

**Urgent Care survey**

**March 2016**

**1. Introduction**

Demand and pressure on urgent care services continues to increase in Sheffield, in line with the national picture. Our urgent care system increasingly struggles to meet demand and deliver clinically effective and safe services, which provide the best patient experience.

NHS Sheffield CCG Governing Body made the decision to formally undertake a city wide review of urgent care services in an attempt to better understand the outcomes required by local people who use such services. From May to August 2015 we talked with patients and the public using a variety of methods, including focus groups, surveys, community events, specialist interest groups and through organisations in the voluntary sector. We estimate that through these methods we made 14,354 contacts with individuals and groups specifically relating to the urgent care services review.

The information collated in the summer gave us clear themes and trends, which were:

<b>Access to GP appointments</b>	A large amount of people feel that they are unable to get a GP appointment when they need one or at a suitable time. This drives people to use urgent care services for convenience, or because their health issues escalate.	"Too difficult to access GP from Friday to Monday. Closed on a Friday afternoon. If condition worsens have to go elsewhere at a weekend."
<b>Confusion about what services to use</b>	There is a lot of confusion about what services to use for what type of need. It is seen that there is too much choice and people default to services that they are comfortable with, know about or have used before. The language that is used to describe urgent care services is seen as confusing and inconsistent. People feel that there should be better signposting to, and education of, these services. Many people feel that the system should guide patients through rather than have to make the choice themselves.	"I was needlessly sent to adult A&E after contacting NHS 111 for advice. On arrival at A&E I was then sent across town to MIU. This is where I feel I should have been sent in the first place."

<p><b>System not working cohesively</b></p>	<p>People see the urgent care system and wider health and social care system as complicated, fragmented and lacking communication between services and organisations. This has the impact of people having to repeat their story at every contact within the system and also affects the continuity of care that they receive. They feel that all organisations providing services need to be joined up better with greater integration across health and social care.</p>	<p>“The Out of Hours service sent an ambulance to take my partner to A&amp;E. The ambulance crew asked why we had called them, then the doctor at A&amp;E asked why we had called an ambulance!”</p>
<p><b>Staff attitude and communication</b></p>	<p>There are mixed reviews around staff attitude. Some people have received the compassionate and friendly care that they expect, whereas others have felt that some staff have been dismissive and unhelpful. Communication between staff and patients, and especially being listened to, are big issues for people.</p>	<p>“Every member of staff I interacted with was brilliant and made me feel very at ease.”</p> <p>“Sometimes you are made to feel like it’s your fault.”</p>
<p><b>Differing experiences and knowledge of services</b></p>	<p>People are experiencing urgent care services very differently across Sheffield. Many factors affect their knowledge of, and confidence of using, the different urgent care services that are available to them. These factors can include where people live, the language they speak, their education level, and their age.</p>	<p>“Presume that people have a computer. Need information and advice in other formats. Some people can’t access libraries and they are closing them.”</p>
<p><b>Alternative services available closer to home</b></p>	<p>The types of services, both statutory and voluntary, that are available in the community to support people are varied across Sheffield. People want services in the community that will help to address their health issues before they escalate and require urgent care services like 999 and A&amp;E. Concern was raised that if an ambulance is called they are automatically admitted to hospital when they may be able to stay at home with some quickly arranged support.</p>	<p>“My relative didn’t want to go to hospital once they were checked over by the ambulance staff, but they wanted my relative to go. We felt under pressure to go, but when we got there we ended up waiting round for hours.”</p>

<b>Discharge failures</b>	The exit point of urgent care is seen as a particular problem. Unplanned discharges, a lack of follow ups and no continuity of care can create a feeling of falling off a cliff edge.	“People are thrown off a cliff edge when they finish their treatment. There needs to be an intermediary.”
<b>Mental health</b>	People want to be treated as a whole, with their mental health needs treated as equal to their physical needs. They want plans to help them in a crisis. Experiences of accessing urgent care services for mental health issues are generally poor.	“Mental health should be treated just the same as physical health.”  “Reduced funding in mental health has stopped my support. Won't be seen again until at crisis point.”

From this information, there were six key questions that were outstanding and required further data. Three of these questions were identified as being answerable using routinely captured data from the services themselves. They were:

- Who is using the services?
- When are they using these services?
- What did the service do for them?

In order to answer the additional three questions, a survey (Appendix A) was devised to provide a snapshot of healthcare service use urgent care sites. They were:

- Why are they using these services?
- What other services did they use?
- What would they do if this service didn't exist?

In December 2015, NHS Sheffield Clinical Commissioning Group commissioned Healthwatch Sheffield to complete the survey with current users of these services. The main themes were:

- 67% of respondents using the Walk-in Centre or Children’s A&E had been unable to make an appointment with their GP (either no appointments or closed).
- For those using the Minor Injuries Unit, nearly half chose the service because it was recommended by friends or family.
- People mainly wanted medical advice.
- The majority of people had tried to access other services (mainly GP) before going to these services.
- The main reason other services were unable to help was because an appointment was unable to be made. The second reason was that services had told patients to go to these urgent care services.

- If these services weren't available people would go to the Walk-in Centre, wait to see their own GP or go to A&E.
- Most people were registered with a GP.

A repeat survey was then commissioned for March 2016 which this report details the responses to.

The table below shows the date, time and number of surveys completed at each location.

Location	Date	Times	Surveys completed
A&E	Sunday 6 March	11am – 3pm	46
Children's A&E	Saturday 27 February	10am – 2pm	42
Minor Injuries Unit	Tuesday 1 March	1pm – 5pm	15
Walk-in Centre	Monday 29 Feb	10am – 2pm	50
			<b>153</b>

A lower than expected number of surveys were completed at the Minor Injuries Unit. This was due to an incident with a member of the public who was being aggressive in the waiting room. As a precaution the engagement worker stopped undertaking the survey for over an hour.

The combined information should provide a useful insight into people's behaviours and inform the review of urgent care services in Sheffield.

## 2. What we found out from the survey carried out by Healthwatch

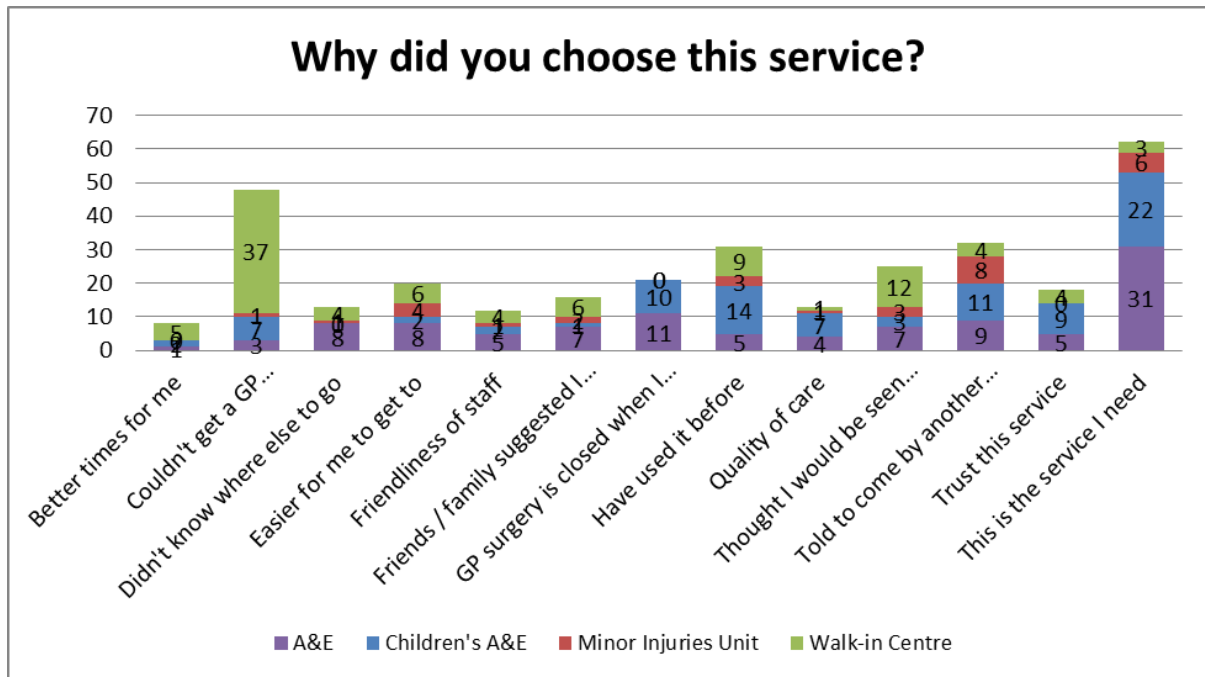
The main themes that can be taken from this engagement activity are:

- Most people had chosen to access the Walk-in Centre because they were unable to make an appointment with their GP.
- Shorter waiting times and more information about how long they will have to wait to be seen.
- Most people had chosen to access A&E and Children's A&E because they felt that was the service that they needed.
- People were mostly looking for medical advice.
- Most people who had tried to access another service before going to A&E or Children's A&E, had called 111 and been told to go there.
- The top results for where people would go if the service they were accessing wasn't there were, those accessing:
  - A&E said they would go to the Walk-in Centre
  - Children's A&E said they would go to the Walk-in Centre
  - Minor Injuries Unit said they would wait to see their own GP
  - Walk-in Centre said they would go to A&E

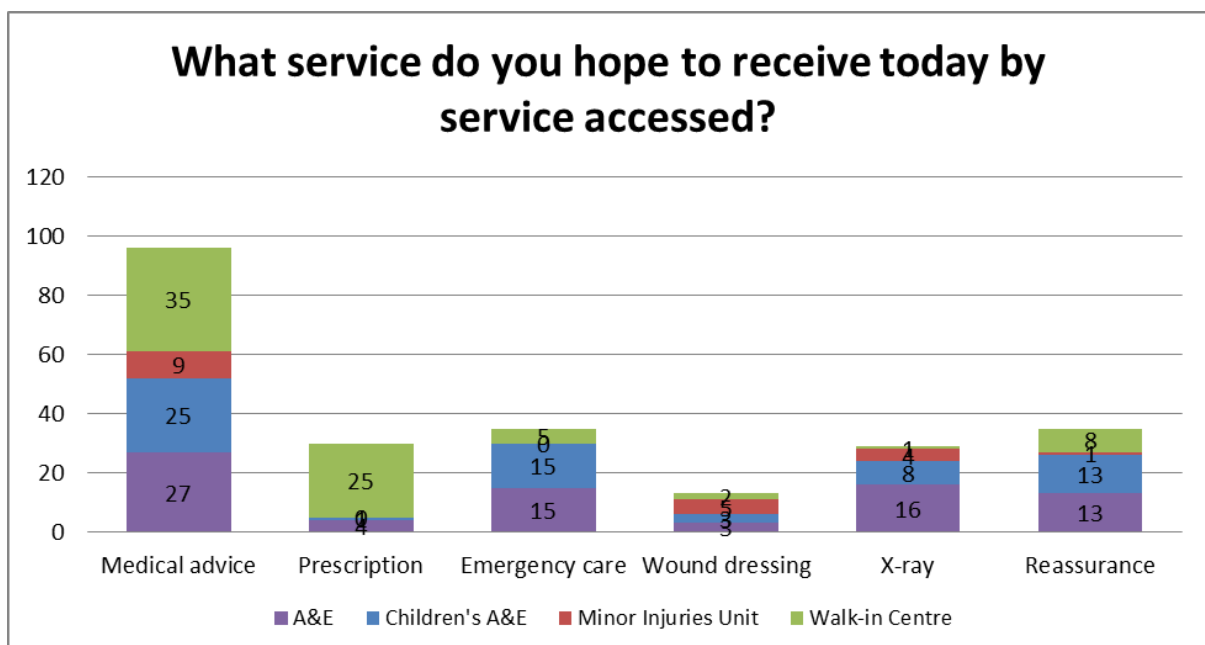
- Only 4.6% of respondents stated they were not registered with a GP.

### 3. Question Responses

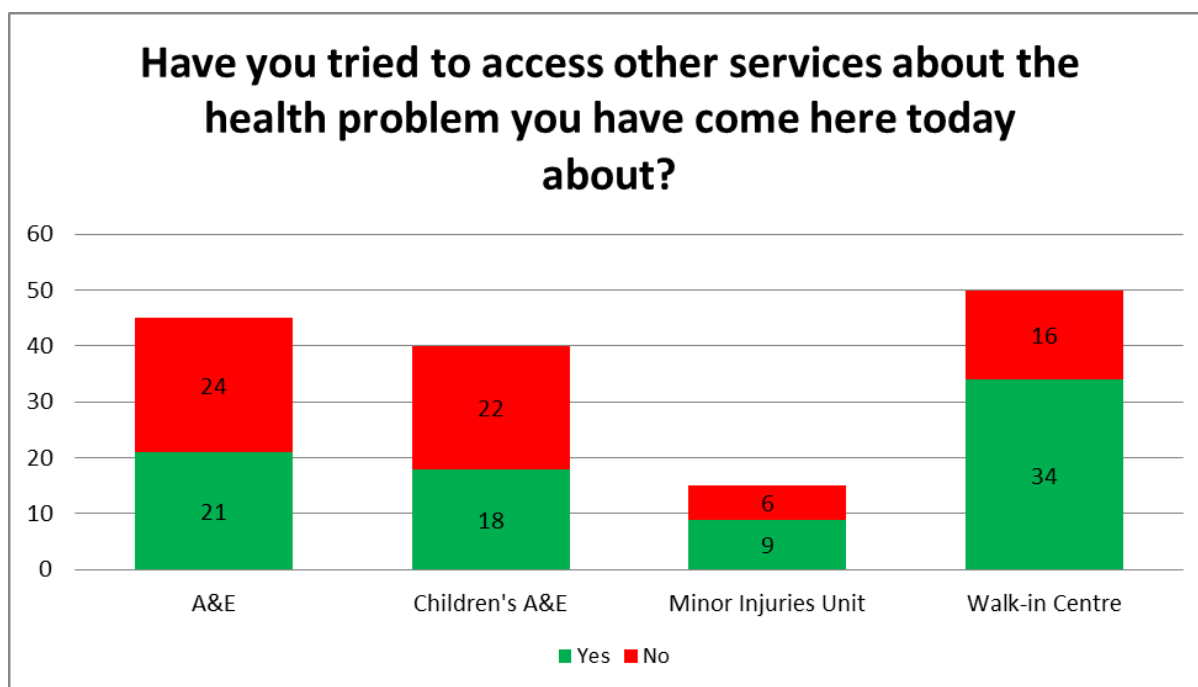
The top two answers to the question below highlight that most people had chosen to access the Walk-in Centre because they were unable to make an appointment with their GP and most people had chosen to access A&E and Children's A&E because they felt that was the service that they needed.



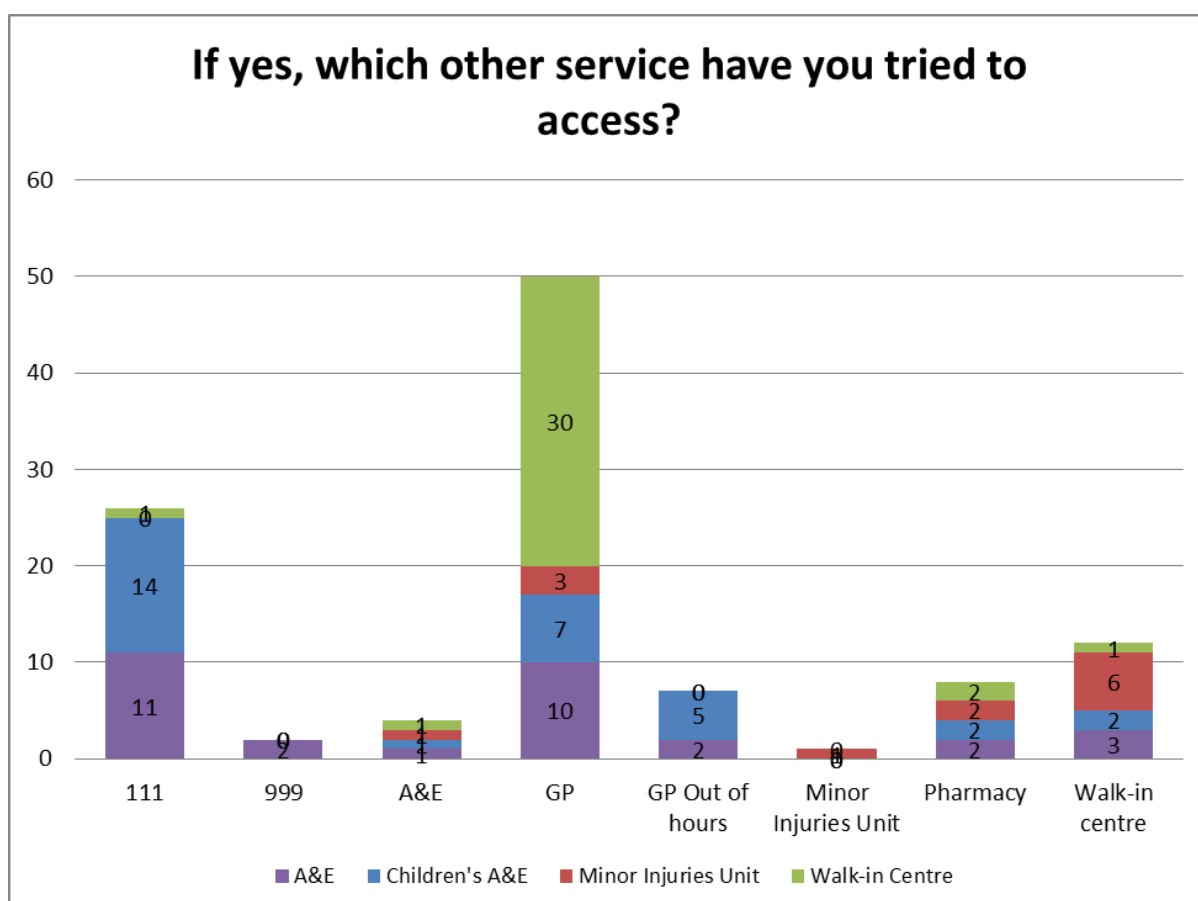
People accessing all services answered that they were mostly looking for medical advice. Those people using the Walk-in Centre were also looking for a prescription, whilst those accessing the A&E were looking to have x-rays, emergency care and reassurance.



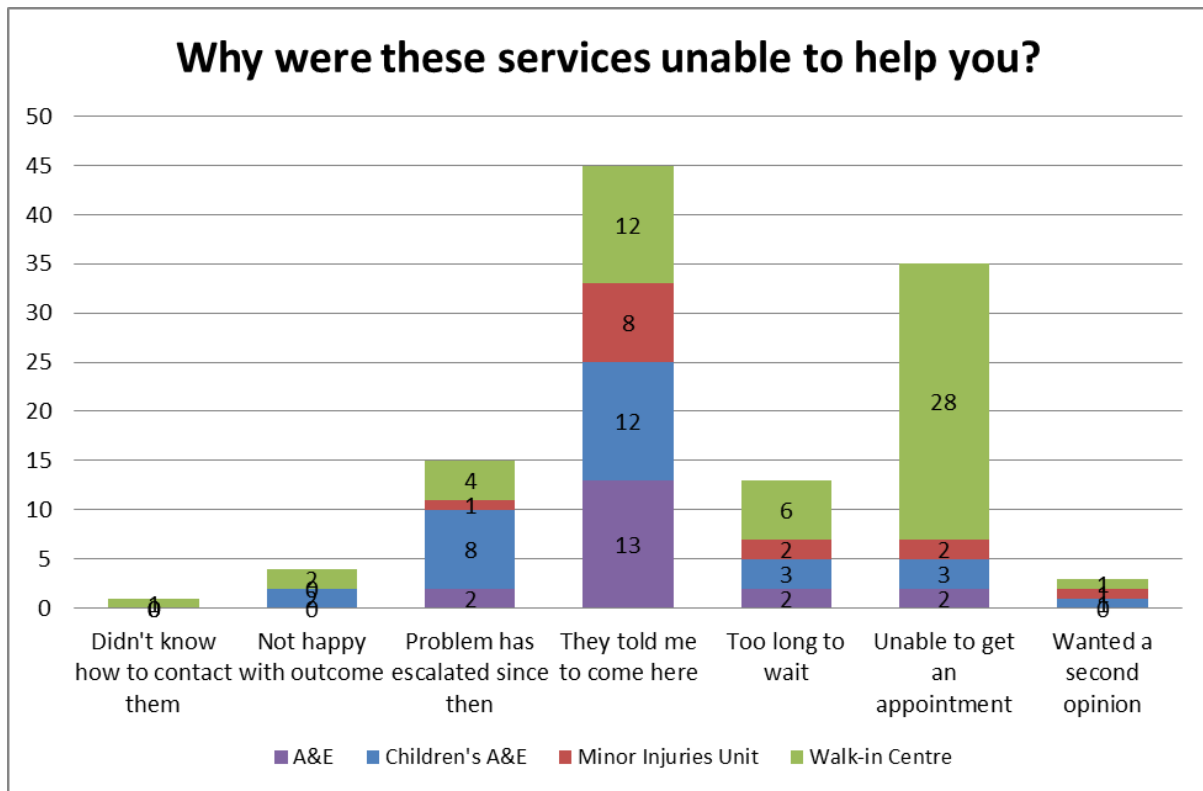
The majority of people who had accessed the Walk-in Centre had tried to access other services about the same health problem that they were presenting at the service. Those accessing the other three sites were more evenly split.



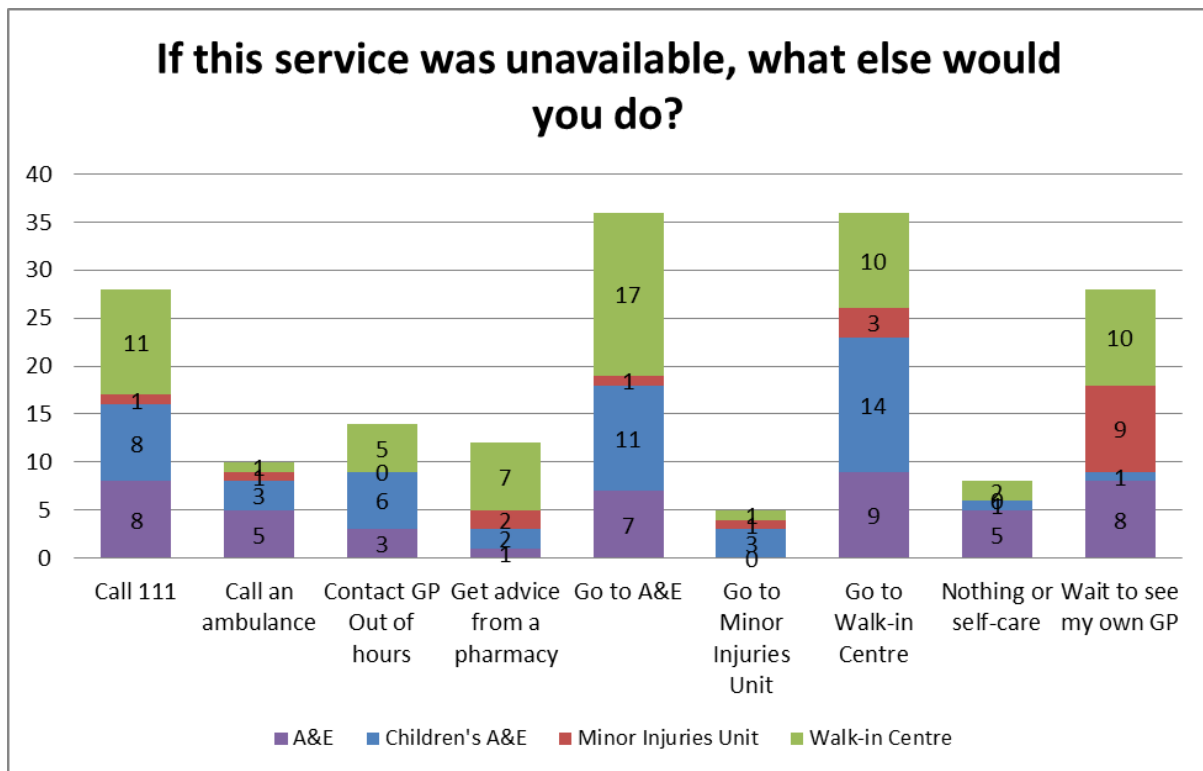
The majority of people who had tried to access other services had tried to access their GP. Those accessing A&E and Children's A&E had also tried to call 111 and those accessing the Minor Injuries Unit had also tried to access the Walk-in Centre.



The main reason other services were unable to help those going to the Walk-in Centre was because an appointment was unable to be made. The main reason those going to A&E, Children's A&E and the Minor Injuries Unit gave was that services had told them to go to these urgent care services.



If these services weren't available, the majority of people attending the Walk-in Centre stated they would go to A&E, whilst most attending the Minor Injuries Unit and Children's A&E stated they would wait to see their own GP. Those people attending A&E were evenly split between going to the Walk-in Centre, waiting for their own GP, calling 111 and going to A&E anyway.



#### 4. How this information helps us to understand the full picture

This information provides a snapshot into the behaviour of people using these urgent care services at a particular date and time. The information should be used to supplement previously gathered information and other available data to gain a more complete picture of the usage of these services.

#### 5. What else we need to know

This engagement activity has helped us to understand three of the six questions detailed at the start of the report.

We still require to know:

- Who is using the services?
- When are they using these services?
- What did the service do for them?

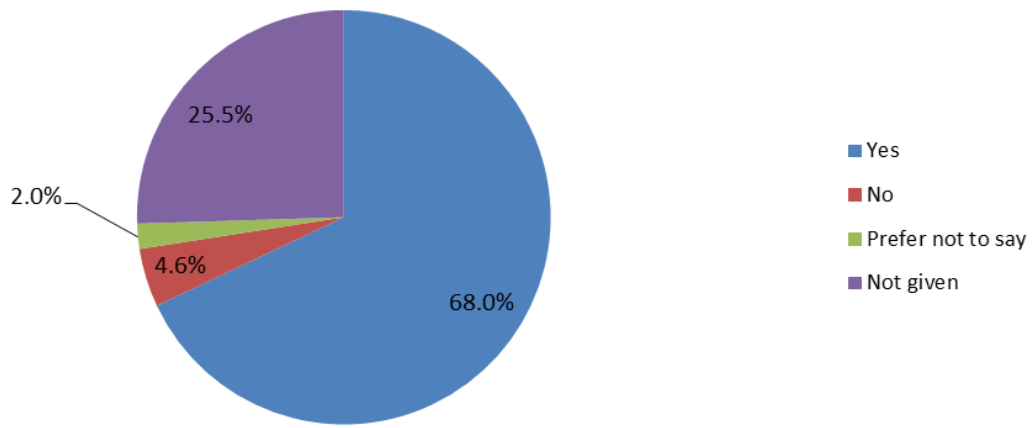
As previously mentioned, other routinely collected data has been identified as being important in aiding our understanding of the use of these services. This data should be collected and analysed to hopefully answer these three outstanding questions.

#### 6. Who did we talk to?

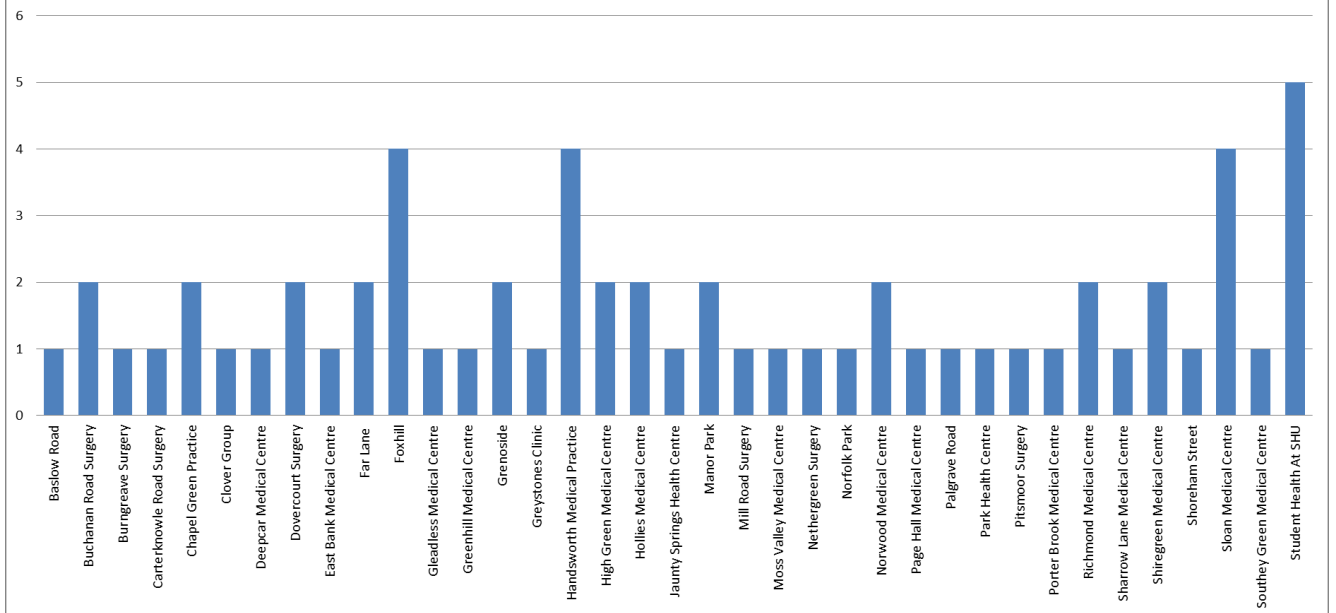
As part of every survey we asked some general questions about the person that was completing the survey to help us to understand which communities were responding. These questions were optional. Although we cannot say that this describes the types of communities that are using these services, we can be assured that views from these communities within Sheffield are captured within this engagement activity.



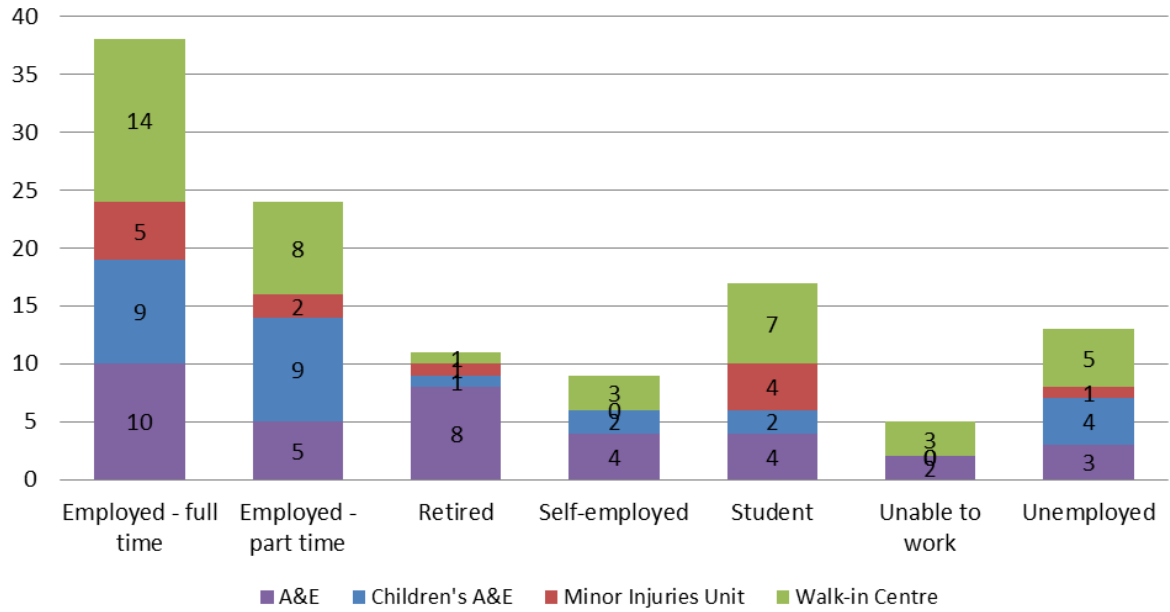
## Are you registered with a GP Practice?



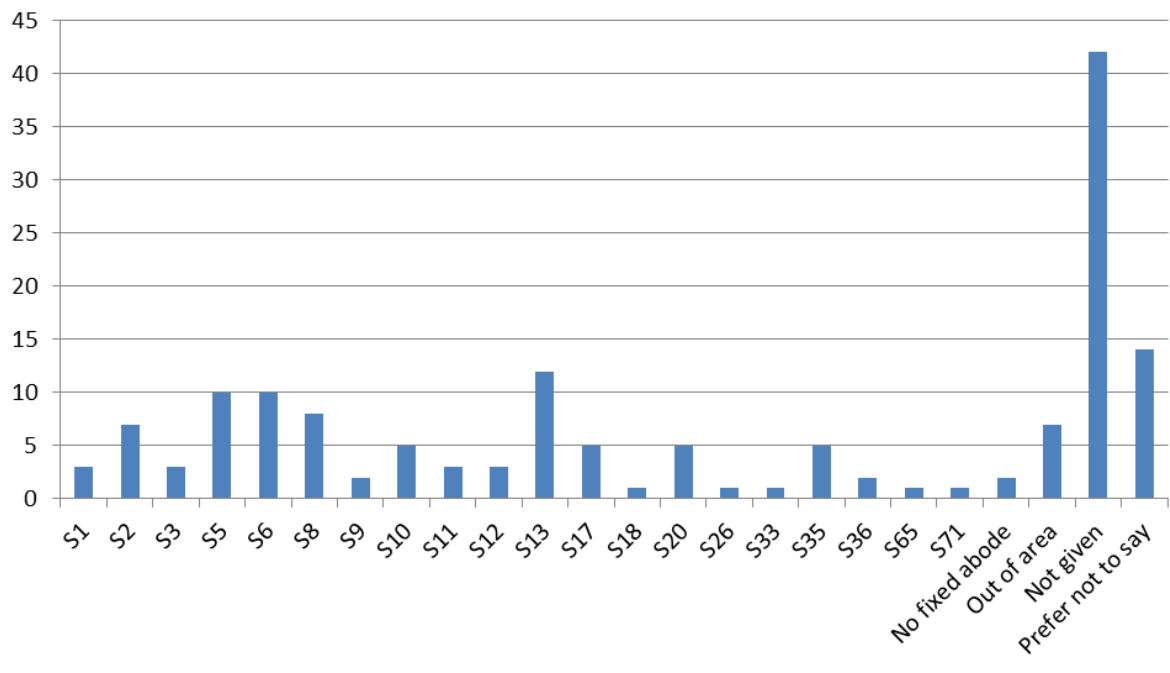
## Patients presenting per GP Practice



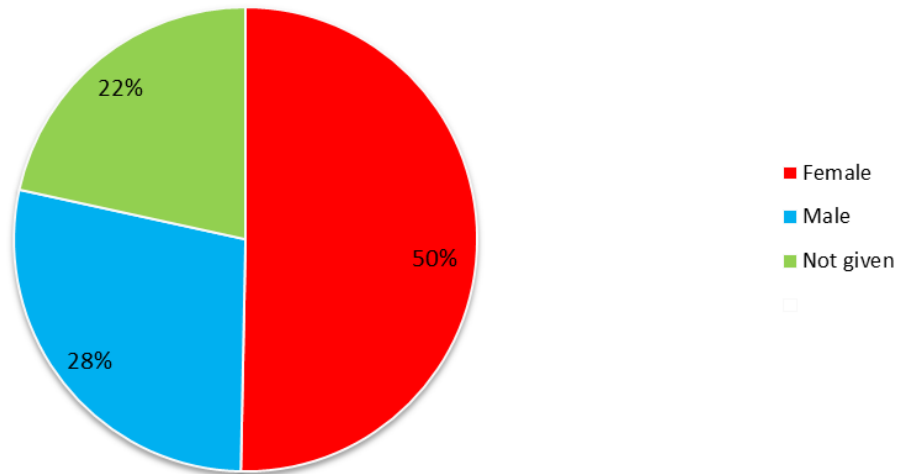
## What is your current employment status?



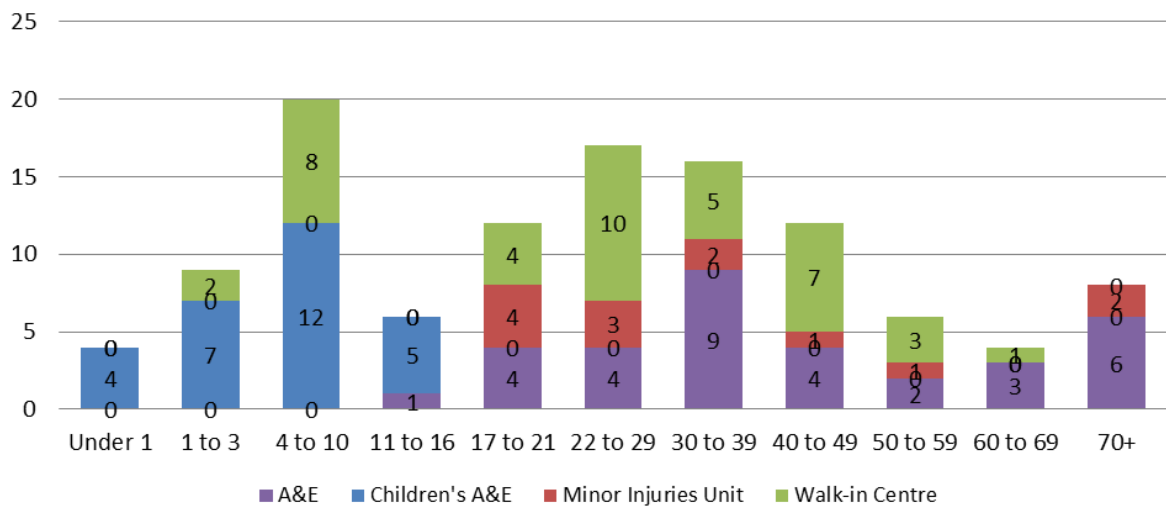
## Postcode of patient



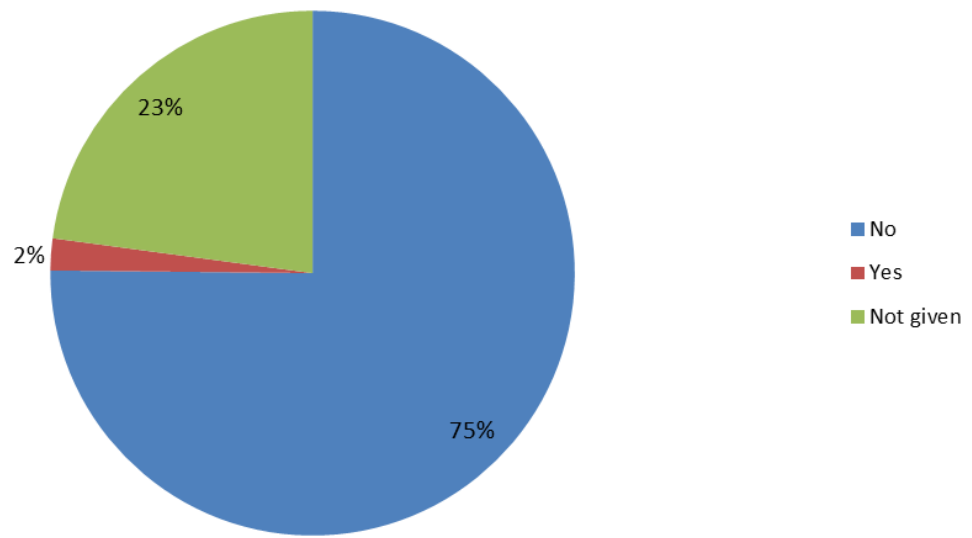
## What sex are you?



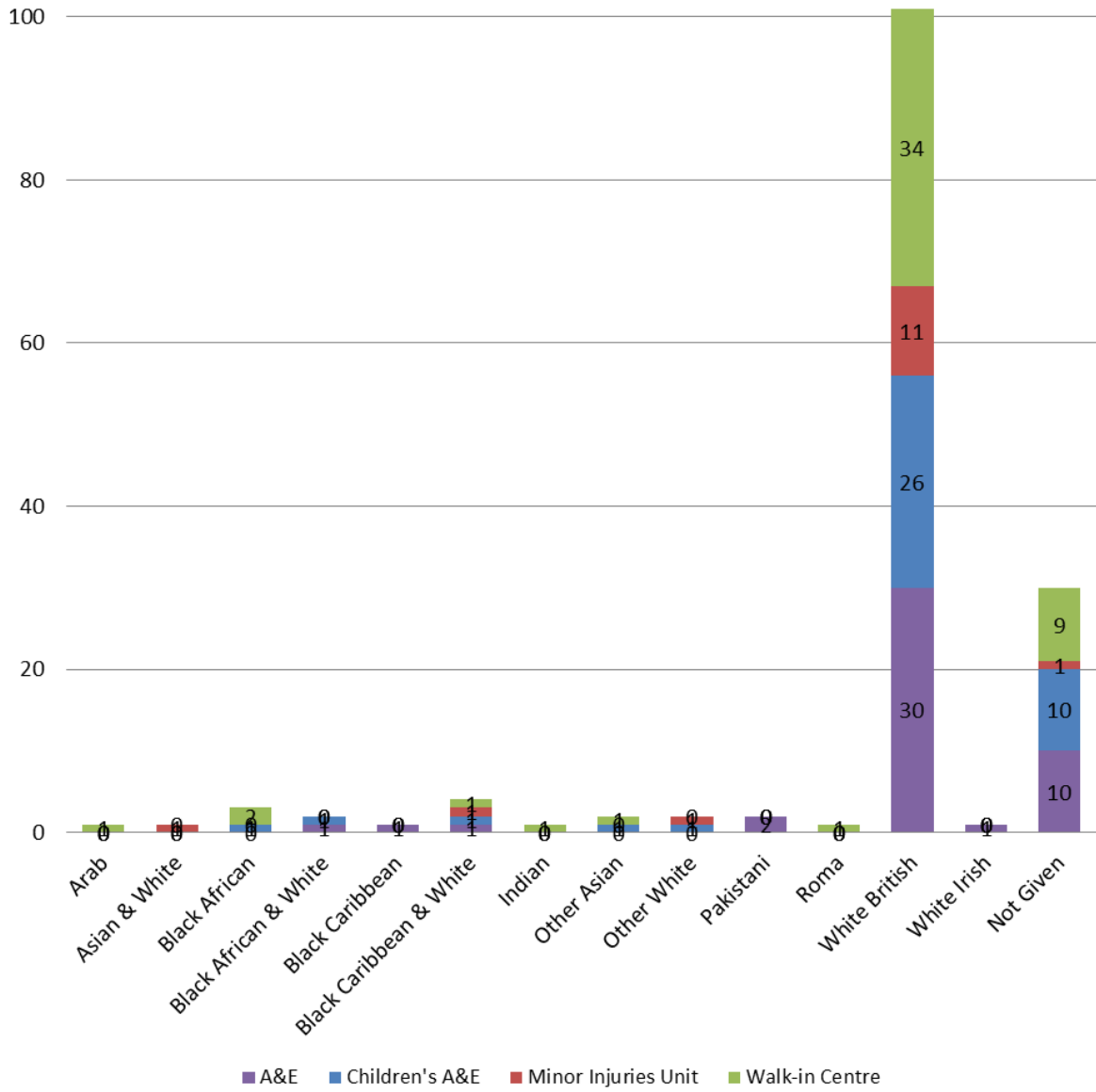
## Age of patient



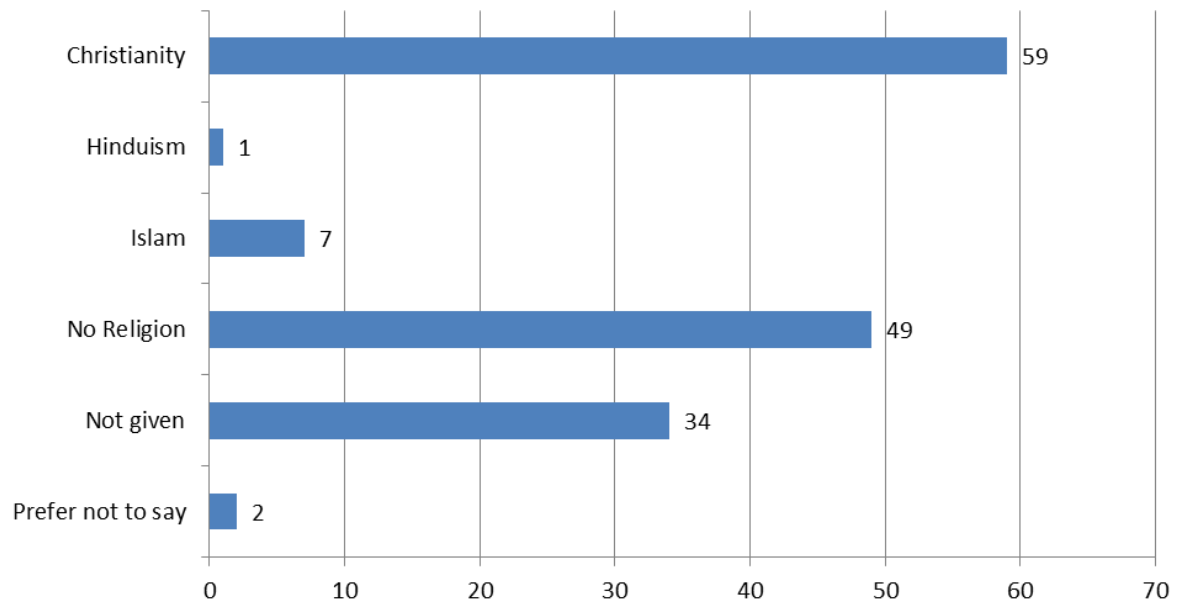
## Do you need help understanding English?



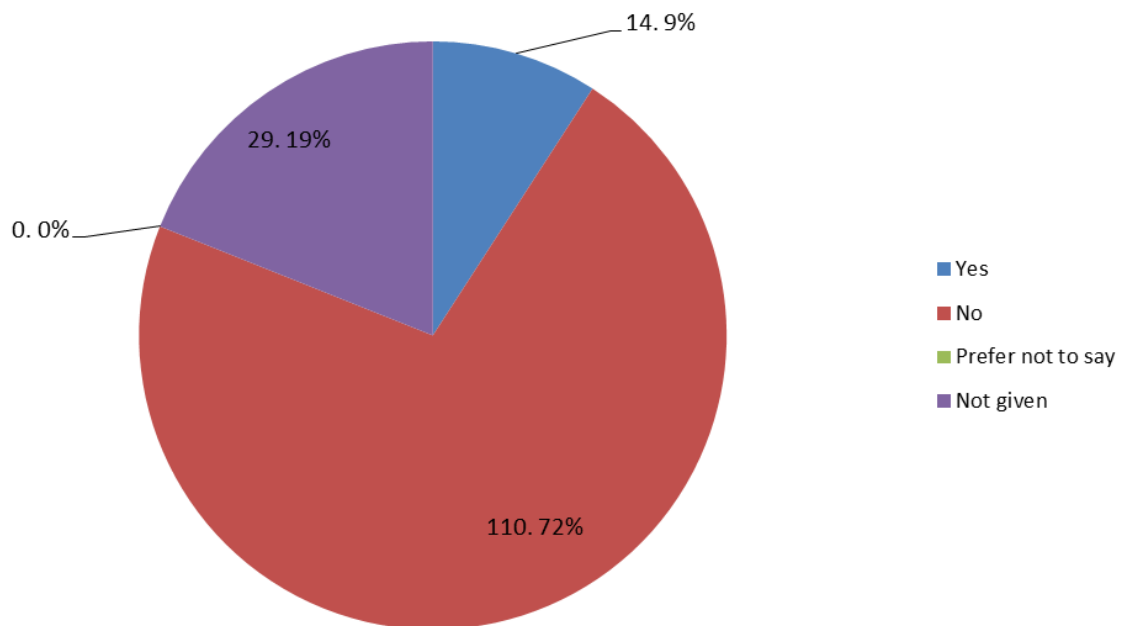
# Ethnic Background



## Do you consider yourself to belong to any religion?



## Do you consider yourself to be disabled?



## Do you provide care for someone?

