

## Urgent Care Services

The local NHS is looking at how it can help people have access to the right advice, treatment and care in the right place 24 hours a day, 7 days a week.

We want to hear what you think so that we can share information with the NHS about what matters to local people.

The questions are about **when you are using services in an 'urgent situation'**. This is a situation where you need health or social care advice, care or treatment on the **same day** and is different to an emergency situation where the situation is serious or life threatening. Examples of urgent situations are suspected broken bones, sprains and running out of essential medicines.

Your responses will be anonymised and will be used within our report.

**Q1 Have you used any of the following local health services in the last 12 months in an urgent situation?**

<input type="checkbox"/> GP Surgery <input type="checkbox"/> GP Home visit <input type="checkbox"/> GP Clinics <input type="checkbox"/> Walk in Clinic <input type="checkbox"/> Minor injuries or urgent care centre <input type="checkbox"/> Pharmacy <input type="checkbox"/> NHS 111 <input type="checkbox"/> NHS Choices website	<input type="checkbox"/> 999 <input type="checkbox"/> Ambulance Services <input type="checkbox"/> Mental Health Crisis Support <input type="checkbox"/> Adult Social Care – emergency duty service <input type="checkbox"/> Wandsworth Wellbeing hub <input type="checkbox"/> Wandsworth Family Information Service <input type="checkbox"/> Other, please specify _____
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**If yes, please tell us about your experience of the service. Do you think your needs were met by the service you used?** If you would like to, can you include a description of the condition you had.

**Q2 What is important to you about choosing where to get help in an urgent situation and whether you consider different services to visiting your GP or A & E?**

**Q3 How could people be helped to consider using the different services available?**

**Q4 Do you use your local pharmacy for the following?**

<input type="checkbox"/> Advice about how to manage minor ailments <sup>1</sup>	<input type="checkbox"/> Advice about health e.g. stop smoking, weight management and emergency contraception
<input type="checkbox"/> Advice about medications, how to take them and common side effects	<input type="checkbox"/> Sexual health tests and (treatment)
<input type="checkbox"/> Advice about where to go for further help	<input type="checkbox"/> Repeat prescriptions
	<input type="checkbox"/> Other, Please specify _____

**Q5 Did you find it easy or difficult to use these services and why? Are there any other services that you would like from pharmacies?**

**Q6 How did you get to your pharmacy, did you take the train or a bus, walk, drive or cycle? If you have any issues accessing the pharmacy please tell us?**

**Q7 Do you have any comments about using services in an urgent situation?**

**Thank you for taking part!**

**What happens next?** We anonymise all the information and use your responses to help us compile a report of our findings. We will also publish an anonymised report to our Healthwatch Wandsworth website.

**Sign up to our mailing list:** Become a Healthwatch member to receive our e-bulletins, invitations to our events, and to take part in local and national consultations.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

<sup>1</sup> Back pain, [Dermatitis](#), [Heartburn and indigestion](#), [Nasal congestion \(blocked nose\)](#), [Constipation](#), [Migraines](#), [Coughs](#)  
[Acne](#), [Sprains and strains](#), [Headaches](#)