 5 minutes later all appointments booked.
50	I am concerned about the number of 'worried well' who demand same day appointments and wonder about triage. Also I am happy to see a nurse and the necessity to see a doctor for minor ailments seems wasteful on my time and his.
51	It is crucially important that you listen to the people you are consulting rather than talk at them (and tell them why what they are saying to you is wrong or can't be done etc...) I have been to a number of consultation events relating to ESBT and I am becoming more and more concerned that they are structured in such a way that they do not elicit the real issues and concerns but are more about telling us what the professionals are doing and think should be done (it's the 80/20 rule but the wrong way around) Some of what we are told is undoubtedly good and on the right track - but in some cases the point is clearly being missed or not even asked for and I fear things will not go well for ESBT in the long run, if these issues are not identified and addressed...

52	Sometimes I have an ailment which is not an emergency, but could become serious if left. I would like to be able to book an appointment in advance for such a situation. Same day if it seems really serious or it is a Friday.
53	I think it would be helpful if patients could be given more guidance about what symptoms qualify for urgent care attention. E.g. on NHS Choices, it doesn't actually tell patients about qualifying symptoms. Some GP websites give information about what to do regarding symptoms, but many could do more to inform patients.
54	Services for the deaf are very poor in this area and their rights need to be looked at
55	All services, from wherever they are provided, must be equally accessible to all, whether access need is physical, sensory or intellectual.
56	It is not a case of one size fits all. You have to look at who your customers are.
57	Yes. My own GP surgery have to book 2 weeks in advance to get an appointment. They do not have a system to be seen on the same day.
58	I have used the 111 service on two occasions. Both have been exactly what I needed. I am only sorry I never phoned back to express my appreciation.
59	It is important that any urgent care service communicates with my GP quickly and fully.
60	We need more options for this as getting an appointment with your own GP can be difficult.
61	I feel very strongly that the Eastbourne walk-in service should continue to be a walk-in service. The key is educating people only to use it when they really need to. It is not a substitute for registering with a GP. It would be helpful to have evidence of how the walk-in service is being used to see whether people are using it appropriately. The 111 phone line already offers triage & advice, with same day access to appropriate healthcare professionals as necessary, so in effect you would simply be closing the walk-in facility and replacing it with an extra GP surgery without registered patients. This would be a significant deterioration in service. Educate people to use it wisely, please don't close it!
62	GPs are stretched to the limit we need a mini hospital now with massive population increase.
63	Be aware of patients who need that extra assistance and be able to perform routine examinations if required.
64	If I knew I would get good health care advice from a professional over the phone I would use it as first choice for accessing the NHS, but my experience is instead I go through a long list of questions and then just get told to go to my GP or A&E, so it feels like duplication of effort and time-wasting currently
65	The three times I have had to use the 111 service have been during Bank Holiday weekends for my son; while the phone service has been truly fantastic (I feel very lucky that in this country we have the ability to speak with trained medical professionals from the comfort of our own home and at times that could otherwise been even more stressful) we have found that getting help beyond the phone service has then been very hard and limited; getting an emergency doctor's appointment that same day or getting to a pharmacy that is open. I realise that this is probably special circumstances with it being a bank holiday weekend.
66	Same day options where limited so decided to move go surgery. Our wellbeing was being majorly affected guess to the awful service
67	If the concern is regarding a child under 12 then there should be an immediate referral to a local healthcare professional.
68	Through lack of funding the NHS is struggling. As it currently stands, it's all but impossible to see a GP for anything other than very serious stuff.
69	People absolutely abuse existing services I have heard of people making an urgent appointment in the morning, then another in the afternoon because they didn't like the first assessment, just to get a letter to say that they were fit to go on holiday!
70	When did it actually cease existing as a matter of procedure?

71	Yes - allow staff at A&E departments to tell people who come in with very minor injuries to go away unless it is an emergency or a serious life threatening accident? (this comment has been abridged)
72	Need parking close by, my local walk in centre has no parking - not helpful if you are taking someone very unwell which is likely to be the case as otherwise would wait till GP open
73	I have used 111 for elderly- wait for ages to speak to a doctor, I feel service is poor
74	No thank you.
75	Ideally it should be provided by your own GP but I really cannot see how that could achieved.
76	I would like to be confident that same day service would be available to me
77	It was always same day service. And your GP would also make home visits at out of hour times. If your GP was unavailable a locum would call.
78	There are now not enough GP's surgeries In Hailsham they are oversubscribed and the service is diabolical.  Can't get an appointment for weeks so you can see why people end up in A&E.
79	I have used the 111 service in the last few months. After a phone assessment I was seen within the hour. The treatment was thorough, unable to fault them. Spent about half hour with me.
80	Get the doctor's surgery's staffed and stop using lay people trying to read off a script
81	Only that any staff who are answering the phones is that they listen carefully to what the person is saying.  Not to have mind switched off.
82	Same day urgent care that is not A&E should be clarified; openness with staff should be encouraged.
83	Emergency services such as paramedics and First Responders have been omitted from this survey. Maybe they should be included.
84	Help should be given by a medically qualified person not someone on the end of a clipboard
85	Make all the options obvious online (I didn't know about Eastbourne station)
86	The chief executives of all the different services 999, 111, mental health and social services do not seem to have the ability to meet and work together. Has happened in Cornwall so progress and joined up services is possible with good management which seems sadly lacking.
87	I have used a range of NHS services and found them really helpful, and am very supportive of these new advances
88	The nearest out of hours Dr available is not accessible by public transport so means an expensive taxi service for those without a car.
89	These should be provided by the patient's own GP to ensure continuity of care.
90	Need services more local services - neither walk in centre is close. Should have info of nearest - whether that is Kent or East Sussex or indeed London. Working as an isolated unit does not help people in the real world where artificial boundaries don't exist.
91	The sooner this is improved the better
92	The minor injuries unit at Crowborough Community Hospital is excellent and is a model that should be copied elsewhere.
93	Just make doctors' appointments available for everyone when they need them
94	They are currently awful!
95	I always think improving services is a good idea but not if it allows the existing service to not do its job fully. I hear that some go services cannot book their patients an on the same day service, I would worry if I found that this was the case with mine.

96	Please don't invent just another "signposting" service. Whatever you invent just make it one stop and able to handle the totality of any genuine urgent care need.
97	More staff at night if possible as the call centre has been busy on a few occasions. The last thing you need to hear is busy tone in a possible emergency.
98	The centres like the one in Uckfield have been very good in the past. I would like these types of services maintained.
99	I do not like telephone assessments either at the GP surgery or emergency care. I think it is easy to make a wrong diagnosis without seeing the problem and the patient can better explain problems face to face. Emotions and worry can be missed and when in pain it is easier for the patient to point to the body part rather than try to describe accurately where it is. It can be false economy because the treatment over the phone may not be correct and the patient ends up suffering until they call again.
100	There are no walk-in centres near us up in Wealden. Maybe a satellite facility could work or a mobile unit in other locations.
101	It is very important that somebody answers the phone when you call the drop in centres to ask their advice. They don't in my experience.
102	We have excellent service at the MIU at Crowborough Hospital
103	I feel that same day appointments should be for urgent cases only, i.e. if a patient needs hospital admission through an injury or suspected serious illness
104	As long as the caller can speak to a healthcare professional in a timely manner, this works very well. As a paramedic I often end up being involved when this process fails such as patients waiting over 6 hours for a call back or patients getting frustrated with questions from call takers which means they can't speak to a GP etc. and end up with an ambulance (sometimes inappropriately).
105	Could video calling be something to be considered, for a health professional to see symptoms to aid diagnosis and any treatments?
106	A local (i.e. in my town) minor injuries unit staffed by health care professionals who could also give advice & referrals
107	I've always found them there when I've needed them
108	Someone somewhere needs to make sensible decisions regarding new housing developments. Introducing more "same day, urgent care services" would not be an alternative to good GP surgeries.
109	I have a wonderful surgery/ GP - I get same day urgent care when needed. Hopefully that will continue.
110	We would welcome them.
111	The 111 service as is, it is terrible, to start with you have to go through people who have no medical knowledge.
112	They need to be 24/7, as urgent advice/assistance can be needed any time. If, out-of-hours, assistance can wait until a service is open, the issue is not 'urgent', by definition.
113	Should be better, especially for the elderly
114	Local GP should offer evening and weekend services.
115	Acute illness and symptoms need acute resolution if they are to be prevented for getting worse. Therefore the ability to seek urgent help and treatment should not be limited.
116	It would still be nice to be able to book an appointment with a GP instead of having a telephone triage first.
117	Help for people who can't get to NHS 111 or can't get to doctors.
118	Public education is vital on what constitutes an emergency/urgent situation. Peer pressure would help to reduce unhealthy lifestyle choices - specifically obesity, poor diet and excessive alcohol and drug use. All these would reduce the burden for genuinely needy patients who realise their needs do not constitute a medical emergency.

119	Walk in service is great, I had to use it last week and was in and out in 25 mins and there were 5 people in front of me. I think you only get an allocated amount of time with Dr so you shouldn't have to wait long (if there are a number of Drs working)
120	I can use the phone and call 911 or 999
121	Personally I am in the happy position of hardly ever using medical services but when I have had to for my family we used ambulance and A&E and these all worked very well to manage the urgent crisis
122	So far my own GPs in Eastbourne have been able to help me.
123	At present our Minor Injuries unit is excellent for urgent care, if people unable to get a GP appointment maybe they should use this as next port of call if urgent care needed.
124	I feel that many people don't know how to look after themselves, and it might be cost effective to teach children in senior schools, how to recognise non-emergency illnesses and how to deal with them. People are far too hasty in reaching for the doctors phone number for things they can treat themselves, if they only knew how.
125	It needs a though overall. At the moment it is difficult to access and at times clinically unsafe
126	More nurses required to improve healthcare service which is under increasing pressures and demands, due to people living longer with increased chronic conditions.
127	Getting GP appointments is very difficult
128	Health is important and you are responsible for it yourself. Get across to people that medicine is a last resort.
129	I think specification should include emergency dental which left untreated can lead to wider problems
130	There are no local ones to me.
131	There is a great need for more same day appointments. Both areas are growing at a very quick rate and the system just cannot deal with the volume of people. Maybe open more centres.
132	I really welcome the fact that same day urgent care services will be available. They could help save my life in an emergency situation. I am most grateful for this.
133	I can't see it getting better, all the time more houses are being built in my area, when the health system (GPs) cannot already cope.
134	Any service provided should be easily accessible with clear advice/help and with no jargon.
135	4 times I have attended NHS about the improvement or better get together with NHS in the last 35 years nothing ever happened to see the better service for the deaf people. Same old story !!!!
136	It is almost impossible to access urgent social care support. A needs assessment takes weeks if not months to happen
137	I am currently in a massive wait to see a Doctor for a repeat prescription - this is a waste of his/ her time.
138	No
139	The walk in service has been excellent each time I have needed to use it. Today there has been a long wait (2 hours for a 4 year old) but treatment excellent.
140	Would be much help for same day appointment especially for babies and old people.
141	Nice to know they are there.
142	Nurses here (Hastings WIC) are very helpful 7 days a week won't work. I worked as catering in Maidstone for 30 years.
143	Very glad they exist
144	More Doctors available at walk in centre.
145	Essential for working families

	Option of other surgeries would be good - priority for children.
146	Phone GP lines for booking - let people know where they are in queue.  Annoying when surgeries are closed for training.
147	Option of other surgeries would be good - prioritise children. GP booking (same day) - need to be told where you are in the queue on the phone.
148	Training for receptionists to filter appropriately - on the same day appointments. They are not decision makers though so require appropriate training.
149	Overall I'm pleased, and have had positive healthcare experiences.
150	A&E waiting times are ridiculous at the minute. 5 1/2 hours last time we used the service.
151	GP never has emergency appointment
152	I find people very rude and short tempered on 111 service and on life line service.
153	No thank you.
154	For me it's been good.
155	Perhaps if one could actually book an appointment to see a doctor at the surgery a lot of these questions would be irrelevant. You need to get more GPs in the surgeries. Permanent ones not Locums all the time.
156	Would need to be convinced that if in need of urgent care other than personal contact would be satisfactory.
157	A&E needs a huge overhaul!!! People are terrified of going there on Friday or Saturday nights because of all the drunk people. Waiting times to be seen are outrageous. You can be left for hours untreated. People calling out for assistance eg help/ bedpan/ pain relief etc are ignored.  Staff could be better trained and manage customer expectation as to when they might be seen. They could double up on staff e.g. doctors/ nurses!
158	They should be there for everyone.
159	They can be life savers – in the West Midlands (lived there 10 years) my husband's life was saved by the speedy arrival of paramedics on more than one occasion. Protect our NHS at all costs.
160	I don't trust 111 to do anything other than suggest we call an ambulance! People living on their own – rural areas – very vulnerable. A database. A voluntary transport system? We have such a system in this village for appointments at clinics but it doesn't extend to out of hours.
161	Don't muck about – leave it simple!
162	Simple solution – satellite service offering out of hours cover with a doctor and nurse - walk in for minor injuries, illnesses or poorly children. Patient assessed and either treated, referred to GP next day or referred on to hospital for urgent treatment. Why not charge £10.00 per visit to prevent use by time wasters. Is this too simple? Our doctors have buildings available that could easily be used – we need more than just Eastbourne Station. The reduction of visits to the ER would be huge therefore cost cutting and savings would easily cover the costs of doctor and nurse.
163	Yes it's pretty awful now. I have recently had a Granddaughter with tummy pains and not impressed with care.
164	I think rather than trying to provide more, you should look at educating patients as to what constitutes an urgent problem. A large number of people abuse the system, leaving resources short for those who really need them.
165	I ended up in A&E (Hastings Conquest) with food poisoning. I was told that they are always now overburdened since they now have to deal with Eastbourne's A&E services?!! Why are they saying this – when your info guide categorically states that both towns have their own A&E departments? ESBT response: Both the Conquest Hospital at Hastings and Eastbourne District General Hospital have A&E departments.

166	It is very difficult if not impossible to see a GP on the same day or even the following day.
167	My concerns are for the ageing people in our service areas.
168	Life can be very stressful, and making an appointment is sometimes difficult to do! You would rather not bother, or leave it.
169	When we have needed urgent care it has been provided. Excellent service, thank you.
170	Would be good to have service that flows well and can guarantee you get seen of advice the same day.
171	Experienced when attending walk-in, which is advertised 8-8pm service and being turned away at 6pm due to shortage of staff when you have a poorly child. A&E assesses and prioritises young children when assessed as more concerning than maybe an adult in the waiting room. Also experienced 111 service sending ambulance when telling them it really isn't needed, and just needed a GP to see.
172	One of the main problems is that it's so hard to get through to my GPs. Then after 40 mins of trying they have no appointments left.
173	It's imperative to have this.
174	A&E at Eastbourne has let down my daughter several times - would prefer to see a properly staged efficient A&E at Hastings conquest.
175	Almost impossible to get same day appointment at local Hailsham GP.
176	I use the Mill at Lewes, I live in Polegate, but people I know don't know about it.
177	I'm at a Hailsham practice. Can't get an appointment and the receptionists are rude. They – one receptionist – told me the doctor wouldn't see me for my swollen finger. They sent me to Eastbourne A&E. I made a complaint, then they called me and cancelled my appointment! My problem wasn't resolved.
178	Would help if GP/ Adult Social Care / Community all used same computer software so medical/ social info available and thereby enable relevant info to be passed on.
179	Maybe 'same day' would happen if we stopped building houses without first making sure we had the infrastructure.
180	Mental health care needs more resources for same day help. It would be useful if people knew they could self-refer to health in Mind. It made a difference to me as it saved having yet another conversation with a GP that was unlikely to go anywhere.
181	Is there free massage?
182	Receptionist at doctors refuses to listen. I had to ring 111 so as to get an appointment at docs same day. I had an awful bite on my face but receptionist just said, it is no good explaining to me, we don't have any appointments. What was waste of time ringing 111 for someone to come round to me and then for them to ring docs on my behalf and get me a much needed appointment for that day.
183	I very rarely get a same day appointment when I phone my GP at 8.30am.
184	Whilst I know when I need an appointment same day, and am happy to wait for "normal" appointments, I'm concerned about the system being abused.
185	To get an appointment at my doctors takes 3 to 4 weeks which is unacceptable as I have no idea whether my condition is urgent or not. walk in centres at a local level would be very useful. Unfortunately the 111 service just doesn't work as it appears to be manned by non-medical people who work from a checklist
186	With clear advice/help and with no jargon.
187	I have used 111 at work and the staff are polite just all takes so long.
188	The 111 service is pathetic.
189	I use the MIUI at Lewes, I live in Polegate. I don't want A&E with drunks for children.
190	For any or all of these services to work, they must be widely advertised (local paper etc) so everyone knows about them.

<b>191</b>	Environment needs to be appropriate. X ray at Lewes is excellent for kids!
<b>192</b>	Hospital good.
<b>193</b>	Mental health services appalling. (Because they are understaffed, overworked and underfunded)
<b>194</b>	The three times I have had to use the 111 service have been during Bank Holiday weekends for my son; while the phone service has been truly fantastic (I feel very lucky that in this country we have the ability to speak with trained medical professionals from the comfort of our own home and at times that could otherwise been even more stressful) we have found that getting help beyond the phone service has then been very hard and limited; getting an emergency doctor's appointment that same day or getting to a pharmacy that is open. I realise that this is probably special circumstances with it being a bank holiday weekend.
<b>195</b>	I would like to state I am a health professional, feel major problem was lack of GPs and nurses being trained over recent years. Community Care/Mental Health Care cutbacks have increased the problems for accessing urgent care. Lack of District Nurses and Community Mental Health Workers
<b>196</b>	We are not registered since we moved because we are not confident of the speeds. GP services are poor – people are not ill 9-5. We don't use GPs very much at all. I drop in to the Walk in Centre because I work a lot at weekends and out of hours. Suits me.
<b>197</b>	This questionnaire very poorly laid out. The blue boxes very distracting – did anyone pilot this survey before sending it out?
<b>198</b>	No matter how much capacity you create, demand will always exceed it. Stick to evidence based methods and ditch the crazy Skype nonsense. Ask old people (the sickest and the frailest) what they want. It is a face to face assessment – not a video call when they are deaf and can't even work their TV controller.
<b>199</b>	My impression is that urgent care is not understood by many people who just think that issues they have arising are all "urgent", I believe this is partly because of widespread difficulty in pre booking a non-urgent appointment with GP.
<b>200</b>	Doctors don't want to work in Hastings, they don't like the area. Stop paying locums, it encourages more to do locum work! Let people do flexible working, for 2 days.
<b>201</b>	Urgent care is often age-related, requiring different responses. More knowledge and experience on the frontline please!
<b>202</b>	Our GP usually manages same day appointment.

END.