

Notes from engagement event held 01/19 at the Terminus Initiative Lowedges

Context

Terminus Initiative, Lowedges. Fourteen people attended, in addition to the two members of staff, an Art tutor, and a member of the Comms Engagement and Equalities Team (PM).

The session began with an introduction to the Urgent Care Review, when it took place originally, a brief explanation of the process followed and outcome, and an explanation of terms “Urgent Care” and “Emergency Care”.

PM began conversations with individuals and small groups, using the four questions previously established as a guide:

1. If you are ill or injured what do you do?
2. Where do you go for help?
3. Which services have you heard of?
4. In your opinion, why do people use A&E?

Conversations took place with 12 of the 14 members of the group, with two members preferring to wait until next week to give their views.

Common themes:

Eleven members of the group had heard of 111 and understood that for non-emergency situations this was the number to call if they were ill or injured and did not need emergency care. Ten members of the group had heard of the Walk in Centre, and at some time had either used this service or knew that they were likely to use it in the future for non-emergency care. All members said that they did not know of any other services to help with non-emergency scenarios. All members of the group understood why people use 999 for emergency services.

#1 explained that her health was currently good, but that she was concerned that this might not be the case in two or 5 years. She is aware of the 111 service and has said she has used it several times and that it was a service that had worked for her. She was very anxious about how she would get to Jordanthorpe Practice, as she can't afford taxis and taking 2 buses may not always be feasible. She was not aware of the prescription ordering service, or that her own practice could fax prescriptions to her local pharmacy.

She said that she had heard that the Jordanthorpe Practice was acquiring X-ray equipment and wondered if this meant it would become a UTC? She said that would be frustrating if this was the case, as it would be easier for her to use the WIC in city centre rather than travel to Jordanthorpe Practice.

She said that she has lived in Lowedges for a long time and although she values greatly the support provided by the Terminus, life in her community felt like “living in Beirut”, with the Post Office and other services amalgamating or closing down, and the closure of the surgeries was “the last straw”.

#2 She has recently had surgery for cancer, she has suffered minor strokes, and has arthritis in her knee. Walking is laboured and extremely painful.

She does not have a bus pass (65 is the threshold) and is very anxious about the implications of travelling to Jordanthorpe following the closure of her two local surgeries. She is currently suffering from severe back pain and fears the return of her cancer. She is aware of the 111 service and the WIC but she says she has never used it, but would contact this number for non-urgent medical

treatment. She said she did plan to visit her GP while the local practice was still open, and Terminus Staff are now fully aware of her situation. Referrals to adult social care, (to include an assessment for a disability bus pass) and bereavement services have since been made.

#3 have long term conditions. She said she is a regular user of the 111 service and described the WIC as “a Godsend”, despite frequent long waits, their experiences were generally positive.

#4 couple, had not been able to access the mental health services they both need (specifically IAPT) despite advocacy interventions from the Terminus and CSW’s. They were happy with their Lowedges Practice and said they had used the 111 service and WIC occasionally.

Notes from Urgent Care Review Terminus Initiative

January 2019

Context

Outputs of this session:

Emerging themes/observations

- PM spoke to all the attendees and spoke in detail to 3 re out of hours access to primary care, including instances when they have not been able to obtain appointments at GP surgery
- 3 Patient Journey Forms completed
- Engagement takes significantly longer because of language issues, other women helped with the interpreting, PM identified individuals who could help in future sessions
- Most at this group had heard of 111 and the WIC, citing their husbands as the main source of this information.
- 3 patient Journey Forms relate to using 111 out of hours as events happened at the weekend. They said that their GP surgery out of hours phone message directed them to 111
- 3 said they were very pleased with the service, and felt they received all the medical help they needed, one woman said it was very reassuring to know this service exists.

Notes from event January 2019 –Terminus Initiative, Lowedges.

The Community Lunch takes place weekly and is facilitated by Terminus Initiative staff. It provides an opportunity to bring people in the community together to decide menus, prepare and eat a healthy meal and there are often themes to discussions. The event was attended by 18 people.

The session began with a brief introduction to the Urgent Care Review, when the original consultation took place, a brief explanation of the process followed and outcome, and an explanation of terms “Urgent Care” and “Emergency Care”.

Following the introduction and context, members of the group proceeded with activities and PM began conversations with individuals and small groups, using the four questions previously established as a guide:

5. If you are ill or injured what do you do?

6. Where do you go for help?
7. Which services have you heard of?
8. In your opinion, why do people use A&E?

Conversations took place with 13 members of the group.

Common themes:

6 attendees had not heard of 111 or WIC. The rest of the group had heard of 111 and understood that for non-emergency situations this was the number to call if they were ill or injured and did not need emergency care. Nine members of the group had heard of the Walk in Centre, and at some time had either used this service or knew that they were likely to use it in the future for non-emergency care. All members said that they did not know of any other services to help with non-emergency scenarios.

Most of the conversations were around patient pathways that led to accessing A&E treatment and there were few working examples of people using 111 and the WIC during this session.

General Feedback:

“If you phone 111 and it’s about a child, you’re always directed to Children’s A&E, I don’t bother ringing 111 for that reason, there is no point”

“I used the WIC for my (adult) daughter when she became ill. We had a very long wait (it was a Saturday) but she was sorted there. I’d like to know why she had to wait so long when she was so poorly? I think they should prioritise better”

“I’ve been living in the area since 2007, I haven’t used 111 yet or the WIC but know it’s there”

Feedback from Community Support Worker

- He is frequently present and accessible on site (Terminus Café drop in and Health Activities) & there are high levels of self-referrals.
- Referrals to IAPT are not straightforward and there are poor response times, sometimes no response
- Ongoing access issues with Transport 17, Community Transport agency, and this inhibits progress with clients
- He has found GP receptionists a barrier when trying to advocate for clients
- He thinks that having a UTC at a GP surgery would be a very good idea, see below
- When people have seen him in the Community, people tend to prefer to see their GP (rather than self-back to him) for help in relation to social care and referrals. When asked why, clients say they do not wish to bother him with a return visit, and that it seems legitimate to make an appointment with their GP instead. This is ongoing and he is trying to encourage clients to return to him if there isn’t a clinical reason for clients to see their GP.

Urgent Care Review 22 January 2019

Terminus Initiative, Lowedges,

Outputs of this engagement

- Three people were not aware of 111 service, or the function of the WIC; the difference between urgent care and emergency care and 111 service was explained.
- PM spoke to 7 people about their experiences of 111 service, and the factors that prompted the usage and the journey that followed.

Emerging themes/observations

- #1 hadn't heard of 111 or WIC. "I've probably needed (to use 111), but I wouldn't have used it. I just wait until I get better. I usually do. If I needed help it would be 999 call (because) it would be an emergency, small stuff I don't feel right getting help"
- #2 had not heard of 111 or WIC, and said she wouldn't use it. She said she would use 999, as she said "things go very wrong"
- #3 has used 111 and WIC on several occasions for herself and her baby daughter. On one occasion, her daughter had a chest infection and was prompted by surgery answerphone to call 111. She waited over 2 hours following assessment, treatment followed and was sent home.
- #4 didn't know about 111, but said she would not use it, as she felt they were not able to help her, and would use 999.
- #5 talked about WIC as a "God's send". She said she was extremely happy with the service she received when she contacted 111 following development of a UTI. She had been directed by GP to 111 service, as symptoms had become very painful. Due to her high temperature, she had become delirious and confused. However, she was very aware that the doctor she saw at the WIC was very clear and broke down into stages exactly what she should do.

Notes from event January 2019 –Lowedges.

Attendees mainly from nearby Lowedges. The session began with a brief introduction to the Urgent Care work that is currently being undertaken, when the original consultation took place, a brief explanation of the process followed and outcome, and an explanation of terms "Urgent Care" and "Emergency Care".

Outputs from this engagement;

- Conversations took place with 13 members of the group.
- Three Patient Pathway forms were completed.
 - **"Myself and my husband were both ill and used WIC at the same time....it was a pleasant experience, we both felt we were getting the help we needed"**
 - **"I was very happy with the service, I didn't wait long"**
 - **"I was not pleased with the service, we had a 2 hour wait and the medication my daughter was prescribed was not compatible with other meds"**
- At this event, there were several people who had used 111 and WIC for out of hours access, but preferred not to talk in detail, other than to say they thought it worked very well and "please don't mess with it".
- The difference between urgent care and emergency care was explained to people who did not know about the 111 service

Emerging themes:

- Some had not heard of the 111 service, and had either not heard of the WIC, or were unclear as to the function of WIC, or hub GP services. The 111 service was explained, the difference between emergency and urgent care, and the function of the WIC and hubs, but there was considerable wariness about using the service:

“I would have to sort transport if I dialled 111, 999 takes me straight to hospital”

“You get seen quicker if you dial 999, I don’t worry then, I know I’ll be sorted out”

- At this session, it was apparent that the usage of 111 service is influenced by the patient’s health event taking place out of hours, not because patients were saying they could not obtain an appointment with a particular surgery.
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Urgent Care Review engagement

27 Feb 2019

Activity Summary 13 February -27th February 2019

Partners: Darnall Wellbeing and Darnall Primary Care Centre (DPCC)

Engagement with patients (Urgent Care) has taken place in a range of settings,.

Engagement has focused on extending the reach as far as possible and this has included interviews with volunteers, Health Trainers and DWB staff who are also patients at DPCC.

In summary the main points are:

- Engagement with patients in Darnall began 13 Feb 2019
- 4 visits to Waiting area and discussions with 72 patients resulting in 44 Patient Journey maps
- An additional 19 patient contacts through group activities
- Patient journey maps relate mainly to S9.

Emerging Themes:

- There is confusion regarding where patients should be signposted for urgent dental care, with several patients being told by staff at WIC that Charles Clifford does not carry out urgent dental care and being referred back to their GP
- Ongoing difficulties obtaining appointments often results in regular use of the WIC. “I was told that I had to wait a week and I knew that I would get worse if I waited that long” The common issues of cost and inconvenience transporting younger children does not feature as prominently as most are working and several did not have children
- The majority of patients PM spoke to in DPCC Waiting area said they have no issues with the quality of the clinical care they receive, but there are ongoing problems with access

to appointments, resulting in regular use of WIC as an overspill for demand. Many patients pointed to the building and asked if DPCC could become “like the WIC” and several patients said an UTC could work on a neighbourhood level. However, additional comments included “What is this building for if it is not to provide Urgent Care? They would need to recruit more staff”

- Transport costs to WIC were cited as being a concern and have stopped patients attending the WIC. Other comments include concerns regarding the difficulties of travelling whilst ill, travelling with sick children, and the cost of nearby parking.
- One patient described how he went to the MIU following a burn, and waited for over 2 hours. He said if he hadn’t had a car he would have gone to A&E as it was the nearest facility. He said he thought it would be a good idea to have a live dashboard that directs people to the facility with the greatest capacity. He said if choices were improved on a neighbourhood level it would relieve the spikes in demand in other facilities “ you only make better choices if you make an informed choice, I can say with confidence that I know the care will be good, but I am concerned about access”
- Observations by a patient and echoed by other patients: “you need to bear in mind the cultural (norms) that exist in people’s minds about (urgent care). People bring with them the expectation that the access will be immediate, especially for things like blood tests” WT suggested that an information campaign would be helpful.