

Urgent Health Care Services

October 2013



Acknowledgements

- Many thanks to all of the community and voluntary sector organisations who allowed us to include summarised content from their own urgent care surveys in our report. They include: Speak Out, MIND, LGBT Health and Inclusion Project, Amaze, The Carer's Centre, Age UK Brighton and Hove, FFT (Friends, Families and Travellers), The FED Centre for Independent Living, Right Here Brighton and Hove, The BMECP (Black and Minority Ethnic Community Partnership) and SIS (Sussex Interpreting Services). You can contact each organisation to request their reports through their websites, which are provided in Appendix 9
- This report was written and arranged by Kerry Dowding, Intelligence and Projects Co-ordinator at Healthwatch Brighton and Hove, with support and comments from Jane Viner (Manager) and Frances McCabe (Chair), and proof reading by Elaine Elliott (Helpline and Information Co-ordinator).

Quick Summary

Healthwatch Brighton and Hove conducted a survey of urgent care services in the area, which included questions on pharmacy, GP Surgeries, Brighton Station Health Centre, GP Out of Hours Service, NHS 111, Emergency Dental Service, Accident and Emergency and Children's Accident and Emergency. The final report includes themes from ten other local community groups, which are highlighted through the 'community voices' sections of the report.

Healthwatch Brighton and Hove received 179 surveys in total, from people across the locality from a range of demographics. They were asked questions on service accessibility, their satisfaction and ways to improve the service. They were also invited to share any recent stories about using the service.

Concurrently with the Healthwatch survey being carried out, Brighton and Hove Clinical Commissioning Group carried out similar research amongst some of the City's equalities groups, to find out about knowledge and experience of the various urgent care services. The main points from this research have been added into this report, under "Community Voices".

Recommendations are outlined for each section of the report, which range from specific practical changes to longer term suggestions. These recommendations, along with the community voice sections of the report, drew out some wider themes which formed the overall conclusions and recommendations at the end of the report.

Some clear issues emerged across a range of services, which contributed to the overall recommendations. These were around promoting all of the available urgent care services to the public, and raising awareness of what exactly people can expect from each individual service. People also told us that being kept informed about how long any waiting times are likely to be, as well as why any waits are necessary, made the experience of waiting much more comfortable and calm as a whole.

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Introduction

Healthwatch Brighton and Hove is the city's new independent health watchdog. It helps local people, patients, service users and their friends/family to have a voice so they can influence and challenge how services are provided locally.

Brighton and Hove Clinical Commissioning Group is the new commissioning body for the majority of the City's health services.

Healthwatch is particularly concerned about the impact that service pressures at Royal Sussex County Hospital is having on patients and those who take care of them. We want to work with BSUHT (Brighton and Sussex University Hospitals Trust) and local people to collect credible evidence on what is happening, and offer constructive challenge and clear, simple recommendations aimed at improving services at the hospital. We have taken a holistic approach to this by looking at all potential points of contact for people where they need care urgently, but it isn't a medical emergency, and also when there is real need for emergency care. This includes pharmacies, GP surgeries, Brighton Health Centre, out of hours GPs, emergency dental services, adults' accident and emergency (A&E) and children's A&E. We have made a set of recommendations for each service, which aim to mix longer term goals with more practical, achievable recommendations.

Our overall conclusions bring together the results from each section, and create some final recommendations which could improve service users' experiences of all services. By looking at all of the different services together, it will be possible to see where services are putting pressure on one another or towards A&E when they could be treated appropriately elsewhere. It is hoped that by looking at services in in this way, recommendations could reduce attendance at Royal Sussex County Hospital and Royal Alexandra Children's Hospital A&E services this coming winter.

How we did the survey

The survey was written by Healthwatch Brighton and Hove to further the aims of the Hospital Pilot Project. We wanted to know what local people thought of urgent care services, how to improve them in the future, and how the different services interact with each other. The survey was promoted through the Healthwatch magazine, social media, promotion stands and an advert in the local newspaper.

The survey was also done in connection with a wider consultation by Brighton and Hove Clinical Commissioning Group (CCG). The Clinical Commissioning Group's Engagement Organisations are a group of community and voluntary sector organisations who were also involved in the consultation. Some of these groups chose to promote the Healthwatch Brighton and Hove Survey instead of or as well as creating their own versions¹. The majority of groups chose to create separate reports on the topic themselves. In the 'community voices' sections of this report, we have briefly summarised key themes from these individual reports. For full versions of each report, please see Appendix 8 for organisation names and contact details.

179 people completed the survey in total. Some people only partially completed the survey depending on their availability and familiarity with different services, as suggested in its introduction. Because of the variation in number of respondents for each individual question, we use 'n=' after any percentages, to show how many people answered the question. The more people who gave a response, the more reliable the percentage is which comes before it.

Demographics

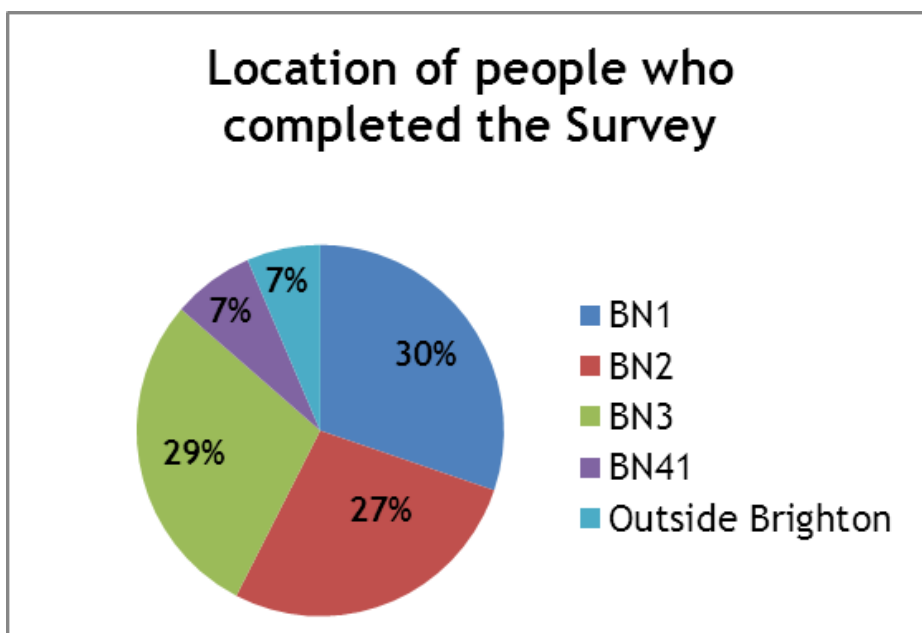
As mentioned above, some local organisations asked their members to fill in the survey for us. One organisation in particular achieved a larger proportion of the total respondents than others. 49% (n=41) of people who completed the questionnaire were directed from Amaze, a charity which supports parents of children with special needs. It

¹ Organisations were The FED Centre for Independent Living and Amaze

is therefore likely that the demographics of the survey will be somewhat influenced by their membership.

The survey was completed by a diverse cross section of people. A higher than expected proportion of people who completed the survey were women. Carers, those with disabilities, older people and those with mental health needs were also represented in the core survey. The BME community, those who have undergone gender re-assignment, Gypsies and Travellers, people with a learning disability and young people were under represented in the core survey. However, their opinions and suggestions are included through the ‘community voices’ sections of the report. See Appendix 8 for a full percentage breakdown.

In terms of geographic location, there was a relatively even spread between the 3 central areas of Brighton and Hove, and an underrepresentation of Portslade (see graph below). Many who were not from Brighton lived or worked nearby and were users of the health services here.



What we have found

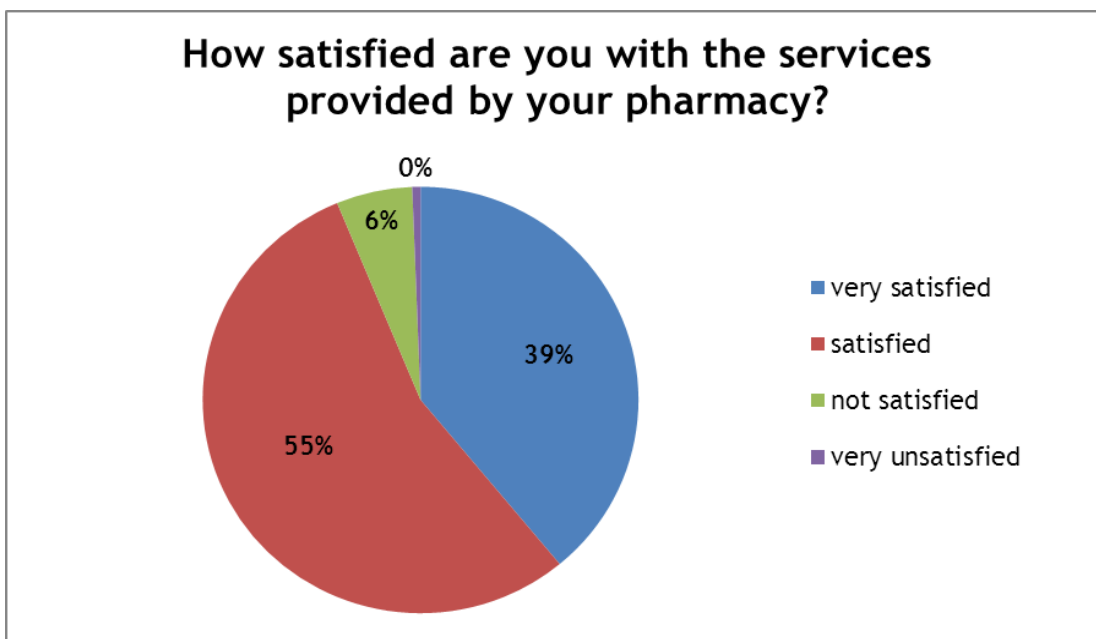
Pharmacies

Awareness and use of services

In general people were quite well informed about the services pharmacies provided. A large majority of people (96%, n=154) were aware that pharmacies can provide advice on medications and treatments, and 80% (n=118) had used this service. People were also aware that they could talk to the pharmacist about minor ailments and injuries (91%, n=147), with 71% (n=104) actively using this service.

The people we surveyed were least knowledgeable about pharmacies that stay open late (55%, N=89), with only 33% (n=49) of people saying they had used this service. Although a majority of people knew that their pharmacist could offer emergency contraceptive advice (70%, n=113) a far smaller amount reported that they had used this service (9%, n=13). 93% (n=152) of people surveyed found their pharmacy either very easy to access or easy to access. 5% (n=9) found their pharmacy difficult or very difficult to access. 1% (n=2) were unsure.

Satisfaction with Service²



² 'Don't know' answers for all satisfaction graphs were omitted to allow for more direct comparison

Patient Experiences

People who did the survey shared 50 experiences with us in total. Of these, 28 were positive stories, 18 were negative stories and 4 were mixed or neutral stories. The majority of people's experiences occurred within 2013 (see Appendix 1 for more detail). Positive stories frequently mentioned pharmacists who gave useful advice and tips about medications, allowed flexibility for people's conditions and limitations, and those going the extra mile by picking up prescriptions from doctors' surgeries, as well as delivering to people's homes.

“Just great that the chemist can put my repeat prescription in and get it and deliver it! Amazing!”

“Very caring and sensitive with providing small amount of medication when my mental state has been unstable and I've been at risk of overdose”

The more negative stories we received referred mainly to prescription mix-ups, where medication was not in stock, the wrong amount was given, or there had been a problem with the referral from the doctor. Some reported a general poor knowledge of conditions and poor advice given as a result. Another common issue was people being advised to consult their GP about important medications at the weekend, when surgeries may not be open again until the working week begins.

“My mother who I have been caring for, has a repeat prescription for a very serious condition has her prescription sent to the local pharmacy, they said they had lost it and left my mum a whole weekend without heart medication then on the Monday sent the wrong medication and the others weren't the right amount!”

“They never had all the items on my repeat prescription and were rude and ignorant of anti-convulsant drugs”

Community Voices

Some **carers** felt that it would be useful to have more late night pharmacies in Hove, because at the moment pharmacies that run this service are all based in Brighton. On a similar note, some carers suggested that a walk-in health centre in Hove as well as one in Brighton could improve access for people in that area.

People with spoken language support needs did not widely use pharmacy services, and were unaware that they could be a first port of call for advice. When they did use the services, they tended to go where staff were known to speak the person's first language. There was a call for wider publicity of interpreting services in pharmacies.

Most **adults with learning disabilities** were unclear about what advice a pharmacist could offer them, and few would ask their pharmacist for advice instead of asking their doctor. They felt that pharmacists were most helpful when they took extra time to talk through the medication thoroughly, and liked pharmacists like Boots who use a lot of symbols to explain things clearly.

How do we improve the service?

When we asked if anything could be done to improve local pharmacy services, we received a total of 48 suggestions. The most prominent theme from these suggestions was around opening hours. Many people would like more pharmacies to open after 6pm one or two nights of the week, or to stay open during lunch, to help working people find time to pick up their prescriptions. Keeping more pharmacies open at the weekend could also allow smaller medical issues to be resolved without requiring GP out of hours services. People would also like more information about the late night pharmacies available in Brighton and Hove, so that in emergencies they are aware of all the options available to them. One person suggested that late night pharmacies should be situated near out of hours surgeries, so that people did not have to travel long distances or wait until normal GP opening hours to get prescriptions.

There was a range of ideas for improving systems within pharmacies, in order to improve people's experiences. Those surveyed would like better communication around how long they were expected to wait, so that they can prepare accordingly. There were also ideas around improving communication between GPs and pharmacists, including installing a direct telephone line between pharmacies and GP surgeries, so that any confusion can be clarified quickly. Some people also wanted increased and clearer online services, as well as better control over their prescriptions, in order to prevent wasting un-needed medicine.

A proportion of people wanted to see improved information about what pharmacies can offer people, to help them use the service fully, and avoid unnecessary GP and A&E visits. People would also like more information on community services and resources for health and social care, and leaflets on health issues which are common in the local community. Finally, some comments related to improving staffing levels, time available to discuss medications and staff politeness and manner.

Conclusions and Recommendations

In general people told us that they were very happy with the service their pharmacy provided for them. They felt the service was easy to access, had very high satisfaction scores, and had more positive than negative stories to tell us about their local pharmacy.

1. Longer opening times for all pharmacies to allow working people improved access.
2. Consider moving late night pharmacies nearer to out of hours GPs to improve continuity of services.
3. Better promotion of the four late night pharmacies available in the city.
4. Ensure pharmacists are aware of the 111 service and what it can offer, so that they can refer people to the number as necessary.
5. Encourage pharmacies to integrate community resources into their pharmacies.
6. Create a poster or resource to be displayed in pharmacies which explains which services they can offer to people, including any interpreting services available.
7. Pharmacies to let people know how long the wait is during initial conversations, so that people know what to expect.

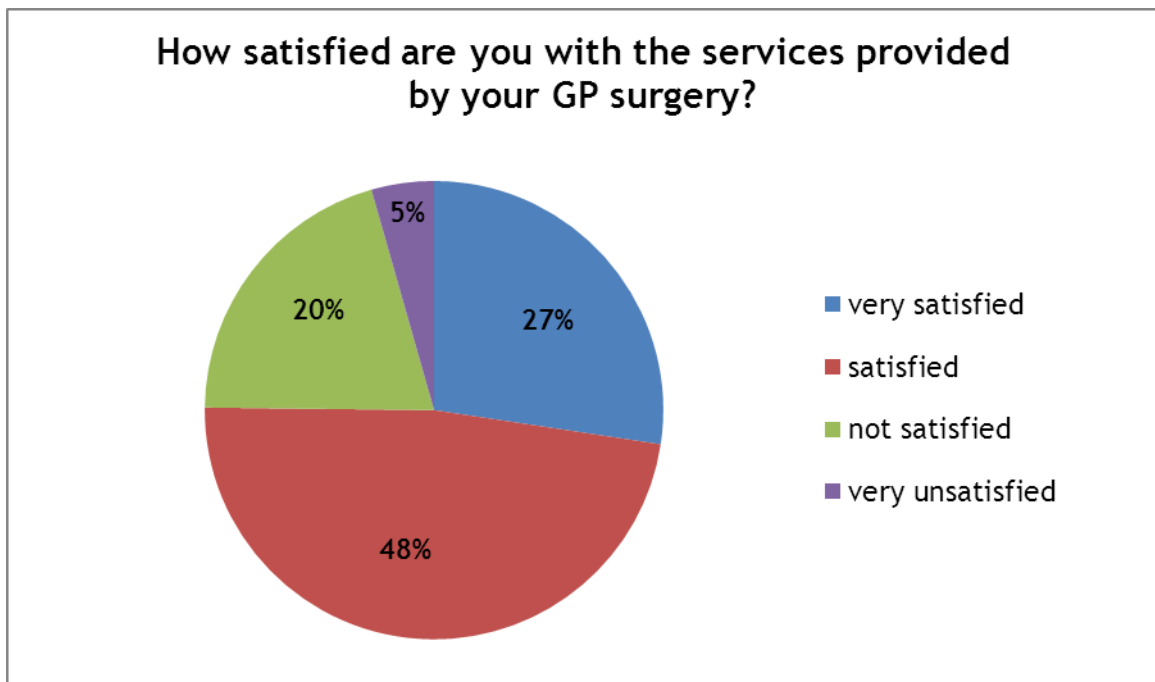
GP Surgeries

Awareness and use of services

Nearly all of those surveyed (98%, n=156) knew about and used face-to-face appointments with their GP. A high amount of people (92%, n=147) knew that they had access to a doctor or practice nurse, and the majority of people had also used this service (87%, n=137). Knowledge of telephone advice was slightly lower (82%, n=130), with about 1 in 3 people saying that they had used this service (62%, n=98).

78% (n=120) found their particular GP surgery easy or very easy to access, and 24% (n=40) found the service difficult or very difficult to access. 1% (n=2) were unsure about how accessible their surgery is.

Satisfaction with Service



Patient Experiences

In total we received 79 stories about GPs across Brighton and Hove. 28 of these were positive, 42 negative, and 9 were mixed or neutral. The majority of people's experiences occurred within 2013 (see Appendix 2 for more detail). The majority of both positive and

negative stories were themed around appointment booking, the levels of help and support from staff, and the appropriateness of some clinical decisions.

Many patients greatly appreciated it when appointments were accessible in times of crisis. Online booking was seen as a positive and easy method of getting appointments booked, where it was available. People with long term conditions were concerned that when asked to make a follow up appointment by their GP, they could not book these in advance. This meant that many had to wait on the phone for sometimes considerable amounts of time hoping to book a planned appointment.

“ Quick and easy to book appointments online and always some available for the next day which makes life easier when working ”

“ Trying to get an appointment for 4 days, all book on the day appointments gone by 9.00am ”

The support and sensitivity of reception staff and doctors was also highly valued, and appeared to make the difference between a positive and a negative experience. People valued having questions answered fully, feeling listened to, and being supported with additional community resources.

“ I'm so lucky to have a good GP who is supportive and understanding and knows what to do and takes the time to get to know me and my problems so she can help in the right way ”

“ Doctors dismissing my concerns, unwilling to help with preventative care, only interested in when something has already gone wrong ”

Concerns were around medical issues being missed or people being advised against treatments when it was later revealed that they would have been appropriate. Some had experienced issues with lost referrals, whilst others had concerns about disabled access or that the GP telephone advice service was not being used effectively.

Community Voices

Many **older people** were concerned about transport to and from their local GP surgery. Whilst some older people had their own transport, or had access to free community transport, many others that felt accessing their local surgery was costly and difficult. Those with mobility issues reported struggling to get home visits and felt unable to make it to the surgery.

Parent carers felt that surgeries shouldn't rely on morning phone calls for appointment booking, as parents who have to go on the school run cannot book appointments during this time. They also felt that GPs need more training in helping children with learning disabilities and autism, alongside Equalities Act training so surgeries can make reasonable adjustments for those with disabilities. Some felt that their GP's lack of understanding meant that they had to go to A&E to get the specialist help their children needed.

Gypsies and Travellers that used GP surgeries often used Morley Street Surgery. Many thought the service was good, but felt it was inappropriate for their children as the surgery specialises in homeless healthcare (including drug addicts and street drinkers). Many travellers felt judged and discriminated against in Brighton and Hove surgeries by the staff, and feared that their low literacy levels would be revealed to other patients if they asked for help to complete the forms. Some were also concerned that they could not have home visits if they were staying on unauthorised sites.

How do we improve the service?

Many of people's suggestions for improvement of services were focused around service availability. A large proportion of responses mentioned that people were unable to book appointments over the telephone, as by the time they got through to anyone all of the appointments were booked. Some felt that the lack of appointments meant people were unnecessarily going to A&E, as they felt that was their only available option.

There were two main types of suggestion for improving this issue. The first was to increase opening hours to include later evenings, weekends and lunchtimes. For working people these times are the most convenient and sometimes the only times that members of the public can access their GP. However, given that each surgery in Brighton and Hove is free to choose its opening hours, this may be a complex improvement to try to integrate into the current system.

The second type of response revealed a demand for more online appointment booking. Many felt that this provision, along with being able to order repeat prescriptions online would mean that there could be less pressure on staff and the phone line would be freed up for more urgent matters.

Other comments were around communication from the surgery to the patients. People would like to know how long they are likely to wait for their appointment, why they are having specific tests carried out, and to have easier telephone access to GPs to avoid the need for a visit. Many people with complex or chronic issues wanted to see a single GP instead of lots of different ones, so that they would not have to spend a large proportion of the visit explaining their issues to a new person on each occasion. They felt this would also lead to better co-ordination of referrals and hospital trips. Additional comments were around physical access to the surgery, the need for a more preventative approach (including community and voluntary sector support groups and information) and improvements in staff attitude to care.

Conclusions and Recommendations

In general people told us that they were happy with some parts of GP surgeries, and less happy with others. Nearly a quarter of people felt their GP surgery was not easy to access, which was notably more than in the pharmacy section. Overall, satisfaction levels were still high, although there were many more negative stories than positive ones.

1. In general, surgeries should be open for longer and remain open at the weekend, to help in reducing waiting times, and improve access for working people.
2. Consider ways to alleviate the volume of calls to surgery telephone lines during peak hours, such as increasing the use of online appointment booking.
3. Promotion around the telephone advice doctors can provide, to reduce the need to book face-to-face appointments.
4. Surgeries to consider a system where those who have long term conditions are prioritised to see a single doctor who can co-ordinate their care.
5. Patients would like to be informed on arrival roughly how long a wait is to be expected.
6. For surgeries to consider how to promote health based community groups, as well as general self-care information for major conditions.
7. To encourage surgeries to promote community transport and show understanding and flexibility around people with limited mobility³.
8. To commission and distribute a card which people could discreetly show to frontline receptionists, indicating that they have lower literacy skills and would like help with filling in their forms. Such a card could be wallet sized and ask the receptionist for discretion and respect⁴

³ Recommendation first discussed in Age UK Brighton and Hove's original report

⁴ Recommendation first discussed in FFT (Friends Families and Travellers) original report

Brighton Station Health Centre

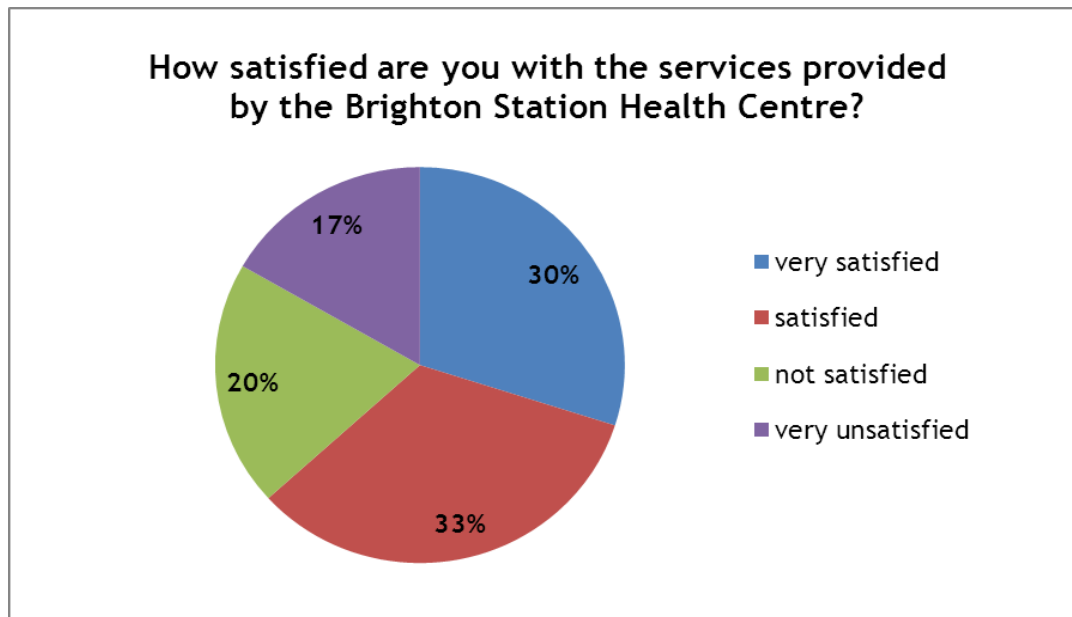
Awareness and use of services

88% (n=85) of people who responded said that they were aware that they could get appointments with GPs with no need for a prior appointment, and 96% (n=26) said they had done so⁵. In a similar manner to the responses on pharmacies, 51% (n=55) knew that they could go to the surgery for sexual health advice, but only 4% (n=1) said they had used this. However, it is likely that many would discuss such issues with their usual GP instead of at the walk-in centre. 77% (n=75) said that they knew that they could visit the health centre for minor illnesses, and 37% (n=10) had done so. Only around half (57%, n=55) of those who responded were aware of the Brighton Health Centre's extended opening times.

In terms of accessibility, the health centre performed poorly, with just 37% (n=46) finding the service easy or very easy to access. 25% (n=30) found it difficult or very difficult to access, and 37% (n=45) were unsure. This may be due to the lack of parking in the area.

⁵ Please note that percentage is based on number of respondents for each individual question

Satisfaction with Service



Patient Experiences

In total there were 30 stories and comments about the Brighton Station Health Centre. Of these 8 were positive, 13 were negative, and 10 were neutral. The majority of people's experiences occurred within 2013 (see Appendix 3 for more detail). The positive comments were focused on people feeling happy that they did not have to pre-book appointments, and that they were seen relatively quickly considering this factor. Other people had negative experiences with waiting times at the centre, with some reporting waits of 3 hours and being unable to leave and come back later.

“The service I received at the Station Clinic was second to none. Better in fact than that received at my own GP Practice”

Some people reported dissatisfaction with clinical decisions or information from the centre, and three people commented on how they felt mental health, including addiction, could be addressed more positively in the centre.

“Went with a friend, phobia registered, and felt like she was badly treated”

The majority of the mixed stories were statements around not knowing what the Brighton Station Health Centre is, and confusion around whether it was private or not.

“It’s shameful that I didn’t know, but I thought this was private”

Community Voices

Few **disabled people** in the city appear to use the Brighton Station Health Centre. Many find the location difficult to access, as there is very limited parking and there are steep gradients on surrounding streets. Initial barriers regarding access to public transport mean that getting into central Brighton in the first place can be difficult.

A large proportion of **Gypsies and Travellers** have negative stories about the walk in clinic. Many felt very judged and discriminated against when they visited, by both reception staff and doctors. One person was told they were a bad parent because their child did not have a permanent GP, causing distress for the family.

Some **adults with learning disabilities** felt unsupported when visiting the centre. They felt that the forms were complicated and in small print, and that staff and doctors did not try to make their service accessible. When visiting people felt unwelcomed by reception staff, others said they were made to feel told off and guilty for going to the centre, and did not want to visit again as a result.

How do we improve the service?

When asked how to improve the service, the largest theme in the answers we received were around better promotion of the centre and the services it offers. Many people said they had not heard of it, or its longer opening hours, until reading about it in the survey.

As in the patient experience section, if people were aware of its existence, a proportion of people believed that the clinic was private and so inaccessible to NHS patients. This could be improved using information campaigns, and better signage at the health centre.

Some commented on the lack of accessibility for the health centre, due to its location and lack of parking. It was pointed out that in some places in the city there are no direct bus routes to the centre either, which may be a barrier for disabled access. Some felt that moving the centre to a more prominent location like A&E would improve access and raise the profile of the service.

Some people felt their waits were unacceptable, others seemed satisfied with a longer wait to enable them to be seen by a GP without booking an appointment. It seems that for the longer waits, people would like to be informed about the time it is expected that they will have to wait, and in the case of longer waiting times, allowing people to leave and be back by a certain time. It was suggested that there could be updates on the centre's website about how long you might be expected to wait on any given day.

Conclusions and Recommendations

In general people felt that the centre was satisfactory for their needs. Nearly a quarter of people felt that the health centre was not easy to access, which was about the same as results from the GP surgery section. Overall, satisfaction levels were high, although there were a few more negative and neutral stories than positive ones.

It is worth considering that the amount of people who responded to this section of the questionnaire was lower than in previous sections. This could mean that people may have skipped the section because they were unaware of the service, therefore making the percentages of people who were aware about the service look deceptively high.

1. Review the current location of the walk-in centre to make sure it is as assessable is possible.
2. All public facing staff to undergo cultural sensitivity, accessibility and customer service training in the near future to improve patient experiences of the centre.

3. To promote the Brighton Station Health Centre to the public, as awareness of opening hours and what it can offer was low.
4. To ensure that people are made aware of potential waiting times, either as they enter the surgery or on the website.
5. To consider how to change public perceptions that the centre is private and therefore not available to NHS patients.

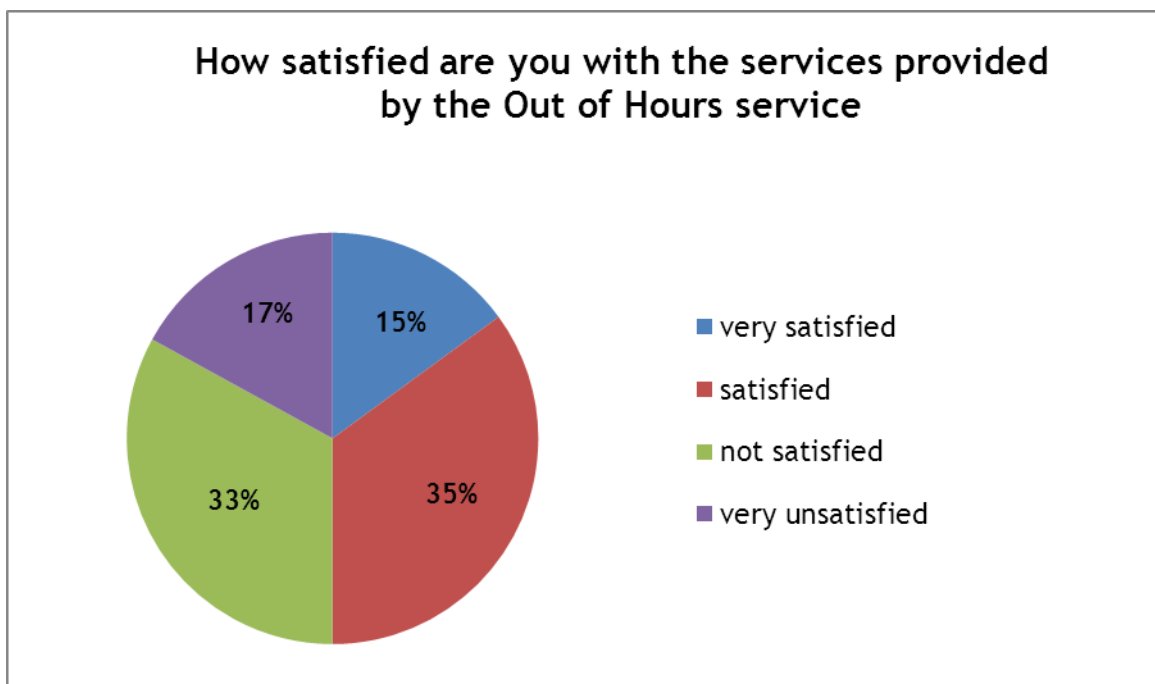
GP Out of Hours Service

Awareness and use of services

79% (n=101) knew that they could access GPs out of hours, and 71% (n=68) had done so. A similar proportion (74%, n=94) were aware that they could receive out of hours telephone advice, but a lower proportion (54%, n=48) had received this. About half of people who answered the question were aware that the GP out of hours service could be accessed by dialling 111 (53%, n=68). Only a very low proportion of people (34%, n=43) knew that out of hours appointments could be booked, and only 24% (n=21) had done so.

With similar proportions to the Brighton Station Health Centre, around 33% (n=45) found the service very easy or easy to access. 39% (n=53) found it difficult or very difficult to access, and a further 29% (n=40) were unsure.

Satisfaction with Service



Patient Experiences

People shared with us a total of 29 stories, 10 of which were positive, 15 negative and 4 mixed/neutral. 11 stories were omitted from analysis and moved to a more relevant section, because they referred solely to the NHS 111 service. This indicates that there is some confusion around the separation of these two services in public perception. The majority of people's experiences occurred within 2013 (see Appendix 4 for more detail).

Positive comments were around how reassuring the service could be in a time of crisis. There was also praise for the out of hours GP service in Royal Sussex County Hospital. Many positive comments were from people who had experienced a prompt and proactive service.

“Telephone advice [was] very helpful in [a] scary situation”

Negative comments were around the length of time it took to get a call back from a doctor through the 111 service. A proportion commented that they never received the call backs they had been promised, although it is unclear if the cause of this issue was with the out of hours doctors or the 111 service. Some felt like their health deteriorated significantly during this wait, and others felt like they had to fight for a faster call back or to see someone in person sooner.

“Delay in calling back and giving appropriate advice for my daughter who was bleeding heavily and in pain”

Other comments included disputes around clinical decisions, issues with the signage of Royal Sussex County Hospital's out of hours service, and regular GPs changing medication prescribed by out of hours doctors as soon as they saw their patients.

Community Voices

Some **older people** were confused about when to use the service. It was suggested that it would be very useful if all GP surgery answerphones directed people to the 111 service to get an out of hours appointment, or gave information about home visits.

Parent carers felt that out of hours appointments for children should be with specialist paediatric doctors only.

Some **disabled people** found out of hours services difficult to access. This was because their GP surgery's answerphone messages were unclear about what they should do to access the service. Once accessed, many people had a positive experience of the telephone advice service in particular. Some felt that seeing an out of hours doctor sped up their later experience in A&E.

How do we improve the service?

When asked 'Do you have a suggestion for how the GP Out of Hours service can be improved?' the largest amount of responses were based around concerns for the loss of local specialists.

Many would like to see a return to out of hours services held by their own doctors, to simplify arranging out of hours visits. Some would like to see on-call doctors for the out of hours service having full access to their patients' medical records, so they know how to better care for the patient in an emergency. It appears that with complex conditions, explaining the history whilst being unwell has been challenging for people. The theme of localisation also extended to out of hours centres, which some people suggested would be useful in a range of areas in the city so that vulnerable people have a shorter journey if they need to visit. With regard to the current out of hours service at Royal Sussex County Hospital, it was suggested that it may need better signage to direct people to their out of hours facility.

Another key theme was awareness, with many people being unsure about what the out of hours service was and how they could access it. Some believed that an out of hours service was when their surgery stayed open until 6pm, or didn't know how they could contact such a service. This could have repercussions for their own health, and also for emergency services if people are not aware of all the options available to them. For this reason, some awareness raising work could be beneficial.

Conclusions and Recommendations

In general people told us that they found the service satisfactory. About a third of people found the service difficult to access, which was evidenced by the fact that only about half were aware that you could reach this service through 111. Overall, about half were satisfied with the service, and there were more negative stories than positive ones.

1. Ensure that out of hours services are local, and that there are enough out of hours sites to allow people to seek medical assistance quickly and locally.
2. Ensure that out of hours GPs are allowed to access people's medical notes when an appointment is booked, to ensure continuity of care.
3. Raise awareness of the availability of out of hours appointments through 111 to ensure that these services are used instead of A&E.
4. Review the signage around the out of hours GP at Royal Sussex County Hospital, to help people access the service when they have been referred through 111.
5. Ensure that individual surgeries leave clear messages on their answerphones about accessing out of hours services via 111.

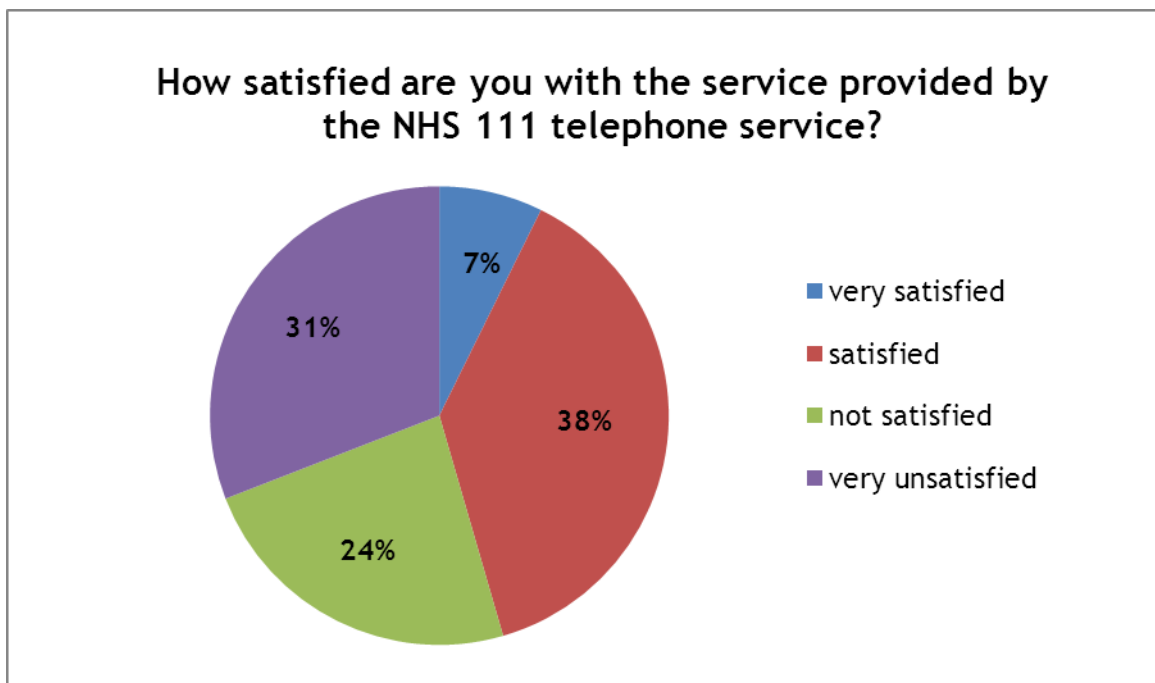
NHS 111 Telephone Service

Awareness and use of services

In general awareness of the 111 service was quite low. Just 23% (n=25) knew that the 111 number was free on landlines and mobiles. 22% (n=23) knew that you could make an appointment with the out of hours service using the 111 number, and 33% (n=16) had used this. Continuing the theme of poor awareness, just 5% (n=5) knew that 111 can refer to community services, and a similar percentage had used this (6%, n=3). This could be in part a reflection of the relatively new status of the service.

In terms of accessibility, 30% (n=37) felt that the service was accessible or very accessible, 10% (n=21) felt that the service was difficult or very difficult to access, and 53% (n=65) were unsure. This may be a reflection of the aforementioned lack of awareness of this service.

Satisfaction with Service



Patient Experiences

In total we received 35 stories from people about the 111 service. Of these, 6 were positive, 24 were negative and 5 were mixed or neutral. This amount of negative experiences, teamed with the satisfaction levels shown in the pie chart above, indicate that people's impressions of the service have been rather poor.

The positive experiences people reported were largely related to times when they have been put in contact with a medical professional or a relevant service quickly and efficiently. Some people also valued being able to get advice about an issue over the telephone, as was also the case with the out of hours telephone appointments that can be made with doctors.

Received professional advice swiftly

However, those with positive experiences were in the minority. Many found the questions that were asked long and not relevant to their issues. Some wanted to 'cut to the chase' or tell their story before the questions started, particularly when there was a potential medical emergency, and were frustrated that they could not do so. Others waited long periods of time for a call back from a medical professional, which added to their stress and pain in some situations.

Lots of silly questions [like] 'is the patient breathing'? When just called to talk about ear ache

Some people were frustrated by receiving an outcome that was later found to be inappropriate, and there were examples of both under and over supporting people. In some instances people were advised to visit a doctor when A&E was more appropriate, or to go to A&E when carers felt that this was not an appropriate action for the situation.

It is an extremely long and tedious process using NHS 111

The result of these issues is that a proportion of people who shared their stories with us said that they would not use the 111 service again, and after their experiences, would instead try visiting A&E or seeking advice on the internet.

Community Voices

Many **carers** felt positively about the 111 service, due to its perceived convenience and speed. However, some carers still found the service unsatisfactory.

People with spoken language support needs showed a great deal of interest in the 111 service, but were unclear about when to use 999 and when to use 111. There was some concern about access to telephone interpreting, and people felt that face-to-face interpreting was a preferential option.

Only 34% of **young men** knew that 111 is the number to call for non-emergency services

How do we improve the service?

The largest proportion of comments in this section called for clinically trained staff to handle calls, so that people could get expert advice on their medical queries, and be referred faster. Some also felt this would lead to less inappropriate referrals, which would mean less pressure on ambulance and other services having to go on call outs unnecessarily. For those who frequently require medical advice, the initial questions from non-clinically trained professionals which leads to a call back from a doctor is seen as an unnecessary and time consuming barrier to the advice that they seek.

Regarding the time taken to triage patients, some people called for a fast track for more urgent cases, and a reduction in the time it takes for medical professionals to get in touch. Some suggested this could be achieved by increasing the staffing for the 111

service. There was a section of comments which focused around the need for the service to receive more funding in general, and many were concerned that private organisations were not suitable to run such a public service. A few comments referred to the fact that they believed the line was pay per minute, and that they could not afford to call the service when they needed it.

There were also a number of comments around improving awareness of the 111 service, as they were not fully informed about its role and what it could offer patients. Due to the issues mentioned in this section, a number of respondents felt that scrapping the service altogether and bringing back one with trained medical professionals was a valid method of improvement.

Conclusions and Recommendations

Many people felt they were simply not able to discuss the service, because they were not aware of what it did. Accessibility was not deemed a major concern for the service overall. Over half of those asked found the service unsatisfactory. Reflecting this, people's negative experiences greatly outweighed the positive ones.

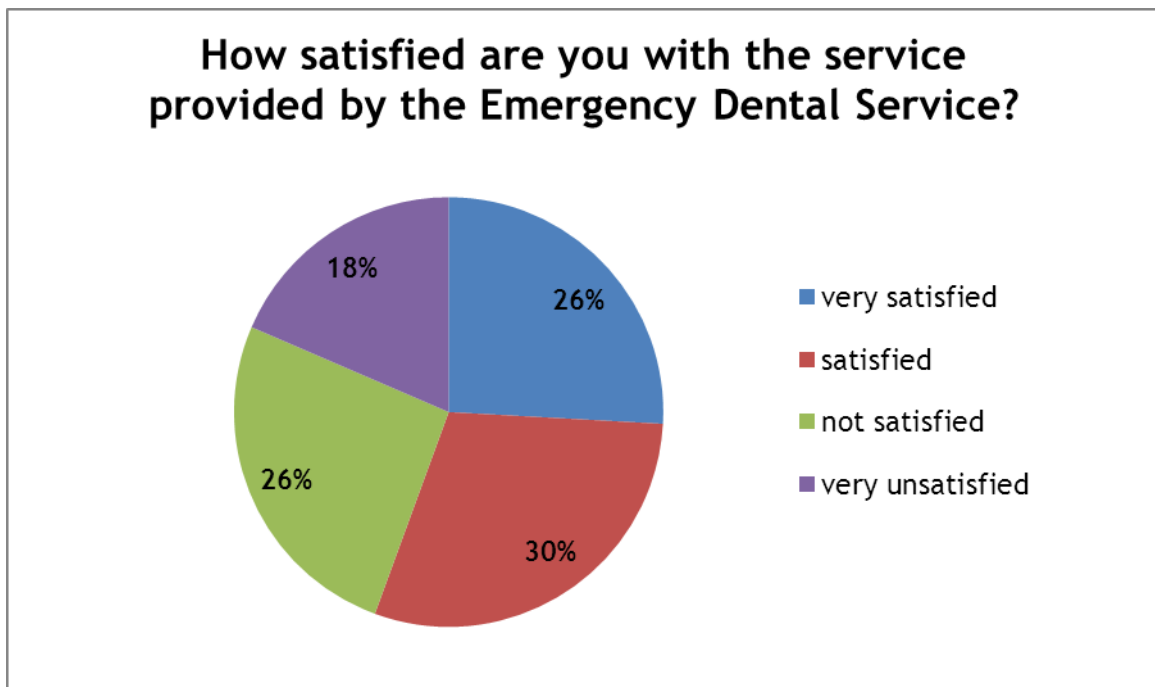
1. Consider public criticism around the lack of clinically trained staff and public concerns around underfunding.
2. Promote the service widely amongst the general public, as awareness is very low.
3. Ensure that promotion includes reinforcing messages about 111 being free on landlines and mobiles, as some currently think that this is not the case.
4. Consider re-organising conversations so that a caller has a chance to tell their story, and then ask relevant questions based around this.
5. Create some targeted promotions to people with spoken language support needs about any interpreting options available, to allow them easier access to the service.

Emergency Dental Service

Awareness and use of services

All respondents (100%, n= 54) knew that the emergency dental service could be accessed out of working hours, and all (100%, n= 20) who responded had used the service. 13% (n= 14) found the service easy or very easy to access, 16% (n= 17) found the service very difficult to access, and 71% (n= 76) said they did not know how accessible the service was. This could be a reflection of the relatively small percentage of the population who use this service.

Satisfaction with Service



Patient Experiences

16 people shared their experiences of the emergency dental service for Brighton and Hove. Of these, 4 were positive, 8 were negative and 3 were mixed or neutral. The majority of people’s experiences occurred within 2013 (see appendix 5 for more detail). Positive comments focused around the quality of the dental service, the speed with which an appointment was booked and how quickly a person could be seen.

“My son needed an emergency filling, and a very good dentist did a good job”

More negative stories focused on accessibility. A proportion reported that they could not get through to the local emergency dental clinic, either due to the line being engaged, people not calling back, or nobody picking up the telephone. Others had issues with the location being difficult to access, or appointments being given with short notice without allowing time for people to travel to locations by public transport.

“Called them but received no reply was unclear on how to access this service”

Community Voices

Most **disabled people** who used the service had positive experiences, in terms of accessibility and reassurances from staff during the examination. Many did not know that the service existed, or how to contact them if needed.

Most **young men** said that if they had a painful toothache at the weekend most would try and go to the emergency dentist. However, they did not say how they would access this service. Some were concerned that a new dentist wouldn't know them or their teeth as well as their regular dentist, or that emergency dental treatment would cost too much for them to afford.

Some **adults with learning disabilities** found visiting dentists that they weren't familiar with an intimidating experience. They worried that the dentists didn't have their notes and might not know about any anxiety or learning disability diagnoses. Some found it difficult to understand the dentist, and found the information they were given inaccessible.

How do we improve the service?

The vast majority (67%, n=16) of replies called for better promotion of the emergency dental service. Many people hadn't heard of it at all, or had only heard of it whilst in crisis. Ideas to promote included putting this and other important numbers on a small card to put in GP surgeries, and making sure there is some comprehensive local information on the topic.

Other suggestions included an improved answerphone message for the service, as some people found the message unclear and ambiguous. Others asked to leave their name and number and be called back, rather than have to keep on calling to get through, which they felt added to their distress. Some people called for a more accessible and local location for their treatment.

Conclusions and Recommendations

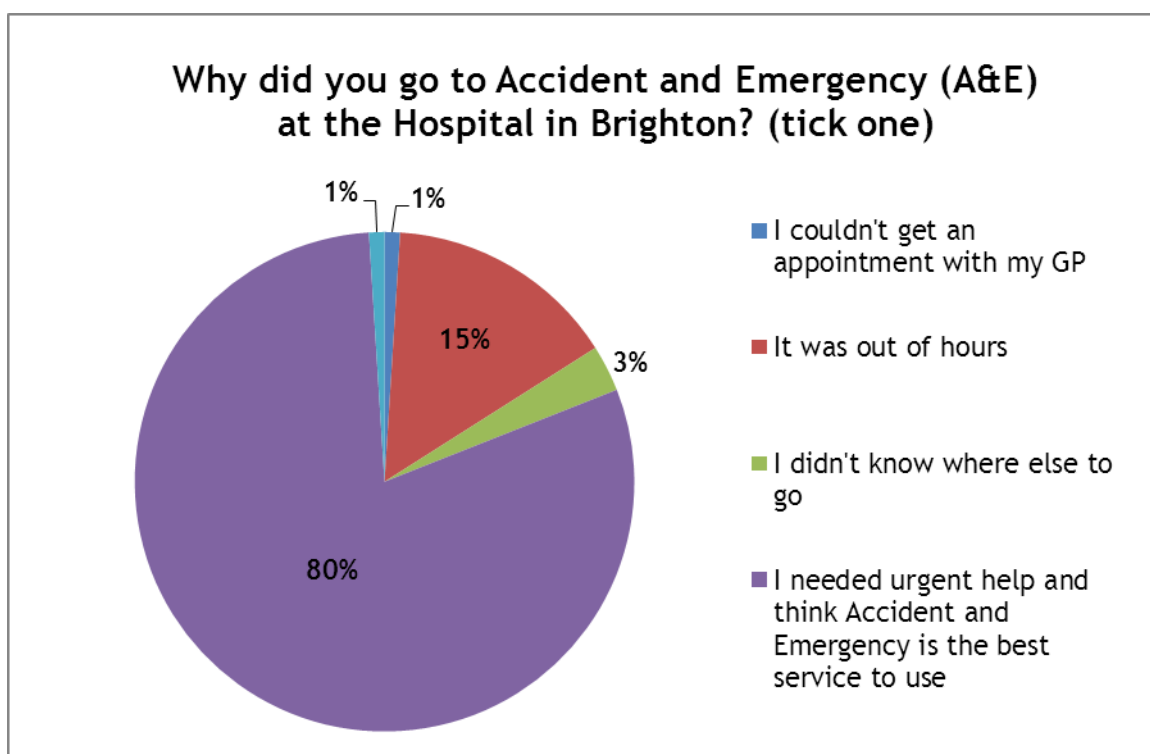
In general people told us that they were slightly dissatisfied with the service they received from the emergency dental service. They felt the service was about average to access. Just over half were satisfied with the service, although there were more negative patient stories than positive.

1. To promote what the service does, and how to access it through the 111 service.
2. Review the answerphone systems for local emergency dentists, to ensure that they are clear and thorough.
3. Consider asking people to leave their names and numbers on the answerphone, then calling them back when someone is available. This could avoid the stress of continually redialling the number in an emergency.
4. To be aware of patient concerns about continuity of services, and consider training in learning disability accessibility and awareness.

Accident and Emergency

Awareness and use of services

When people were asked why they chose to go to A&E, the vast majority of responses were that they felt they needed urgent help, and thought that A&E was the best service to use. 15% of people (n=15) felt that it being out of GP surgery hours meant that A&E was their only option and 3% (n=3) visited the hospital because they didn't know where else to go.



People's additional comments for this section indicate that a majority of these cases were either referred by a GP, or clear medical emergencies where A&E would be an appropriate reaction. However, a small proportion of these could have been dealt with by other health professionals. The proportion of out of hours visits in particular could be linked to the aforementioned need to promote out of hours GP services more widely.



In terms of accessibility, 56% (n=81) thought the service was either very accessible or accessible, 36% (n=52) found the service difficult or very difficult to access, and 7% (n=10) were unsure about how accessible A&E was.

Patient Concerns

Many people (35%, n=45) were concerned about long waiting times at A&E. For many, this was strongly linked to perceived poor staffing levels, which was reflected in the fact that a lot of comments mentioned both of these issues simultaneously. People also felt that the staff at A&E were under a lot of pressure, and that some felt berated for being in A&E when they had genuine medical emergencies.

Answer Options	Response Percent	Response Count
There are not enough staff	16%	21
Long waiting times	35%	45
The service does not meet my need	3%	4
Lack of car parking	31%	40
Cleanliness of building/ health and safety	5%	7
I don't know	9%	12
Other (Open question)		40
Total		129

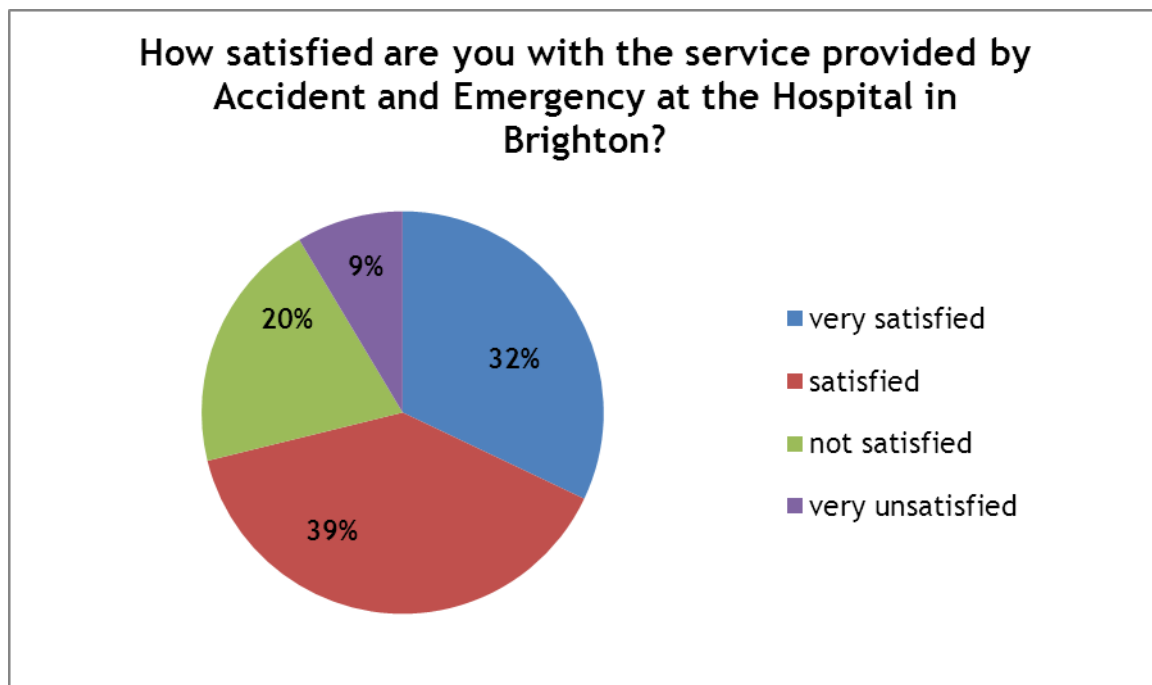
Car parking also received a range of additional comments, particularly around the lack of parking for disabled people. There were also concerns that the slope up to the main hospital meant that those with mobility issues struggled to get up there, and the cost of parking was too high for some people to afford. People's concerns around safety regarded either having intoxicated people in the waiting room with vulnerable people, or the safety of people entering A&E with mental health issues, due to their vulnerabilities.

 I will not access in evening or at night so waited with a serious broken leg and smashed ankle until the morning and then accessed, it is not a safe place for women at night 

The cleanliness and condition of the building was also commented upon. Some felt that the waiting space was too small and stuffy, which could add to the safety fears highlighted above. The cleanliness was frequently commented upon, with specific comments around the toilets smelling of or having urine on them, spots of blood on trollies, and a general lack of cleanliness in the waiting area. Others commented that

they were concerned about ‘all of the above’, or other, more specific concerns about referrals.

Satisfaction with Service



Patient Experiences

People shared with us a total of 63 experiences. Of these, 20 were positive, 32 were negative and 11 were mixed. The majority of people’s experiences occurred within 2013 (see Appendix 6 for more detail). Positive stories were often when people had been seen quickly, and felt that staff were kind and attentive towards them. People were also impressed when co-ordination of services ran smoothly, and follow up appointments could be booked on site.

“The staff were very kind, and reassuring”

In terms of staff attitude, there was a range of ways that staff have improved people’s experiences of A&E. Ensuring a patient’s continuity of care, showing compassion, and taking time to fully explain the issues have all contributed to people’s positive experiences. Many commented that the staff were kind despite the pressures on their time and resources.

“After a very stressful 6 hours in A&E and in the high dependency unit [...], staff did all they could to find us a private room as my mother was very sick and did die within a few hours. We were grateful for the private room”

Negative experiences of A&E were around the key topics of waiting times, clinical decisions, staff attitudes and patient safety. Waiting times, at their worst, were reported to be 13 hours. Those who were left on trolleys frequently mentioned that they were not approached by staff for hours, and were unsure about how long they would be there or why they were waiting. Sometimes these long periods of waiting without being attended to have had serious implications on patient safety.

“Taken to A&E by ambulance with a perforated bowel and stomach protruding through open wound. Left for 6 hours screaming in pain eventually moved to a ward because the bed manager needed to move patients due to the time spent in A&E as 'we need to move him because it will look bad on the figures' her words not mine. When I was eventually seen some 7 hours later I was told by surgeon that I was in a very serious condition and needed to be seen earlier”

In terms of more negative staff attitude, some patients reported being made to feel like they were wasting staff time, despite their being in genuine medical emergencies. Others felt that nurses lacked urgency when treating patients, and were perceived to be ‘chatting’ together at reception when A&E was busy. Staff attitudes around mental health patients was also a re-occurring theme, with mental health patients feeling that they were a much lower priority, or feeling dismissed.

“Mental health liaison are useless, you wait in excess of 12 hours to see someone for 20 minutes and then are sent on your way to carry out your suicide plan”

Despite the majority of comments around mental health being of this nature, one person commented positively on their experiences of the new BURS (Brighton Urgent Response Service) in comparison to what was in place before.

6 My daughter got misdiagnosed. Despite my informing them that she had just recently undergone major brain surgery we were told her problems were due to anaemia. She was sent home despite the Neurosurgical centre telling them to keep her in till they got a bed for her. We almost lost my daughter thanks to the inability of the A&E staff to listen to patients 9

Patient safety issues were wide ranging, and included people repeatedly falling out of their beds or trollies and no staff being present to attend to them, staff half completing a procedure and then leaving and not returning, and mental health patients being unable to cope with long waiting times, and going home in crisis and attempting suicide. Other issues were around the hospital not being ready to receive patients as stated, and problems around discharge and accessibility for disabled patients.

Community Voices

Lesbian, gay, bisexual and transgender people felt that A&E doctors should have training in PEP (Post Exposure Prophylaxis) treatment. PEP is given as soon as possible after contact with HIV, and can stop someone from catching the virus. Some people were told by A&E staff to go to sexual health clinics in a few days' time to receive the medication, which would have made the treatment much less likely to work.

Most **adults with learning disabilities** had negative experiences of A&E. One person went to A&E in acute pain, and was told by a doctor and a nurse that they were wasting time and beds. People who went to A&E with a mental health crisis were discharged without an assessment late at night, and others attempted suicide after feeling not heard at A&E. People with mental health problems praised the systems that were in place which allowed them to avoid A&E whilst crisis.

Young men were keen to avoid A&E in general except for in a serious emergency. When asked if they would go there after a fight, some said they would not because they would fear the sigma explaining how they got the injury would cause.

How do we improve the service?

66 people suggested ways to improve the service at A&E. The majority of suggestions were around increasing staffing levels in order to decrease waiting times. Related to this, many suggested increased funding, yet many acknowledged that funding was difficult to acquire at this time. Some comments were around making people more aware that A&E is only for serious emergencies. In terms of reducing the amount of people who use the service, suggestions included having a separate A&E for the university population of the city, or having a minor injuries unit and out of hours doctor in the same building as A&E for staff to refer to. Re-education of the public about when to go to A&E would also be a solution.

Regarding staff attitudes and communication, many felt that being kept up to date with why they had to wait and how the issue was progressing would be very reassuring. Being provided with explanations about why certain tests were being carried out and what to expect from A&E in general would also ease anxieties during the process. In general, showing compassion and validation of patients' feelings would improve the experience of A&E for many. Regarding mental health, people felt that more training on mental health issues would vastly improve the experiences of people who come to A&E in crisis.

Regarding the safety of A&E, many felt that those who were intoxicated though their own free will (alcohol and drugs related admissions) could also be given a separate area, or deprioritised in favour of other emergencies. In terms of ensuring other patients' safety, some recommended hiring security staff for evenings and weekends, when there are higher volumes of drug/alcohol related cases.

In terms of the hospital environment, most people focused on the need to increase the levels of cleanliness, particularly in the waiting room toilets. More frequent checks and a more comprehensive cleaning schedule could be sufficient in achieving this. Some people felt that the chairs in the waiting room were hard and uncomfortable. For those experiencing long waits, or those who are elderly or suffering from particular conditions, this can negatively affect their experiences and comfort levels. Softer more comfortable chairs could help to improve this.

When arriving at the hospital, many patients found it difficult to get parked. This was a particular issue for those also caring for children or in a situation where they could not drop the injured person off whilst they found a space. Many felt there was a need for more parking, or clearer signage when they arrived at the hospital. One suggestion to make the process easier was to enable people to pay for their parking by card, as when an emergency happens people do not always have cash available.

Conclusions and Recommendations

Feedback about the A&E service in Brighton and Hove was mixed, and produced a larger number of areas to be improved upon than other sections. Over half felt that A&E was easy to access, however a reasonable proportion still had issues. Overall, satisfaction levels were high, with 3 out of 4 people satisfied with the service. However, as with the majority of other urgent care topics, there were more negative and mixed stories than positive ones, and some serious patient concerns.

1. For staff to attend to all waiting patients at least once an hour, to make sure they are comfortable and update them on how long the wait is likely to be. This is also an opportunity to check the patient's condition and reduce patient safety issues.
2. Consider ways to address safety issues in the A&E waiting room, such as increasing the presence of the on-site security team during peak times.
3. Consider separating those who are intoxicated by drugs or alcohol from the other waiting patients, to improve people's perceived safety and security.
4. For staff at A&E to be mindful of people with mental health issues, and have training as appropriate to be more sensitive to their needs, and ensure people are safe and ready when they are discharged.
5. Review and refresh procedures around giving patients PEP (Post Exposure Prophylaxis) treatment, and ensure that people receive treatment promptly if they meet the criteria⁶.

⁶ Recommendation first discussed in LGBT Health Inclusion Project original report

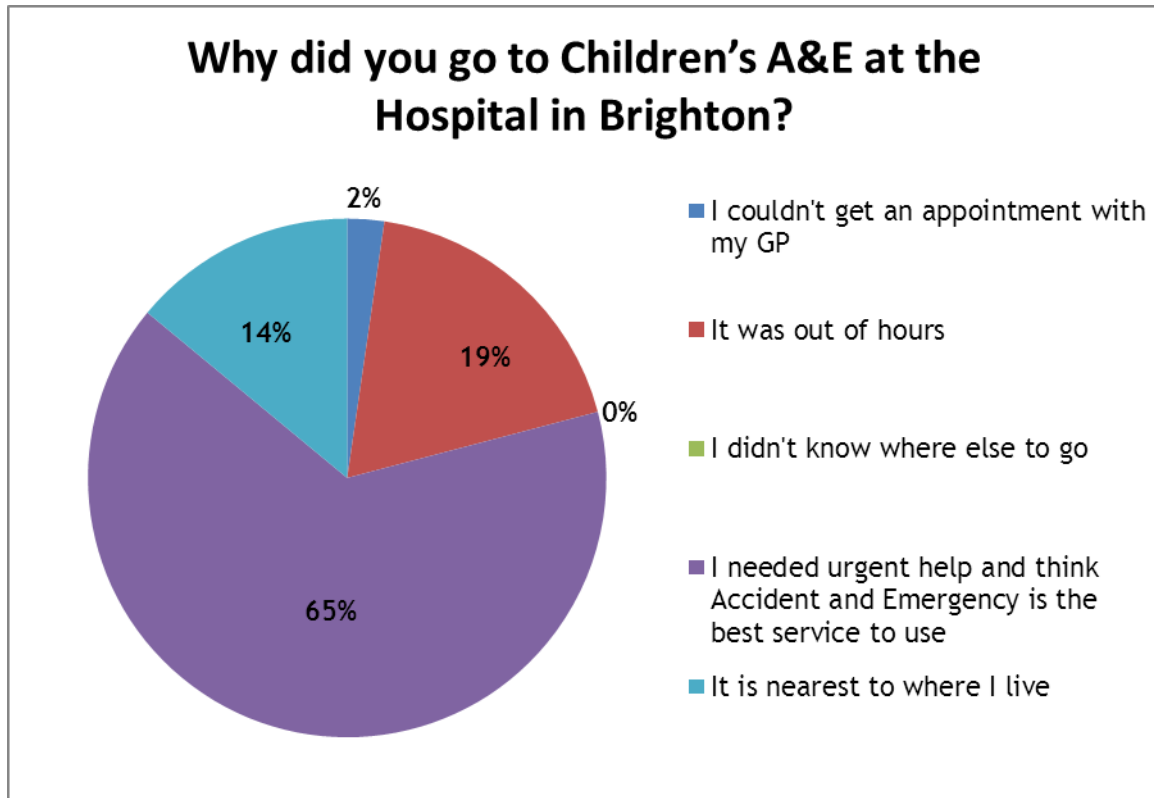
6. Increase the amount of accessible drop-off points for people in emergency situations.
7. A machine allowing patients to pay for their parking by card, as in medical emergencies cash is not always available to them.
8. Improve the size and ventilation in A&E's waiting room, to improve the environment and make it more comfortable for patients.
9. Additional cleaning in the A&E waiting room, particularly in the toilet area.
10. Softer chairs in the waiting room to accommodate vulnerable people, particularly the elderly, during longer waits.

Children's Accident and Emergency

Awareness and use of services

Of the 65% (n= 28) people who went because they needed urgent help and felt it was the best service to use, just under half commented that they were referred by a GP. An additional 4 comments explained clear medical emergencies, such as broken bones or injuries. However, 19% (n=8) went to A&E because their GP surgery was closed, and 14% (n= 6) chose to go to A&E because it is closest to where they live. A further 2% (n=1) went because the input from their GP was not sufficient, or would take too long to obtain. Proportionately, the amount of potentially inappropriate admissions was higher for children's A&E than adults' A&E.

In terms of accessibility, 30% (n = 32) found the service easy or very easy to access, 22% (n= 23) found the service difficult or very difficult to access, and 48% (n= 51) were unsure.



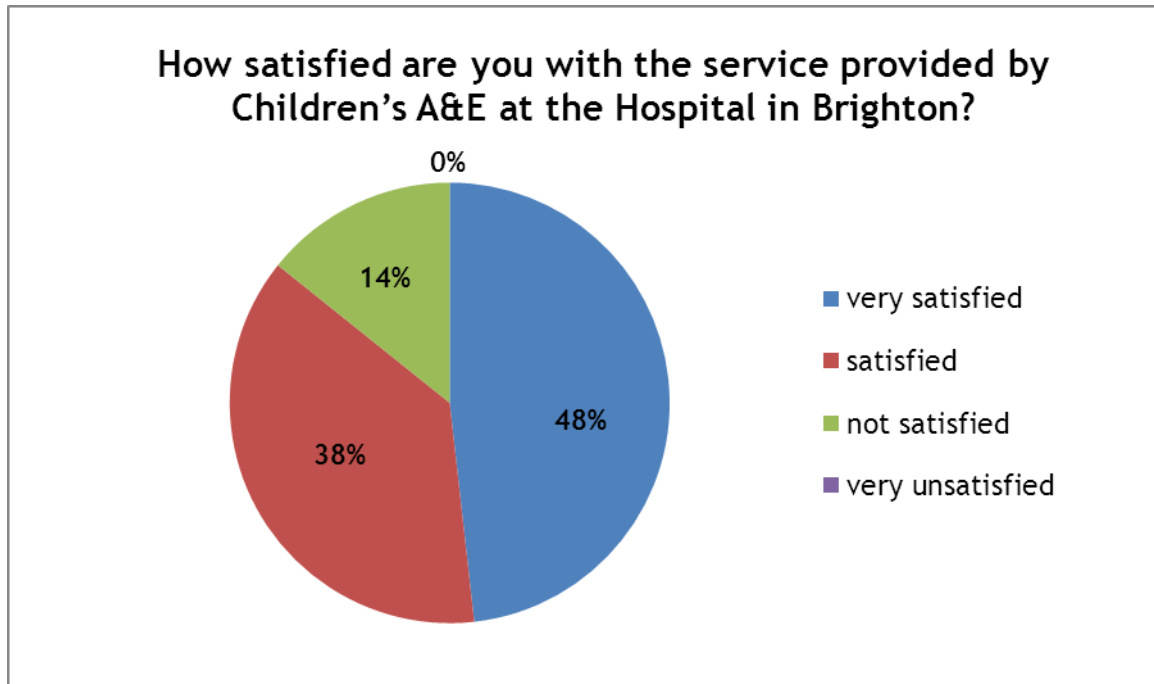
Patient Concerns

Just over a quarter of those who responded (27%, n=24) were most concerned about parking at the children's A&E. Those who elaborated felt that there needed to be better signage to the hospital, and a clear place for taxis to collect people. Car parking was prioritised as being more of a concern for children's A&E than it was for adults' A&E. This could be particularly problematic when lone parents bring disabled children to the hospital. The second and third biggest concerns were around staffing (11%, n= 10) and waiting times (8%, n= 7), with additional comments around this issue being similar in both children's and adults' A&E departments.

The large amount of 'I don't know' responses to this question (51%, n= 45) could be indicative of the smaller proportion of people who use the children's A&E service.

Answer Options	Response Percent	Response Count
there are not enough staff	11%	10
long waiting times	8%	7
the service does not meet my need	1%	1
lack of car parking	27%	24
cleanliness of building and health and safety	1%	1
I don't know	51%	45
Other		6
Total		88

Satisfaction with Service



Patient Experiences

In total 33 people shared their experiences of children's A&E with us. Of these, 20 were positive, 8 were negative, and 3 were mixed or neutral. The majority of people's experiences occurred within 2013 (see Appendix 7 for more detail). Of the positive comments, people frequently mentioned the speed at which they were seen, and the kindness and professionalism of staff. People commented particularly on staff sensitivity to special needs, having the right attitude and tone with children, and reassuring both the carer and the child. Some also commented on how the decoration was welcoming for children.

🗨️ Excellent staff, kind, fast, caring service. Thank you 🗨️

Negative comments also focused around staff attitude and communication. Some parents felt it was difficult to be heard when giving information about their child, particularly when the child had special needs. When having wounds attended to, some children with special needs needed staff to be more versatile and take new approaches to engage them, but in some cases they were slow to do so.

“I had to keep my child with poor communication still for this entire painful procedure with very little information. In tears, I had to ask for different approach to be used as clearly [there was] no progress and my child was in pain”

Other issues related to systemic problems such as lost hospital notes, waiting times and experiences of an unintegrated approach. Some commented that waiting was harder for children as they needed more stimulation, especially if they are in pain. Reported waiting times were lower than in adult A&E, with a maximum time of 4 hours.

Community Voices

Parent carers wanted to ensure that the new system of prioritising cars with disabled children is working at all times.

How do we improve the service?

14 people shared with us how they would improve the service. Many of these suggestions were similar to the suggestions for adult A&E. A proportion of people thought that children’s A&E needed more staff. Better communication in the waiting room was seen as particularly important, as children struggled with longer waits and needed to be kept up to date with what was going on. Practical things like having more food available to purchase in the waiting room would also help children and carers to be more comfortable during longer waits.

Some parents would also like to see more staff specialists, to allow them to improve their interactions with children with special needs, and make them feel more comfortable in emergencies. Regarding parking, some felt a pick-up/drop-off area outside the hospital would be useful, to allow taxis a point to collect from, and to allow a child and their carer to be dropped off whilst the car is parked elsewhere.

Conclusions and Recommendations

In general the feedback from children's A&E was positive. The majority of people either felt the service was accessible, or were unsure on this point. Satisfaction levels were very high, and the vast majority of patient stories were positive. Patient concerns were also less serious than those for adult A&E.

1. To increase the staffing within the department to improve patient and carer experience.
2. Integrate a 'drop-off zone' to allow children to enter the A&E with a carer whilst another carer could be parking. This would also be a useful point for taxis to drop off and collect from.
3. More food and drink available in the waiting room, to keep parents and children comfortable and occupied.
4. Staff to attend to children and adults at least once an hour to update them on how long they can expect to wait.
5. Monitor the new system of prioritising cars with disabled children to ensure it is working at all times⁷.

⁷ Recommendation first discussed in Amaze original report

Overall Conclusions and Recommendations

People's experiences with all services varied widely, as is to be expected in a survey which covers such a wide range of areas. In terms of satisfaction, pharmacy services and children's A&E were rated amongst the highest. It is particularly commendable that pharmacy services have received such a high rating, as there are many different pharmacies in Brighton and Hove which are run separately. The lowest satisfaction scores were noted for out of hours and 111 services. The 111 service also had a much higher percentage of 'very dissatisfied' scores compared to other lower scoring services.

In each section of the survey, people have given us their personal stories and experiences of using urgent care services. The amount of stories differed depending on how many people had experiences of the services to share. The highest proportions of positive stories (relative to the total amount of stories shared) were around children's A&E services (61%) and pharmacy services (56%). Lower amounts of positive stories were around emergency dentistry (25%) and the 111 service (17%).

In terms of accessibility, people thought that their pharmacies and GP surgeries were the most accessible of all the urgent care services. With around 60 pharmacies and 47 GP surgeries in Brighton and Hove, it could be that people are interpreting accessibility in terms of their own proximity to services. People felt that least accessible services were 111 and the emergency dentist. Many people also felt that these services should be better promoted, as many people did not know that they were available. It was shown that GP surgeries needed to be more understanding about people who request home appointments, as for people such as those with long term conditions or the elderly, ability and transport options could vary day-to-day and make access difficult. People with spoken language support needs also need to know how to access interpreters for each service, and where to find information written in different languages, to allow them to access NHS services easily.

Staff sensitivity to different groups of the community could also provide barriers to people accessing appropriate services. Gypsies and Travellers reported feeling

stigmatised and embarrassed in some GP services, and so often attend places like A&E as an alternative to this. NHS services in general have also been reported to occasionally presume things like gender identity or the make-up of a family which can leave a negative impression on the LGBT community and discourage attendance.

Although there were some examples of urgent care services running smoothly together, in some situations problems in one area appeared to have had a knock on effect on other services. Some people believed that care at A&E was simply better and more comprehensive than other routes, and so chose to attend there instead of a service more proportionate to their medical issue. This belief that the best medical treatment can be found in A&E is likely to be reinforced by negative opinions about the 111 service, and concerns that not all 111 operatives have clinical training. Although awareness of GP services was high, many people have found it very difficult to get an appointment, sometimes waiting weeks to do so. Given that awareness about other urgent care services is low, many could feel pushed to attend A&E as their only perceived way to get medical attention in a timely way.

It seems one of the biggest reasons for people accessing inappropriate care across almost all urgent services is a lack of awareness about the range of services available. People are unsure about when it is appropriate to go to one service instead of another, and even when services were better known about, the range of things a service could offer its patients were not fully understood.

For this reason many suggested including more non-urgent services on the A&E site, so that people who have visited A&E inappropriately can be easily forwarded to an inbuilt GP surgery or pharmacy. Others suggested that one clear card could be produced, which includes all urgent care services, their contact details, and when it is appropriate to contact them. It was hoped that clear promotion like this would improve awareness and lead to people using services more appropriately.

Recommendations

The suggestions that people made to improve the service were wide ranging, and often specific to the service in question. However, some wider themes have emerged through the different sections.

1. Promote the full range of services which are available to people besides their GP surgery and A&E services. A large proportion of people are still unaware of the 111 service, out of hours dentists and GPs, and that there are GP and pharmacy services open late in different locations around the city. One way of approaching this could be the card scheme highlighted above.
2. Explain to service users why a longer waiting time has occurred, and how long they can expect the wait to be. Over a range of services people felt much happier and more comfortable if they were kept informed about waiting times.
3. Be clear about what people can expect from a service. Many were not aware about all the functions different services could provide, and as a result were using inappropriate urgent care services.

Appendices

Appendix 1

Do you have a recent experience, good or bad, of using your pharmacy, that you would like to share with us?		
Answer Options	Response Percent	Response Count
yes (experience happened in 2013)	31.1%	46
yes (experience happened in 2012)	2.7%	4
yes (experience happened before 2012)	1.4%	2
no	64.9%	96
If yes please provide as much detail as possible here...		48
<i>answered question</i>		148
<i>skipped question</i>		31

Appendix 2

Do you have a recent experience, good or bad, of using your GP surgery, that you would like to share with us?		
Answer Options	Response Percent	Response Count
yes (experience happened in 2013)	38.8%	54
yes (experience happened in 2012)	8.6%	12
yes (experience happened before 2012)	5.8%	8
no	46.8%	65
If yes please provide as much detail as possible here...		78
<i>answered question</i>		139
<i>skipped question</i>		40

Appendix 3

Do you have a recent experience, good or bad, of using the Brighton Station Health Centre, that you would like to share with us?		
Answer Options	Response Percent	Response Count
yes (experience happened in 2013)	11.8%	13
yes (experience happened in 2012)	4.5%	5
yes (experience happened before 2012)	5.5%	6
no	78.2%	86
If yes please provide as much detail as possible here...		31
<i>answered question</i>		110
<i>skipped question</i>		69

Appendix 4

Do you have a recent experience, good or bad, of using the GP Out of Hours service that you would like to share with us?		
Answer Options	Response Percent	Response Count
yes (experience happened in 2013)	19.5%	25
yes (experience happened in 2012)	7.8%	10
yes (experience happened before 2012)	5.5%	7
no	67.2%	86
If yes please provide as much detail as possible here...		43
<i>answered question</i>		128
<i>skipped question</i>		51

Appendix 5

Do you have a recent experience, good or bad, of using the Emergency Dental Service that you would like to share with us?		
Answer Options	Response Percent	Response Count
yes (experience happened in 2013)	9.8%	9
yes (experience happened in 2012)	3.3%	3
yes (experience happened before 2012)	5.4%	5
no	81.5%	75
If yes please provide as much detail as possible here...		15
<i>answered question</i>		92
<i>skipped question</i>		87

Appendix 6

Do you have a recent experience, good or bad, of using Accident and Emergency (A&E) at the Hospital that you would like to share with us?		
Answer Options	Response Percent	Response Count
yes (experience happened between April-June 2013)	23.0%	28
yes (experience happened between January-March 2013)	10.7%	13
yes (experience happened in 2012)	15.6%	19
yes (experience happened before 2012)	11.5%	14
no	39.3%	48
If yes please provide as much detail as possible here...		77
<i>answered question</i>		122
<i>skipped question</i>		57

Appendix 7

Do you have a recent experience, good or bad, of using Children's A&E at the Hospital that you would like to share with us?		
Answer Options	Response Percent	Response Count
yes (experience happened between April-June 2013)	15.4%	14
yes (experience happened between January-March 2013)	1.1%	1
yes (experience happened in 2012)	11.0%	10
yes (experience happened before 2012)	3.3%	3
no	69.2%	63
If yes please provide as much detail as possible here...		24
	<i>answered question</i>	91
	<i>skipped question</i>	88

Appendix 8

Status	%	Number
Black Minority Ethnic	2%	3
Carer	22%	32
Disability	23%	33
Female	76%	110
Gender Reassignment	0%	0
Gypsy or Traveller	0%	0
Learning Disability	1%	2
Lesbian, Gay, Bisexual	4%	6
Male	18%	26
Mental Health need	13%	20
Older people	13%	20
Parent Carer	24%	34
Young People	1%	2
	Total	144

Appendix 9

Community Group	Contact Details
Age UK Brighton and Hove	Website: http://www.ageuk.org.uk/brightonandhove Phone: 01273 720603
Amaze	Website: http://amazebrighton.org.uk/ Phone: 01273 772289
BMECP (Black and Minority Ethnic Community Partnership)	Website: http://bmeccp.org.uk/ Phone: 0300 303 1171
The Carer's Centre	Website: http://www.thecarerscentre.org/ Phone: 01273 746222
FED Centre for Independent Living	Website: http://www.thefedonline.org.uk/ Phone: 01273 29 67 47
FFT (Friends, Families and Travellers)	Website: http://www.gypsy-traveller.org/ Phone: 01273 234 777
LGBT Health and Inclusion Project	Website: http://switchboard.org.uk/projects/health-and-inclusion-project/
MIND Brighton and Hove	Website: http://www.mindcharity.co.uk/ Phone: 01273 66 69 50
Right Here Brighton and Hove (Sussex Central YMCA)	Website: http://right-here-brightonandhove.org.uk Phone: 01273 222562
SIS (Sussex Interpreting Services)	Website: http://www.sussexinterpreting.org.uk/ Phone: 01273 702005
Speak Out	Website: http://www.bhspeakout.org.uk/ Phone: 01273 421921