



*Dorset
Clinical Commissioning Group*

NHS Dorset Qualitative Analysis Case for Change Report

November 2014



1. Introduction

- 1.1 NHS Dorset Clinical Commissioning Group (CCG) has carried out a number of consultations during the past two years, gathering a vast amount of qualitative data from Dorset residents. Consultations have focused on what residents would like to see improved in the services provided to them within the county.
- 1.2 The consultations to be used within this analysis include the NHS Big Ask survey, undertaken during 2013, as well as Dorset Citizens Panel surveys 27 through to 30, undertaken between 2012 and 2014.
- 1.3 NHS Dorset CCG has commissioned the Market Research Group (MRG) to undertake thematic analysis of the literal comments within these consultations.
- 1.4 There were 3,902 individuals who responded to at least one of the four Dorset Citizens Panel surveys, and a further 6,105 who responded to the Big Ask survey. Of these, there were more than 29,000 individual comments that require theming and coding.
- 1.5 This report describes the comments received from respondents that relate to improvements in services in relation to:
 - Access (where services are provided)
 - Access (when services are provided)
 - Communication / Integration / Joint working between services and patients

2. Consultation Findings

Introduction

- 2.1 When considering the results from this analysis, attention should also be given to the quantitative data collected within the Dorset Citizens Panel and Big Ask surveys.
- 2.2 The quotes presented in the report have been chosen as those most representative of the theme they are used to illustrate.

Findings

- 2.3 Of the 29,000 comments that were analysed, 3,101 related to improvements in terms of **access (where services are provided)**, 1,754 related to improvements in terms of **access (when services are provided)**, and 1,796 related to improvements in terms of **communication, integration and joint working**. In addition, there were a further 103 comments that related to improvements in **access (in general)**.

Access (where services are provided)

- 2.4 There were a total of 3,101 comments that related to improvements in terms of access (where services are provided). These could be further sub-coded into individual themes, these are:
 - Services need to be provided in a community setting (988 comments)
 - Impact age / disability / actual illness has on travelling to/from a service (386 comments)
 - Cost implications of having to travel to a service (203 comments)
 - Impact on relatives / friends of having to travel to a service (264 comments)
 - Issues with public transport (279 comments)
 - Lack of own transport (160 comments)
 - Travelling is inconvenient (159 comments)
 - Familiarity of where treatment is received (47 comments)
 - Added stress of having to travel to a service (152 comments)
 - Home visits / staff should travel to different locations (218 comments)
 - Other (141 comments)
 - Do not mind having to travel to a service (104 comments)

Of the 988 comments that suggested that services need to be provided in a community setting, a large proportion of these were expressing a general desire to be **closer to home/ services kept local**.

“Treatments should be available as locally as possible”

“We need to keep things in our own communities as it helps to keep people in work, and also the person's who are giving the treatment may have already seen and treated the person before and they get to know one another”

“Why should one have to travel further for any treatment when it should be available locally”

There were also a number of comments relating to the fact that respondents would like **services to be offered in a community setting**, including blood tests (preferably in the GP surgery) and the **retention of community hospitals** (Swanage and Victoria Wimborne). the general

“Blood tests need to be done locally at doctor's surgeries to prevent travelling all over the area etc. which hopefully would cut waiting times for such a test”

“Being able to have blood tests at the surgery rather than have to go to hospital because the surgery is too busy”

“Being able to get appointment for blood test at own surgery”

“It is essential to keep our local hospital at Wimborne going. Transport can be a problem to the larger hospitals and we have a small bus which serves the Victoria hospital at Wimborne. Outpatient appointments there are very convenient and staff are very friendly”

“It seems there is a push to make people go to large general hospitals instead of better local community hospitals i.e. Wimborne”

“Our local community hospital at Wimborne is an excellent facility. Hope it remains so”

“My experience was in my home town of Swanage - the community hospital was 1st class for my needs and literally ticked all the boxes. Swanage needs this community service”

“Treatment in local Swanage Cottage Hospital infinitely preferable to either Poole or Dorchester”

“We live just 5 mins walk from Swanage hospital and would be devastated if it were to close. It is an excellent hospital with very friendly and competent staff. All our outpatient appointments are on time and we never have to wait long for x-rays etc”

A common theme relating to why people would not like themselves or family/ friends to travel further for treatment is illness, old age and disability. A number of these comments referred to the fact that travelling further for treatment is **not beneficial at a time when already feeling ill**.

“At a time when we are feeling at our most vulnerable, local feels much better and safer, than further away.”

“My reluctance would probably be based on the difficulty of travelling whilst being ill finding my way by car or public transport to an unfamiliar location.”

“If you are already suffering a very horrendous illness, the last thing you would want to do is spend hours in a vehicle to get your treatment only to sit for a few hours more on the return journey.”

Furthermore, comments referred to **age and disability issues** with having to travel further to receive treatment.

“Difficulty of access (need to drive or poor public transport) would be accentuated by time as I get older (76 years).”

“Elderly patients who often can no longer drive and have to have more medical appointments meaning that frequent journeys are needed...”

“As I get older and being alone it is increasingly difficult to get to appointments further afield.”

“I am a wheelchair user so all journeys are a big challenge. The further it is the more difficult.”

“Because I have severe mobility problems. I can drive, but going long distances is painful.”

“I am happy to travel for specialist services but my daughter, who has mobility issues, has great trouble getting to her further away appointments.”

203 comments referred to potential **cost implications** to the patient should treatment be provided in a location that was not close to home. These comments mainly focussed on the **expense of travel in general**. These comments also referred to the **additional costs if treatment was necessary on a regular basis**.

“Expensive to travel far”

“Treatment should be available at your local hospital. Not everyone has a car or money to pay to travel further for an appointment.”

“If treatment was required on a regular basis then it would be time consuming and expensive to travel.”

“Transport costs for elderly and others without easy access to services e.g. rural areas.”

There was also a focus within these comments on the additional **petrol costs** that would be a result of having to travel further to receive treatment.

“I pay enough tax and national insurance as it is without paying for more fuel to drive further!”

Furthermore, there were comments relating to the potential additional expense as a result of having to **pay for accommodation** to stay overnight prior to treatment.

“It would probably mean travelling a day before an appointment at such a hospital and finding somewhere to stay overnight. All costly and stressful.”

“Expense for travelling and overnight accommodation for us plus the emotional expense.”

A total of 264 comments were made by respondents that related to the impact having to travel a long distance to receive care and treatment would have on the friends and relatives of a patient. A number of these comments referred to the fact that it would impact on the **ability of friends and relatives to visit patients**.

“Part of a good recovery process is to experience well-being, which is normally helped by visits from friends and loved ones. When further away this is less likely (and sometimes not possible) to occur.”

“Anything which can be done locally is preferable to most people, because their friends and family are able to visit and give support at a time when it is so necessary.”

With the impact on the ability for friends and relatives to visit, this could also lead to **increased stress of the patient** and **feelings of isolation**, which could have an impact on the recovery process.

“My family may not be able to visit, thus increasing an already stressful experience.”

“Difficulty for relatives and visitors to attend leaving a feeling of being cut off and being isolated.”

“Difficult for visitors, which is important for your wellbeing.”

“Travelling longer distances would prevent family and friends from visiting and supporting me and I would feel very isolated, which is not conducive for a full and speedy recovery”

Similarly to the impact on patients themselves, respondents felt that there would be **increased travel costs for visitors** when visiting a patient located further from home.

“When my son was being treated in a London hospital it was a whole day off work to take him plus enormous cost of transport.”

“Difficulty and expense for relative to visit”

“Travelling for family visiting would be difficult and expensive.”

Comments also referred to the potential need for **accommodation for visitors** and the associated costs involved in this.

“Access for visiting family made more difficult (including accommodation)”

“Hotel costs for family escorting or visiting”

“Expensive accommodation for close relatives.”

A total of 238 comments indicated that **lack of public transport** would affect their ability to access non-local services. Of these many pointed to the **absence of regular bus or train services** and the length of time it can take to travel via these means.

“Bus service is not very frequent.”

“To get to Bournemouth Hospital from Corfe Mullen by public transport is a day's outing.”

“Last month my father (who has mesothelioma and sometimes breathing difficulties) had to go to Boscombe for a hearing test - it took him 6 hours there and back by bus - why on earth wasn't he given an appointment at Swanage Hospital that is 5 minutes walk from his home???”

“Transport access is limited for attending hospital appointments for elderly in this area. It is quite problematic for some and local bus/train services do not provide adequate service for west Hants to access general hospital is difficult.”

Comments also pointed to the **lack of NHS transport available**.

“Would appreciate return of the bus service...”

“Return of hospital cars.”

“I have been told that injections in my back are now going to be at Poole. I live in Portland and have been told I cannot get a hospital car. My husband has emphysema and cannot drive very far so am finding it very difficult as I should have had my injections in March so am now in constant pain in my back as well as in my feet.”

“One of the problems which Dorset has is that there is no transport (hospital) available to take patients to specialist centres. Some cannot afford or are unable to travel by public

transport. If there are going to be specialist centres then there needs to be a good transport service in place."

149 comments referred to a general lack of transport as a problem when accessing services. Though most of the comments provided were straightforward statements indicating that the participants **did not have their own car**, some gave more detail indicating that there was a degree of discomfort involved in having to **rely on friends and family**.

"inconvenience to family/friends who would transport."

"It can be very traumatic trying to arrange for a friend to take you."

"For this treatment you often need to find someone to take you and this involves a considerable amount of time for them. Travel time could be lengthy with more chances of being held up in road works etc."

"I would have to be dependent on others to get me there and/or accompany me; this would involve disruption to their working lives to say nothing of increased costs."

There were 159 comments coded that related to time issues if having to travel to a location that is far away from home. These related to general feelings of **inconvenience surrounding the length of travel time**, as well as the need to **take a whole day off work**, and the consequence of a **loss in income**.

"Adds inconvenience to working week"

"Anything more than 50 kilometres is just unfeasible and means taking a whole day off work"

"If you are young and work loss of income"

"Travelling long distances for treatment would take the whole day."

"Travel time cuts into day when you have other responsibilities, e.g. work, children or pets."

"There would be too many logistical problems involved if I had to travel further."

There were 47 comments relating to **issues with travelling to unfamiliar surroundings**. These comments focussed on the added stress that would be a result of this, as well as not knowing how to get to a location that is not known to them.

"Less familiar with the hospital leading to more trepidation."

"It would be stressful enough just being ill without adding to it by having to travel somewhere strange."

“I would prefer treatment in a hospital familiar and local to me.”

“Difficult if going out of area to find places and this can lead to terrible stress”

In addition to the negative emotions as a result of travelling to an unfamiliar area and/or hospital, there were 152 comments that referred to the general levels of added stress that travelling further brings at a time when you are unwell. Comments referred to the **added stress felt by both patients and their family**.

“It would add more pressure to a situation already very stressful if I have to travel on top of that.”

“Travelling takes a huge amount of time adding stress and anxiety at an already anxious time”

“At a time when you may be feeling anxious and under stress, travel to a faraway location may increase anxiety.”

“It would add even more stress and anxiety to a very difficult situation for both patient and family”

218 comments were made that referred to feeling that the **clinician should be the one who travels** rather than the patient. These comments focussed on the need for **home visits**, as well as the potential for **clinicians travelling to a number of locations** which are closer to patients, rather than patients travelling to one specific location which could be far away from home.

“Teams set up and trained to go into people's homes.”

“Skilled carers visiting the home”

“Could it not be possible for a trained nurse to give patients their treatment in their own homes?”

“Doctor/specialist coming to hold a clinic locally would involve fewer person/miles, therefore environmentally better and faster”

“Why cannot the specialist travel to a local clinic where patients are organised to seem them?”

There were 141 ‘other’ comments relating to improvements in access (where). Comments coded as ‘other’ referred to **traffic issues** and the fact that it **depends on the seriousness of the condition** if respondents would be happy to travel further. Other comments referred to **where services are located generally**.

“The increased likelihood of arriving late or not at all due to traffic delays”

“There is not a simple answer- depends entirely on circumstances of individual and nature of problem.”

“Surgery next door to my home.”

A total of 104 comments referred to not minding where services were located. Key themes within these comments included an **understanding that not all services can be provided everywhere.**

“It is only to be expected that all hospitals can't provide specialised services and I think most would be prepared to travel to be given the best treatment.”

“Not every hospital can provide every type of treatment needed.”

In addition, a number of these comments described the fact that respondents **do not mind travelling further as long they received the best care** available.

“I would travel any length to have the best treatment.”

“If the treatment is only available at a specific hospital, I would be happy to travel.”

“To receive the best treatment for the problem I consider to be vital however far away.”

However, this was counterbalanced by the fact that it was felt **OK for specialists to be located further away**, but **routine care should still be provided in the local area.**

“Good to have centres of excellence as long as routine care is defined, protected and still available locally.”

“Travel for specialist treatment - desirable and acceptable. For routine accident/emergency/recovery - not acceptable.”

“I am happy to travel for real specialist services but not for the type of services which Swanage hospital provides now.”

Access (when services are provided)

2.5 A total of 1,714 comments provided by respondents focussed on when they would like to access services. Within these the following themes were found:

- GP opening hours (505 comments)
- GP out of hours service (560 comments)
- Opening hours of other services (e.g. X-Ray Department, blood tests) (250 comments)
- General comments regarding open hours (274 comments)
- Other (165 comments)

Comments regarding GP opening hours were all concerned with appointments being made available at the **weekends or evenings**. Most comments were simple statements but some provided reasons for requiring GPs appointments to be readily available. Of those giving reasons the bulk felt that **longer opening hours** were required due to **work commitments** which prevented people using GP services 9am-5pm during the week.

“Evening surgeries and weekend as I work away Monday to Friday and found it difficult to get an appointment”

“Earlier / later appointments for working people”

“Weekend access due to work.”

“Surgery doing out of hours opening earlier in the morning for people who work far away.”

“I work strange hours so the Drs surgery should be open 24hours a day so I can see my Dr when I can, not when he can see me. After all I pay his wages through my national insurance.”

A few were also concerned about **where to go** for necessary but not life threatening treatment during the weekend or evening, particularly for children and the elderly or vulnerable.

“It is very worrying to become ill at weekends at present. I think there should be some point of contact between patients and the local GP practice at weekends - it is often difficult to know whether there is no urgency to seek treatment (so it can wait until Monday) or whether other treatment should be sought elsewhere and if so, which service should be contacted.”

“I do feel if GPs have longer opening times especially at weekend, A&E wouldn't be so busy.”

"My problem was getting worse and it was a weekend"

A total of 560 comments in this section were related to **GP out-of-hours** services. These were often simple statements requesting that a **GP should be made available** or that a service that had once been accessible should be reinstated.

"GP available out of hours."

"Rota 24 hour GPs as it used to be."

"GP 24 hour service back."

"GP's to take back after hours service."

Other respondents felt that the existing out-of-hours service was not performing adequately pointing to the **length of time they had to wait to see a doctor**.

"GP was unable to come close to the time."

"Better response time"

"Quicker time for doctor to arrive."

Others felt that they would like to see a **GP from their own practice** when using the out-of-hours service.

"... local GPs more rather than locum"

"Renegotiate GP contract so that MY GP is available from time to time out of hours."

"By using GPs on a rota basis, not contracted staff."

A total of 250 comments focussing on **opening hours** were concerned with services other than GP practices. Services referred to in this section included **minor injury units, x-ray departments, blood tests** and **hospitals** in general.

"I think it is a good idea for X Ray, blood tests etc. to be available for longer hours, when I was working it would have been a great help, but I am retired now and have more time."

"Longer opening hours at Bridport hospital..."

"The Minor Injury Unit in Blandford needs to be opened at weekend, especially for children"

Some comments coded to this section were concerned with the **availability of consultants** or other medical staff in hospitals **at the weekend**.

"Doctors on duty in hospitals at weekends..."

"Consultants and senior staff on duty at weekends..."

“24 Hour hospital care – don’t be in hospital at a weekend.”

“Better weekend coverage by doctors - not junior doctors.”

A number of comments (270) were coded as being about **opening hours** but were considered ‘**general**’ because no specific hours or days were mentioned or because while the comment was obviously referring to opening hours it was not clear exactly what was being requested or referred to.

“...greater flexibility with GP opening times...”

“Being able to get a Doctor’s appointment to suit needs”

“Flexibility of appointments...”

“Weekend working as weekdays...”

A code of ‘other’ was given to comments which did not fit into other areas of the code frame within this section but which were clearly related to concerns or issues respondents had with when they were able to access services. 165 comments were coded to this category. Many of the comments were disparate in subject but some did coalesce sufficiently to form a couple of identifiable themes. These concerned the **arrival times of staff providing home care** and the **amount of time staff were able to offer** those receiving care at home.

“...making sure that the community nursing team attend people at the same time every visit not on a willy nilly we’ll get to you when we feel like it.”

“If they could come at a set time and not just turn up”

“My mother was a carer every morning. The times vary which is a problem.”

“More time for staff to provide an exceptional service”

“Carers are allocated 15mins for each visit. Not long enough for elderly people to get washed, dressed and have breakfast made, or evening drinks.”

“Allow more time per visit.”

Access (in general)

- 2.6 In addition to there being comments relating to access of services (where and when), there were 103 comments that related to access and availability of services (in general).

“Access to healthcare services”

“GPs should be more accessible.”

“Lack of availability”

“Accessibility to services”

Communication, integration and joint working

2.7 There were a total of 1,796 comments that related to improvements in terms of communication, integration and joint working. These could be further sub-coded into the following four individual themes:

- Communication of NHS staff to patients (891 comments)
- Communication between NHS staff (271 comments)
- Communication between NHS staff and other organisations (102 comments)
- Other (532 comments)

Main themes that related to communication between NHS and patients were the need for medical practitioners to **discuss/ explain the conditions better to patients and involve them in their treatment**, patients being **made aware of their test results promptly** and **medical practitioners speaking better English**.

“Whilst I appreciate a doctor/surgeons time is very precious I would prefer they gave the patient just a little more time. They sometimes give a diagnosis with some 'jargon' or medical term that is not easily understood. And we have to come home and Google the term to find out what the term means for an explanation and further knowledge”.

“My daughter in law was taken in with pregnancy problems and was not informed with what was happening. First baby and should have been told what was happening and what was being done to her”.

“Giving me more information so that I can make an "informed" decision about my future treatment. They only tell you what NHS policy dictates. They do not tell you of all the possible treatments (either NHS or private) so you can make a full and informed decision”

“Felt that neither doctor nor nurse listened to my point of view and tended to instruct rather than discuss”

“It would be helpful if the results were communicated. You never know if the results have come back or not”

“It would be appreciated if the Trust's doctors would contact the patient with the results of tests ASAP to relieve any worry”

“I hope that I am not a hypochondriac but I do like to know results and discuss where we go from here. I recently spent money to go to a specialist for the explanation I could not get from GP. Both my wife and I have conditions which require attention but discussion with GP was on the phone or messages past by 3rd party”

“So many foreign staff that old lady opposite me found it very difficult to understand them as she was slightly deaf - even with good hearing it was tricky sometimes however good they were at their job”

“Ensure that young doctors speak GOOD English”

“I found it difficult and embarrassing having to ask foreign doctor to repeat himself when I couldn't understand his speech”

Main themes that related to communication between NHS professionals were the need for better communication between **GPs and hospital**, the need for a more integrated communication **between departments** and keeping patients **medical history/ records somewhere that all practitioners involved in their treatment can access it**.

“There was no cooperation between GP and hospital, making me feel I was on my own after a very serious op. More consideration for the patient would have made things better”

“Delay in sending any results of scans and tests to GPs. In one case contacting specialist at hospital direct as no information was passed to me or GP regarding MRI scan”

“Improved information sharing between hospital and GP”

“Improved liaison between Bournemouth and Poole Hospital to cater for aftercare. At the time of my operation, there was no liaison for dealing with problems after normal office hours”

“Communication between departments needs to be improved so I can get the treatment I need more effectively. e.g. I needed new splints so I called the hand occupational therapy department, they couldn't give me new ones despite knowing I needed them without a referral from my rheumatologist, I am waiting for an appointment for assessment, I don't need assessment I need splints. Pointless waste of time and money and I have had to purchase my own splints, without which I can't work”

“Communication between different departments needs to be better - fundamental lack of joined up thinking resulting in a lot of time and money wasted in an already over stretched area of public expenditure”

“With regard to the problem of medical details on computer I think it must be a priority to once again attempt to create one record i.e. GP and hospital. Often on hospital visits the records are not know from one or the other”

“More accurate information about the individual being more completely relayed to other carers / services with need of the knowledge. Asking too many questions about the basic needs of the patient every time a new carer or service appears is a waste of

the trained personnel and the family they are dealing with. It should all be on a database accessible to those with the correct code for that individual requiring those specific services to retain privacy while allowing efficient care”

“I think it is appalling that Bournemouth Hospital does not have an information system that links to GP practices in Dorset when they deal with specialised procedures. As a result I had to have repeat tests each time I went to Bournemouth Hospital when I could have had these in primary care”

Comments surrounding communication between NHS staff and other organisations related mostly on the need for the NHS to **communicate with community/social services**, with **carers for the elderly**, with **home carers** and with **other health consultants**.

“Improved links between NHS and social services”

“As a carer it is extremely difficult to co-ordinate all the services required by a patient particularly on discharge from hospital. Can I suggest a discharge team takes responsibility for a patient transferring from hospital into the community who is a point of contact for that patient for up to 1 month from discharge (for when things go wrong) Trying to get Social Services - GP - Hospital - CLICKS - Carers to all communicate with each other and share the same information is IMPOSSIBLE. The patient is referred back and forth between departs with no one depart taking responsibility. An NHS service dealing with hospital discharges could make this process efficient and save the NHS time/money not to mention a load of stress for the patient!”

“Still not joined up, links to social services still poor, erratic timing for visits v. confusing for already confused clients”

“Elderly Care: this may have changed recently but when my mother was ill and needed care at home there were umpteen different agencies, public, voluntary and private, (Red Cross, occupational therapy, hospital outpatients, physio, GP, Cheshire etc - definitely double figures when counted up at the time) that needed co-ordinating. When I tried to do this my GP told me I was interfering, but he wouldn't do it himself. My mother was not mentally capable of this quite complex co-ordination and keeping on top of all the requests, visits and so on. what she really needed was one co-ordinator, one point of contact who knew what all the other ones were. This was in 2004 - I think it is better now, but from your questions I fear an even greater division of services between dozens of providers and no overall coordination between them for the client”

“The relationship between care homes and hospitals”

“Better communications between hospitals and home care”

"Within the last 2 years- 18 months, I cared for my terminally ill husband at home. I was overwhelmingly impressed with the care available in Dorset- and the excellent joined up services that descended upon us in record time-from equipment to the nursing support. Truly amazing and Thank you"

"Often the G.P can't or don't know how to help and should be able to refer to homeopathy, acupuncture, reflexology, massage, chiropractors as all can help but hard to afford and should be on the NHS as they would be cost effective in the long term"

"Better liaison between the NHS and private consultants"

"More direct links with consultants in other EU countries"

Other comments were related to **information communicated to relatives**, seeing the **same GP**, **use of technology** by the NHS, **access to information** and the **111 service**.

"I care for my mother who is 84 years and has suffered from a serious cancer. It is very difficult to get information as mum is unable to take info in and retain it. Staff, despite being told, do not understand that I as carer need to be involved as things will not happen unless I know about it. There is a middle ground for the elderly between dementia and being totally able mentally"

"Consultations about my Mother's care with a clinician and the opportunity to discuss aspects of her care and her wishes - or with her GP"

"Where an inpatient has no immediate family nearby. It would be useful if the hospital had a communication network set up on admission so that close friends could assist. Obviously in agreement with patient and relatives"

"Any reluctance would be due to lack of relationship with GP. Hard to always see same doctor in today's systems unless you are prepared to wait, in some cases, weeks"

"Whenever I go to see my GP, rarely fortunately, I never see the same one. My allocated GP is never available. So one can never build up a relationship with someone who could help if I had a problem"

"I do not have a dedicated GP who knows me or my previous history. It would help to be able to see the same GP regularly"

"Details of all available services for home care would have been more effective"

"More information being available about what care services are available, who to contact regarding access to the service"

"Knowing where to get the help - I live on my own, you seem to forget about people like us - we don't exist"

“Advice via Text, Email, Skype chat, etc. available 10 hours+ every day”

“Email contact information/call back facility - you don't necessarily want to have the hassle of going through multiple telephone calls/layers of staff each time explaining details when you aren't well”

“My experience of the NHS in Dorset has been exemplary. Notwithstanding the occasional problems that do occur the general service is superb. I have experience of family and friends being treated for cancer, family members accessing A&E services and family using primary care services. Improvements could be made to the way in which we access services and more use of internet booking, consultation video conferencing with GP/Doctors would be helpful to me”

“Advice on where to go for advice.....my father in law has Alzheimer's or however you spell it and we do not know where you go to get advice”

“Access to advice that is reliable, not vague and preferably from someone who cares. (not a webpage, machine or not there at weekends etc.) Direct access to a person is important.”

“My father who has since died had Alzheimer's disease...there was virtually no understanding of how to treat him when he went into a home...TRAINING is required. I came over from the States leaving my job to look after my parents ...there was absolutely NO support for my Mother who didn't understand what was happening to her husband of over 60 years...she just could not cope”

“The 111 service is new and controversial, so it depends how that progresses whether I would have the confidence to use it. My one experience of it was OK, but since I was told to see the doctor anyway it cost me 15 minutes unnecessarily”

“NHS 111-too just waiting time consuming asking totally unrelated questions-operators have no medical knowledge(so I was told). Can't get through to them-takes too long to get action needed.”

“I have to regularly use the NHS 111 service and it is just not geared up to the volume of patients. The staff (when I manage to get through) are inexperienced and way out of their depth”