

Healthwatch Worcestershire

Urgent Care Survey

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Background:

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 being implemented from June 2014.

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.

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 us to provide feedback to the Urgent Care Strategy which is currently being implemented

We notified the CCGs (Clinical Commissioning Groups), Worcestershire Acute Hospital NHS Trust (WAHT) and the Worcestershire Health & Care NHS Trust (WHCT) of our intention to carry out the survey and discussed the logistics of the visits with WAHT & WHCT.

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.

Part 1: Patient Information: such as postcode, GP Surgery and transport arrangements.

Part 2: Reasons for choosing A&E/MIU & awareness of alternative Primary Care Options.

Part 3: Demographics:

This document is a summary of the survey results.

Who We Spoke to:

- We spoke to 339 patients across the A&E departments and MIUs during the months of September and October. 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.
- We spoke to patients who had made their own way to A&E and MIUs. Healthwatch Worcestershire took the view that where patients had been brought in by ambulance the decision had been taken by the NHS or West Midlands Ambulance Service (WMAS) and therefore further questions were irrelevant.
- The intention was to speak to about 1000 patients, 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 numbers of patients to interview in the waiting rooms of A&E and MIUs was limited. The numbers of patients using MIUs were low overall.
- 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:

1. **37%** of the patients that we spoke to had been referred to A&E/MIU with **63%** self referring. The majority of these believed that it was an emergency.
2. 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 re Xray departments. There is also confusion about what illnesses/injuries fall within the remit of the MIUs.
3. GP Out of Hours: **66%** of patients were aware of the GP Out of Hours (OoH) service but not everyone knew how to access it. **27%** of patients had tried to contact their GP prior to attending A&E/MIU.
4. NHS 111: **71%** of respondents were aware of NHS 111 but there was some confusion about what it was for.
5. On the whole patients access their most local service with **70%** of patients taking less than 15 minutes to reach the A&E/MIU.
6. Urgent Care Strategy: **10%** of people had heard of the Urgent Care Strategy Consultation and the majority of these had some connection with the NHS. **4** of the people surveyed had submitted a response.

Summary:

109 of the **296** people surveyed considered they had been referred to Urgent Care which represents **37%** of the sample.

102 of the **187** people (**63%**) who self-referred considered it was an emergency which represents **34%** of the total surveyed.

Therefore in total **71%** of the respondents were in the correct place for their needs.

People do not change their behaviour 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 that they will be seen by the correct person eventually.

For people to change their behaviour there needs to be good, clear information about accessing alternative services and trust that the alternative service to which they are directed will meet their needs.

Three of the six key findings were around communication and a lack of awareness of the alternatives available. It would be useful if there were one point of contact for people trying to access Urgent Care or Out of Hours Services which would provide certainty for people.

We understand that the intention is that every patient needing either Urgent Care or an Out of Hours service should telephone NHS 111 and be triaged to GP OoH Service, MIUs or A&E by the NHS 111 service. Certainly in September/October 2014 the patients surveyed were not aware of this and whilst **71%** of respondents were aware of the existence of NHS 111 people were not sure what service it provided.

Recommendation: there should be improved communication around the role of NHS 111 as the first point of call for Urgent Care and Out of House services.

By Whom: CCGs

MIUs: People are aware of MIUs (58% of the respondents knew of MIUs) but there is confusion and a lack of awareness of opening times especially of the X-ray departments. In addition patients are unsure about exactly what injuries/ illnesses fall within the remit of the MIUs. The MIUs are not as well used as they could be. People are understandably reluctant to attend an MIU to be informed that they then need to go to an A&E department. Patients in Worcester City do not have the option of attending a local MIU.

Recommendation:

- 1.1 there should be improved communication around MIUs: existence; opening times and range of services.**
- 1.2 Consider the possibility of X-ray department opening hours to match opening times and increasing the range conditions treated by the MIUs.**

By Whom: CCGs, WHAT, WCHT.

GP Services:

Of the sample surveyed **78 (27%)** people had tried to contact their GP first and **38 (13%)** people were attending Urgent Care because they could not get a GP appointment.

Of those attending Urgent Care **64%** said that they would still be there even if they had a GP appointment as they considered that it was an emergency and too serious for a GP or that the GP would send them to A&E anyway.

GP Out of Hours Service:

66% of the sample surveyed were aware of the existence of GP Out of Hours but there was a level of confusion about how to access it. Where GP Out of Hours appointments are full patients may be referred to A&E.

Recommendation: there should be improved information about the Out of Hours service on Surgery websites and the recorded messages on the out of hours telephone lines. There is also some out of date information on local NHS websites about the service including the Worcester Walk in Centre.

Taking into account the fact that GP Out of Hours services are based in the same location as MIUs – consider some form of pooling of resource to increase the range of conditions treated.

Observation: The barriers to accessing GP OoH 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. Therefore it is likely that where they are unable to get a GP or OoH appointment and people consider their condition serious enough that they will go to Urgent Care.

A Why A&E/MIU:

1. **Self Referrals:** of the 296 patients who completed the question in the survey: 187 people self referred which is **63%** of those who responded. Of those over half believed it to be an emergency.

Reason for Attending A&E/MIU	Number	Percentage Of Total Survey	Percentage Of Self Referrals
Thought it was an Emergency	102	34.5	54.5
Wanted to be Seen Early	37	12.5	19.8
Wanted a Second Opinion	11	3.7	5.9
Had an Outpatients Appt but wanted to be seen earlier	3	1.0	1.6
Nearest Option	19	6.4	10.2
Didn't know where Else to Go	4	1.4	2.1
Recently discharged from Hospital	8	2.7	4.3
Visiting the Area – not local	3	1.0	1.6
Referred	109	36.8	
Total	296		

Table 1

Of the **187** respondents who self referred **102** felt that it was an emergency which was **54.5%** and therefore they were in the correct place to meet their needs. In addition the 8 patients who had been recently discharged from hospital (**4.3%**) of self referrals were hoping to be readmitted and therefore were in the correct place to meet their needs.

Of the balance **27.3%** wanted to be seen early, wanted a second opinion or had an Out patients appointments.

10.2% of self referrals were due to the location being the nearest option. Of the 19 respondents: 4 were for WRH, 6 for the RAH and the balance for MIUs.

There were very few patients who did not know where else to go (**4 or 2.1%**) or were visiting the area and had no local knowledge (**3 or 1.6%**)

2. **Referrals:** from the sample there were **109** patients who considered that they had been referred. This represented **37%** of the total number of respondents to the question.

Referral Source	Number	Percentage Of Total Referred
GP/Nurse Practitioner	34	31.2
GP Receptionist	6	5.5
NHS111	26	23.9
GP Out of Hours	3	2.8
Optician	1	0.9
Dentist	0	0
School	26	23.9
Other	13	11.9
Total	109	

Table 2

The 'Other' category included: 5 MIU referrals to A&E; 3 physiotherapist referrals; 3 workplace referrals, and 2 unspecified referrals.

Referrals varied greatly between time of day and venue eg over 50% of patients surveyed at Redditch on a Saturday morning had been sent there by NHS111.

There was a high level of referrals by schools which is likely to reflect schools' procedures in cases of accidents.

B GP Options:

27% of respondents had tried to contact their GPs before going to A&E/MIU.

- **38** people had been unable to get a GP appointment which was about **13%** of the total sample size.
- **13** people had a GP appointment and wanted to be seen earlier this was about **4%** of the total number of respondents.
- **32** patients had been told by their GP to go to A&E if they experienced further difficulties/trouble. This represented **11%** of the total respondents.

The question was asked 'If you had a GP appointment today or tomorrow would you still have come to A&E/MIU?'

- **64%** - would still have attended A&E/MIU
- **26%** would not have attended A&E/MIU

When asked why they would still attend A&E not one respondent said that it was due to poor past experience.

- **41%** - thought that it was an emergency
- **47%** - thought that the GP would refer them to A&E
- **11%** - thought that they would have to wait too long for a GP appointment.

C Urgent Care Strategy & Consultation:

10% of the respondents to this question were aware of the consultation and only 4 people had actually submitted a response.

D Transport & Location:

89% of patients drove or were given a lift with 6% using taxis and only **3%** arriving by public transport. This does reinforce the fact that parking and the cost of parking at the hospital sites is an issue for patients.

The majority of patients were local with **70%** taking less than 15 minutes to reach the A&E/MIU and only **1%** exceeding 1 hour journey time. **32%** of people lived within 2 miles of the venue with a further **33%** living within 5 miles and only **3%** travelling more than 20 miles.

This varied considerably with venue with patients being prepared to travel further to the A&E in Worcester but only travelling short distances to MIUs and the Royal Alexandra (though there was a small but noticeable number of patients from Evesham seen at the A&E Department at Redditch)

E Awareness of Primary Care Options:

Overall **98.6%** of patients interviewed were registered with a GP with only **4** patients in total not being registered.

71% of respondents were aware of NHS 111. However several people commented that they did not know how to use it or had had a previous poor experience.

66% of respondents were aware of the GP Out of Hours Service. However, there was some confusion about how to access it. Some patients had tried to access Kidderminster Out of Hours but where the appointments were full they were then referred to A&E at WRH.

58% of respondents were aware of the MIUs. However there was confusion as to the opening hours, availability of Xrays and in general what level of injury or illness an MIU could deal with. There was one instance when a parent had taken a child from Worcester to Malvern MIU deliberately, as they had had a previous good experience, only to be referred back to Worcester A&E as the X ray department was closed.

F Waiting Room Experience:

We were asked by WHAT & WHCT to include a question as to whether patients felt that they received sufficient information during their time in the waiting room.

Sufficient Information: - **76%**

Insufficient Information: – **24%**

However it was noticeable that the longer people waited the more that they felt that they had insufficient information. This was particularly true where the waiting room was comparatively quiet but the waiting time was significant i.e. where the treatment rooms were full but people in the waiting rooms were not necessarily aware of this.

Appendix 1: Demographics

1. **Gender:** Of the patients attending A&E & MIUs **51.2%** were male and **48.8%** were female.

2. **Age Range:** The patients attending A&E & MIUs were fairly evenly spread across the age range as follows:

Age Range Years	Number	Percentage
< 2	5	1.71
2 to 4	4	1.37
5 to 13	39	13.36
14 to 17	33	11.30
18 to 25	32	10.96
26 to 35	41	14.04
36 to 50	39	13.36
51 to 65	40	13.70
66 to 79	41	14.04
>80	18	6.16
Did Not Disclose	4	

Table 3

Of the total patients interviewed **27.5%** were aged 17 and under; **38.2%** were between the ages of 18 and 50 years old and **34.3%** were 51 years old and above. As previously stated this did not include patients brought in by ambulance.

3. Ethnicity:

Ethnicity	Number	Percentage
White British	269	92.12
White Irish	1	0.34
White Other	9	3.08
Mixed White /Black Caribbean	4	1.37
Mixed White/ Black African	-	
Mixed White/ Asian	-	
Any Other Mixed Heritage	-	
Asian or Asian British Indian	1	0.34
Asian or Asian British Pakistani	3	1.03
Asian or Asian British Bangladeshi	1	0.34
Any Other Asian	1	0.34
Black/ Black British Caribbean	-	
Black /Black British African	-	
Chinese	-	
Any Other	3	1.03
Did Not Disclose	4	

Table 4

Appendix 2: Structure of Services:

A. Worcestershire as a county is served by three Clinical Commissioning Groups (CCGs):

- Bromsgrove & Redditch
- South Worcestershire
- Wyre Forest

B. There are two NHS Trusts providing Urgent Care Services within the County:

1) Worcestershire Acute Hospital NHS Trust (WHAT) provides:

a) Accident & Emergency Services (A&E) at

- Worcester Royal Hospital Site (WRH)
- Alexandra Hospital Redditch (AHR).

b) Minor Injury Unit at

- Kidderminster Hospital

2) Worcestershire Health & Care NHS Trust (WHCT) which provides Minor Injury Units at:

- Evesham Community Hospital
- Malvern Community Hospital
- Princess of Wales Community Hospital –Bromsgrove
- Tenbury Community Hospital.

Patients have a right to choose and those living near the county borders often access services in neighbouring areas such as Birmingham with the converse being true eg Patients from the area west of Stratford will often travel to Redditch. There were at least three examples where patients had been referred to Russell Hall in Dudley by NHS 111 but had chosen to access Worcestershire services.

C. GP Out of Hours Services: (OOH): the GP out of Hours service in Worcestershire is provided by Care UK and is an appointment based system. Surgery websites and telephone messages direct patients to NHS 111 where they are triaged over the telephone and an appointment made for their local GP OoH service if appropriate.

There are five locations for GP OoHs across the county:

Evesham Community Hospital

Malvern Community Hospital

Kidderminster Hospital

Redditch: Alexandra Hospital

Worcester Primary Care Unit – Worcester Royal Hospital.

Appendix 3

Urgent Care Study – Schedule

HERE	WHEN
Worcester Royal Hospital A&E	8 th September – Monday am 18 th September – Thursday am 27 th September – Sat am/pm 10 th October - Friday eve 18 th October – Saturday eve 22 nd October – Wednesday eve
Alexandra Hospital, Redditch A&E	10 th September – Tuesday am 4 th October - Saturday am/pm 13 th October – Monday eve 17 th October – Friday eve 30 th October – Saturday am/pm
Kidderminster MIU	11 th September- Thursday am 22 nd September – Monday pm 29 th September- Monday am 16 th October – Thursday eve 20 th October – Monday am
POWCH Bromsgrove MIU	12 th September – Friday am/pm 30 th September - Tues am/pm
Evesham MIU	15 th September – Monday pm 24 th September – Wed pm 1 st October – Wed am/pm
Tenbury MIU	16 th September – Tues am/pm
Malvern MIU	17 th September – Wed am/pm 26 th September – Friday am/pm