

Healthwatch Worcestershire : Urgent Care Survey

Agenda item 10

Date	3 March 2015																
Board Sponsor	Peter Pinfield																
Author	Jo Ringshall, Director, Healthwatch Worcestershire																
Relevance of paper	<p>Priorities</p> <table><tr><td>Older people & long term conditions</td><td>Choose an item.</td></tr><tr><td>Mental health & well-being</td><td>Choose an item.</td></tr><tr><td>Obesity</td><td>Choose an item.</td></tr><tr><td>Alcohol</td><td>Choose an item.</td></tr><tr><td>Other (specify below)</td><td>Choose an item.</td></tr></table> <p>Groups of particular interest</p> <table><tr><td>Children & young people</td><td>Choose an item.</td></tr><tr><td>Communities & groups with poor health outcomes</td><td>Choose an item.</td></tr><tr><td>People with learning disabilities</td><td>Choose an item.</td></tr></table>	Older people & long term conditions	Choose an item.	Mental health & well-being	Choose an item.	Obesity	Choose an item.	Alcohol	Choose an item.	Other (specify below)	Choose an item.	Children & young people	Choose an item.	Communities & groups with poor health outcomes	Choose an item.	People with learning disabilities	Choose an item.
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Item for	Consideration																
Recommendation	<ol style="list-style-type: none">1. That the Health and Well-being Board is asked to:2.<ol style="list-style-type: none">a) Consider the Urgent Care Survey report and its recommendations;b) Encourage the implementation of the recommendations of the report by all commissioners and providers of Urgent Care services																
Background	<ol style="list-style-type: none">3. In February 2014 the three Clinical Commissioning Groups (CCGs) in Worcestershire published an Urgent Care Consultation to be completed in March 2014. The Draft Urgent Care Strategy was also published in February 2014 and is currently being implemented.4. Healthwatch Worcestershire were concerned that not enough account was being taken of why people went to A&E/MIUs, whether they were referred there by the																

NHS and whether they had the information available to make informed decisions.

5. The purpose of the Urgent Care Survey was to increase the understanding of why patients attend Accident and Emergency Departments (A&E) and Minor Injury Units (MIUs) in Worcestershire. This would enable Healthwatch Worcestershire to provide feedback to the Urgent Care Strategy.
6. We notified the Clinical Commissioning Groups, Worcestershire Acute Hospital NHS Trust and the Worcestershire Health and Care NHS Trust of our intention to carry out the survey and discussed the logistics of the visits with WHAT and WHCT.
7. A questionnaire was designed to enable us to understand why patients had chosen to attend A&E and/or the MIUs across the County and also to gain an insight into their transport arrangements. This was reviewed by Worcester University.
8. We spoke to 339 patients across the A&E departments and MIUs during the months of September and October 2014. Forty three people declined to take part usually due to the nature of their injury or illness or had to abandon the questionnaire without completing it as they were called in for treatment.
9. We spoke to patients who had made their own way to A&E Departments and Minor Injury Units. HWW took the view that where patients had been brought in by ambulance the decision had been taken by the NHS or West Midlands Ambulance Services (WMAS) and therefore further questions were irrelevant.
10. The intention was to speak to 1000 patients – based on attendance figures over previous periods however it became apparent that this would prove beyond the HWW resources. Whilst the A&E departments were busy the majority of throughput seemed to come via ambulance and the number of patients to interview in the waiting rooms of A&E and MIUs was limited. The numbers of patients using MIUs were low overall.
11. We did not ask people the clinical reasons for their attendance at Urgent Care as it was outside the scope of the survey and beyond our expertise.

Key Findings:

- a) 37% of the patients we spoke to had been referred to

A&E/MIU with 63% self-referring. The majority of these believed that it was an emergency,

- b) MIUs do not appear to be well used. Whilst local people are aware of them there is a level of confusion about opening hours especially regarding X-ray departments. There is also confusion about what illnesses/injuries fall within the remit of the MIUs,
- c) GP Out of House: 66% of patients were aware of the GP Out of Hours service but not everyone knew how to access it. Only 27% of patients had tried to contact their GP prior to attending A&E/MIU,
- d) NHS 111: 71% of respondents were aware of NHS 111 but there was some confusion about what it was for,
- e) On the whole patients access their most local service with 70% of patients taking less than 15 minutes to reach the A&E/MIU,
- f) Urgent Care Strategy: only 10% of people had heard of the Urgent Care Strategy Consultation and the majority of these had some connection with the NHS. Only 4 of the people surveyed had submitted a response.

Conclusion

- 12. 109 of the 296 people surveyed considered they had been referred to Urgent Care which represents 37% of the sample.
- 13. 102 of the 187 people (63%) who self-referred considered that it was an emergency which represents 34% of the total surveyed.
- 14. In total 71% of the respondents were in the correct place for their needs.
- 15. People do not change their behavior lightly especially where it is of critical importance to them and their families. There is a lack of risk attached to the individual attending A&E. People understand A&E and know they will be seen by the correct person eventually. For people to change their behavior there needs to be good clear information about accessing alternative services and trust that the alternative service to which they are direct will meet their needs
- 16. Improved communication around the role of NHS 111 is required as the first point of call for Urgent Care and Out of Hours Service

Report Recommendations

Who: CCGs

17. Improved communication around MIUs is required especially regarding their existence, opening times and range of services Consider the possibility of X-Ray department opening hours to match opening times and increasing the range conditions treated by the MIUs

Who: CCGs, WHAT, WCHT.

18. Improved information about the GP Out of Hours service is required – Surgery websites and the recorded messages on the out of hours telephone lines. There is out of date information on local NHS websites about the service which still includes the Worcester Walk In Centre.

Who: CCGs, WHAT, WCHT.

19. Pool resources at MIUs with the GP Out of Hours Services to increase the range of conditions treated

Who: CCGs, WHAT, WCHT

Observation: The barriers to accessing GP Out of Hours services is higher than that for A&E. Patients have to telephone NHS111, go through a telephone triage process and then be given an appointment. It is therefore likely that where they are unable to get a GP or Out of Hours appointment and people consider their condition serious enough that they will go to Urgent Care.