**Your experiences of using NHS 111 in East Sussex**

Healthwatch is the public watchdog for those using health and social care services in East Sussex.

The local NHS is encouraging people to access the 'right service at the right time' and use NHS 111 as the first port-of-call when faced with urgent, but not life-threatening situations.

Healthwatch is keen to hear people's recent experiences of using NHS 111, online or by phone, so your stories may help us to better understand the effectiveness of the service and inform improvements in the future.

Have you used NHS 111 in the last 12 months? If so, how was it for you?

Complete our short survey and tell us:

* Did the service meet your needs?
* What was good?
* What could be improved?

**Completing our survey**

Our survey can be accessed online via this link or QR code:
<https://www.surveymonkey.co.uk/r/HWESNHS1112022>

The closing date for the survey is midnight on **Sunday 15th May 2022**

Your answers will help us understand public and patient opinion, which we will share with health and care providers and decision-makers.

We will then report on our website what changes have been made by services in response to the feedback you provide.
 **Support in completing the survey**If you would like assistance in completing this survey, require it in a different format or wish to complete it with a member of our staff over the phone, please contact us via

enquiries@healthwatcheastsussex.co.uk or call 0333 101 4007

You can return this survey to us free at: Freepost RTTT-BYBX-KCEY, Healthwatch East Sussex, Greencoat House, 32 St Leonards Road, Eastbourne, East Sussex, BN21 3UT.
 **Your information**
Any responses you provide will be anonymous unless you choose to provide us with your details. We will collate individual responses during the analysis, but this will not include identifiable personal information.

Healthwatch East Sussex is committed to protecting and respecting your privacy and security. We process any personal data in accordance with the General Data Protection Regulations [GDPR] and the 2018 Data Protection Act.

1. How many times have you used NHS 111 in the last 12 months?

*Please tick one option only*

|  |  |  |  |
| --- | --- | --- | --- |
| 0 to 3 |  | 10 or more |  |
| 4 to 6 |  | Don’t Know |  |
| 7 to 9 |  | Other – please specify |  |

1. When did you last use NHS 111?

*Please tick one option only*

|  |  |
| --- | --- |
| In the last 3 months |  |
| 4 to 6 months ago |  |
| 7 to 9 months ago |  |
| 10 to 12 months ago |  |
| More than 12 months ago |  |
| Don't know |  |

1. Who were you contacting the NHS 111 service on behalf of when you last used it?

*Please tick one option only*

|  |  |
| --- | --- |
| Myself |  |
| Someone else aged **over** 18 |  |
| Someone else aged **under** 18 |  |
| Other – please specify: |

1. How did you access NHS 111 when you last used it?

*Please tick one option only*

|  |  |
| --- | --- |
| Online - via 111.nhs.uk |  |
| By phoning 111 |  |
| via British Sign Language (BSL) or an interpreting service |  |
| Other – please specify: |

1. Before using NHS 111, did you contact or use another service?

|  |  |  |
| --- | --- | --- |
| Yes | No | Don’t Know |
|  |  |  |

*If yes, please tick all that apply*

|  |  |  |  |
| --- | --- | --- | --- |
| Ambulance Service |  | Out-of-hours GP service |  |
| Accident and Emergency |  | Pharmacy |  |
| Minor Injury Unit |  | Self-care |  |
| Own GP practice |  | Urgent Treatment Centre |  |
| Not applicable |  |  |  |
| Other – please specify: |

1. Were you referred to NHS 111 by another service?

|  |  |  |
| --- | --- | --- |
| Yes | No | Don’t Know |
|  |  |  |

*If yes, please identify which service. Please tick one option only.*

|  |  |  |  |
| --- | --- | --- | --- |
| Ambulance Service |  | Out-of-hours GP service |  |
| Accident and Emergency |  | Pharmacy |  |
| Minor Injury Unit |  | Self-care |  |
| Own GP practice |  | Urgent Treatment Centre |  |
| Not applicable |  |  |  |
| Other – please specify: |

1. Why type of ailment or injury did you last contact NHS 111 about?

|  |
| --- |
|  |

1. Did the NHS 111 service resolve your needs?

|  |  |
| --- | --- |
| Yes – totally |  |
| Yes – partially |  |
| No |  |
| Other – please specify: |

1. After contacting NHS 111, did you then need to access another service?

*If yes, please identify all that apply*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes – NHS 111 gave me details foror referred me to thisservice  | Yes – but I had to access thisservice myself (Not viaNHS 111 signposting or referral) | No | Not applicable |
| Ambulance Service |  |  |  |  |
| Accident and Emergency |  |  |  |  |
| Minor Injury Unit |  |  |  |  |
| Own GP practice |  |  |  |  |
| Out-of-hours GP service |  |  |  |  |
| Pharmacy |  |  |  |  |
| Self-care |  |  |  |  |
| Urgent Treatment Centre |  |  |  |  |
| Not applicable |  |  |  |  |

|  |
| --- |
| Other – please specify: |

1. Please rate the different aspects of the NHS111 service based on your last experience of using it?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Average | Poor | Very poor | Not applicable |
| Accessibility ofinformation/advice |  |  |  |  |  |  |
| Speed of response(where applicable) |  |  |  |  |  |  |
| Quality ofinformation/adviceprovided |  |  |  |  |  |  |
| Usefulness ofinformation/advice |  |  |  |  |  |  |
| Value of referral orsignposting toother services |  |  |  |  |  |  |

1. Tell us what you liked about the NHS 111 service?

|  |
| --- |
|  |

1. Tell us what you did not like about the NHS 111 service?

|  |
| --- |
|  |

1. In your opinion how could the NHS 111 service be improved?

|  |
| --- |
|  |

1. Is there anything else you would like to tell us about your experience of using NHS 111?

|  |
| --- |
|  |

1. Overall, how would you rate your experience of using NHS 111?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 - Excellent | Good | Average | Poor | 1 - Very poor |
|  |  |  |  |  |

1. Based on your experience of NHS 111 how likely are you to use the service in the future?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Likely | Likely | Unlikely | Very unlikely |
|  |  |  |  |

**About You**

By telling us more information about yourself, you can help us better understand

how people's experiences may differ depending on their personal characteristics.

If you are completing this on behalf of someone else, please complete it using their details (where known), leaving any questions where you do not know the answer blank.

However, if you do not wish to answer these questions you do not have to.

1. **What is your age?**

|  |  |  |
| --- | --- | --- |
| [ ]  0 to 12 years | [ ]  13 to 15 years | [ ]  16 to 17 years |
| [ ]  18 to 24 years | [ ]  25 to 49 years | [ ]  50 to 64 years |
| [ ]  65 to 79 years | [ ]  80+ years | [ ]  Prefer not to say |

1. **How would you describe your gender?**

|  |  |  |
| --- | --- | --- |
| [ ]  Woman | [ ]  Man | [ ]  Non-binary |
| [ ]  Inter-sex | [ ]  Prefer not to say |  |
| [ ]  Prefer to self-describe: |

1. **Is your gender identity the same as the sex you were assigned at birth?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  Prefer not to say |

1. **What is your sexual orientation?**

|  |  |  |
| --- | --- | --- |
| [ ]  Asexual | [ ]  Bisexual | [ ]  Gay man |
| [ ]  Heterosexual/Straight | [ ]  Lesbian/Gay woman | [ ]  Pansexual |
| [ ]  Prefer not to say |  |  |
| [ ]  Prefer to self-describe: |

1. **Please describe your ethnicity:**

|  |  |
| --- | --- |
| [ ]  Arab | [ ]  Mixed / Multiple ethnic groups: Black African and White |
| [ ]  Asian / Asian British: Bangladeshi | [ ]  Mixed / Multiple ethnic groups: Black Caribbean and White |
| [ ]  Asian / Asian British: Chinese | [ ]  Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background |
| [ ]  Asian / Asian British: Indian | [ ]  White: British / English / Northern Irish / Scottish / Welsh |
| [ ]  Asian / Asian British: Pakistani | [ ]  White: Irish |
| [ ]  Asian / Asian British: Any other Asian / Asian British background | [ ]  White: Gypsy, Traveller or Irish Traveller |
| [ ]  Black / Black British: African | [ ]  White: Roma |
| [ ]  Black / Black British: Caribbean | [ ]  White: Any other White background |
| [ ]  Black / Black British: Any other Black / Black British background | [ ]  Any other ethnic group |
| [ ]  Mixed / Multiple ethnic groups: Asian and White | [ ]  Prefer not to say |

1. **Please describe your religion or beliefs:**

|  |  |  |
| --- | --- | --- |
| [ ]  Buddhist | [ ]  Christian | [ ]  Hindu |
| [ ]  Jewish | [ ]  Muslim | [ ]  Sikh |
| [ ]  No religion | [ ]  Prefer not to say |  |
| [ ]  Other religion or belief (please specify): |

1. **Please describe your marital or civil partnership status:**

|  |  |  |
| --- | --- | --- |
| [ ]  Single | [ ]  Co-habiting | [ ]  In a civil partnership |
| [ ]  Married | [ ]  Separated | [ ]  Widowed |
| [ ]  Divorced/Dissolved civil partnership | [ ]  Prefer not to say |

1. **Please describe your pregnancy or maternity status:**

|  |  |  |
| --- | --- | --- |
| [ ]  Currently pregnant | [ ]  Currently breastfeeding | [ ]  Not applicable |
| [ ]  Given birth in the last 26 weeks | [ ]  Prefer not to say |

1. **Please identify if you have a disability. *Please tick all that apply.***

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes - Learning disability or difficulties |
| [ ]  Prefer not to say | [ ]  Yes - Mental health condition |
| [ ]  Yes - Physical or mobility impairment | [ ]  Yes - Long term condition |
| [ ]  Yes - Sensory impairment |  |
| [ ]  Other – please specify: |

1. **Please identify if you have any long-term conditions. *Please tick all that apply.***

|  |  |
| --- | --- |
| [ ]  No | [ ]  Prefer not to say |
| [ ]  Yes - Asthma, COPD or respiratory condition | [ ]  Yes - Diabetes |
| [ ]  Yes - Blindness or severe visual impairment | [ ]  Yes - Epilepsy |
| [ ]  Yes - Cancer | [ ]  Yes - Hypertension |
| [ ]  Yes - Cardiovascular condition (including stroke) | [ ]  Yes - Learning disability |
| [ ]  Yes - Chronic kidney disease | [ ]  Yes - Mental health condition |
| [ ]  Yes - Deafness or severe hearing impairment | [ ]  Yes - Musculoskeletal condition |
| [ ]  Yes - Dementia |  |
| [ ]  Other – please specify: |

1. **Are you a carer?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  Prefer not to say |

## Thank you for completing our survey – you can tell us more here:

If you have used a Dentist, please tell us about your experience by leaving a review on our Feedback Centre: <https://healthwatcheastsussex.co.uk/services/>

If you need support in accessing health and care services, please contact our Information & Signposting service via: enquiries@healthwatcheastsussex.co.uk or 0333 101 4007

All reports are be published via the Healthwatch East Sussex website:
<https://healthwatcheastsussex.co.uk/>

enquiries@healthwatcheastsussex.co.uk

0333 101 4007

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