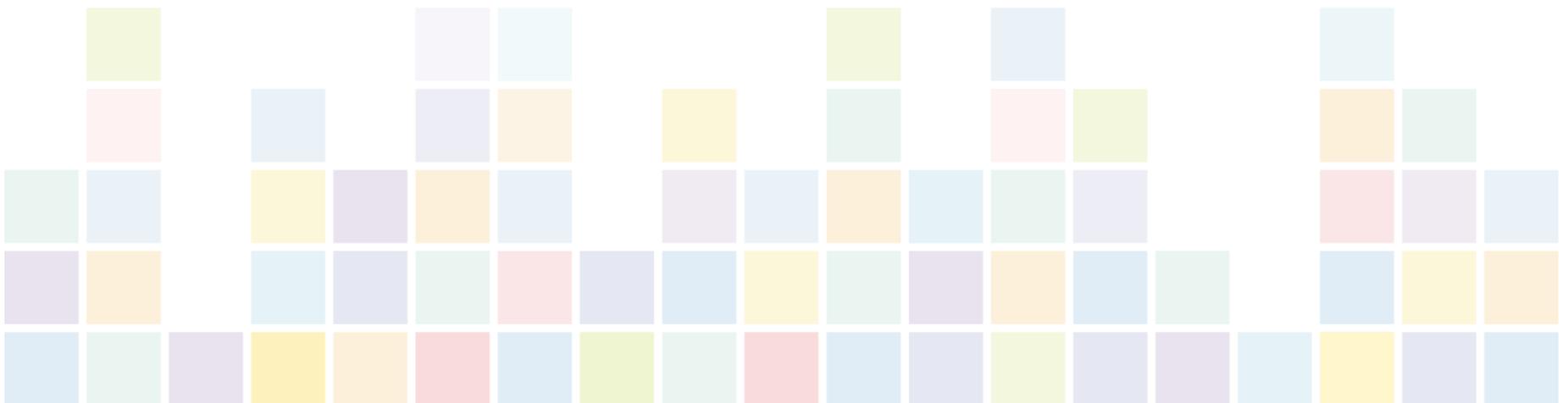


December 2019 First Workshops Partner Workshop Public Reference Group Workshop



Aims of workshops

Partner Workshop

Public Reference Group Workshop

Objectives

To develop a collective view of the problems the system faces delivering urgent care and their root causes (case for change)

To draft objectives to address the problems that all partners can identify with and help deliver

Develop a clear definition of urgent care

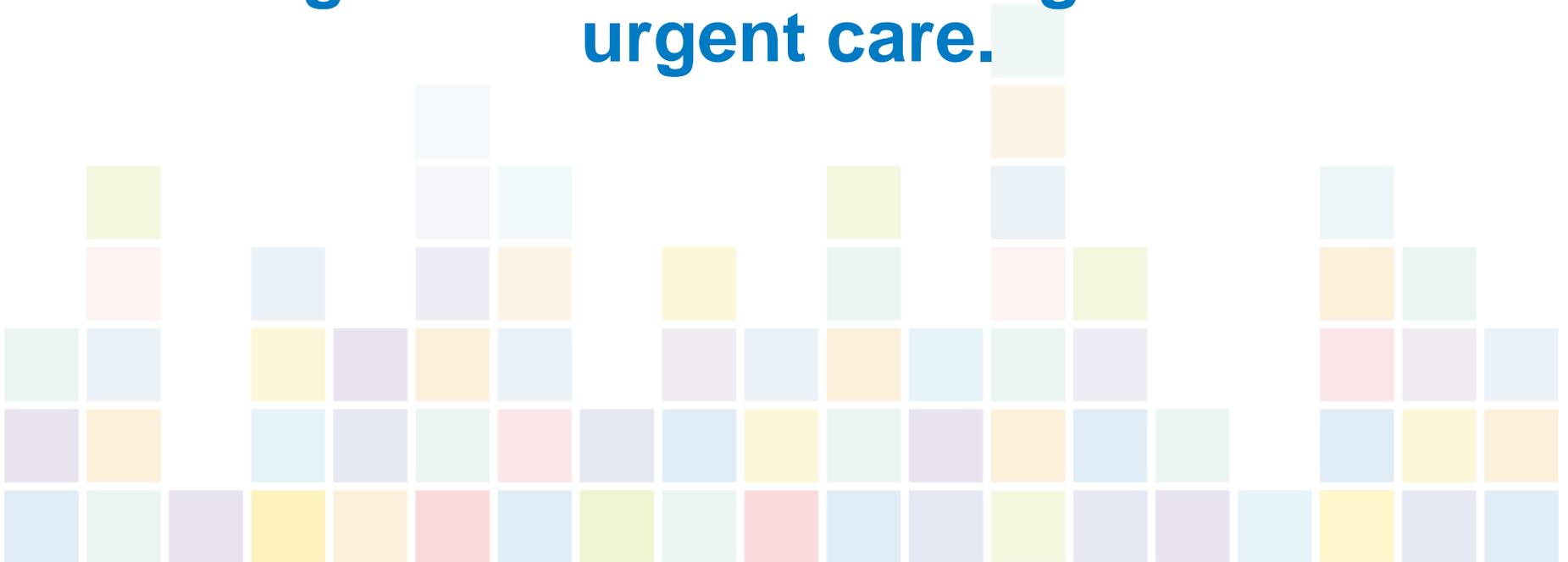
Public Workshop

To develop a collective view of the problems Sheffield faces regarding urgent care

To draft objectives to solve the problems

Develop a clear definition of urgent care

Develop a collective view of the problems in urgent care and what's good about urgent care.



To develop a collective view of the problems the system faces delivering urgent care and their root causes

Key Issues and root causes raised at Partner workshop – December 2018

Organisational Issues

Targets - Short length of appointments - Support to professionals - Inconsistency in systems – lack of access (can't direct book) – 7 day working – don't turn away people when in 'wrong' place

System wide Issues

Lack of joined up working – lack of co-ordination - Problems have impact on other parts of the system – Interdependency with and provision of proactive primary care – lack of defined pathways - Too complicated an offer – Different perceptions of services available 24 hours – gaps in service – services across system are not clear

Common reasons for change

Lack of resource (workforce, estate, funding) workforce - Lack of capacity –staff retention – skills mix – recruitment – wider determinants of health – issues of inequalities

Need

Distressed people with severe health problems isolated and anxious - increase in social problems – increase in behavioural problems

Cultural Issues

Patient expectations – Patterns of behaviour – Perception of place of safety and trust - Risk assessment

To develop a collective view of the problems the public faces delivering urgent care

Key Issues and root causes raised at the Public Reference Group workshop – December 2018

What's good about services

- Seen /responded really quickly
- X-ray quickly
- friendly and caring staff
- they have all information about you
- Gateway/triage to other services medical and signposting
- Can see a range of clinicians
- Booked appointments
- Know your community
- Easy to get prescriptions
- Good appointment system
- Good treatment
- Open longer

What are the issues

- Not open all the time
- First point of contact missing
- Long time to answer phones
- Judgemental reception
- Long waits - Difficult or can't get an appointment –
- Sent somewhere else instead
- Short appointments
- No links or working with other services
- Lack of local information/response
- Confusion of where to go
- Lack of clinical staff
- Lack of social care

Key issues common to both public and partners workshops are – poor pathways, resource – especially around workforce and time available, knowledge about the services available

Both workshops discussed a suggested draft definition of urgent care below.

- Treatment for minor illness and minor injuries that are urgent (within 24 hours) - but not life threatening
- Or another definition?

Develop a clear definition of Urgent Care

This is what the workshops said....

Alternative Proposals

Treatment or advice for illness and injuries that are urgent (within 24hours) but are not life threatening

Same day treatment

Same day services out of hospital

First point of contact

Take out treatment/minor

Remove the word minor as it belittles.

Take out the minor makes it clear

Not sure should remove minor as this links to minor injuries unit

Take 'minor' out of definition

Non-life threatening care

Assessment rather than treatment- that's what people need

Urgent- Combined with worsening, interfering with daily activities and timescale

Take minor out

Urgent v Emergency Care

Definition need to sit alongside definition of emergency

Emergency- life and limb threatening

Is A&E urgent, emergency is 999?

Urgent Care could be a manner of things- heart attack etc

Is it everything else that's not A&E?

Urgent means now- most care needed isn't urgent

Should be able to distinguish between emergency and urgent

Urgent - doesn't require high level intervention

Develop a clear definition of Urgent Care

This is what the workshops said....

Detailed description

Could we add- adults, young people, children in the detailed description

Ensure communicate how this fits to the wider system

Set in the context of what is possible

Describe the patient journey

Needs to capture the wider determinants of health

Need to see it in context of wider system – multiple Single point of access

Includes mental health

Public Perception

When ill don't think about definitions, want to pick up the phone and be directed to appropriate point

Patients don't always know whether minor or major

Patient's perception different to health professional

Got to be based on patients perception

Experience- urgent is when you become unwell and don't know where to go and when (Not just students but young people)

Depends on the patient (child or adult)

It's an individual thing to one person it could be a heart attack or someone else a hurt finger

Needs to be based on patient perception

It's a culture and education thing

People want reassurance most of the time (doesn't have to be a GP or a nurse to provide this)

It's perceived minor illness

Lots of different groups with different needs

Outcome of the discussion was a revised draft definition of Urgent Care

Urgent Care means

- Advice and treatment for illness and injuries for all ages thought to be urgent (within 24 hours) - but not life threatening.

This does NOT mean

Emergency care

- Which is for people with serious illness or injury or life threatening conditions that need immediate medical attention.

Illness includes mental and physical health

