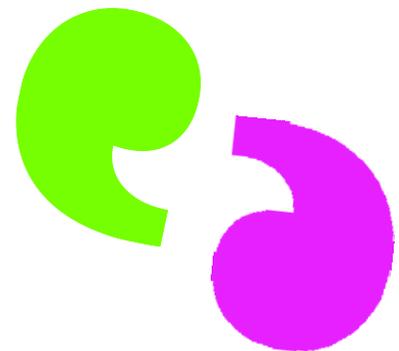




healthwatch

Bath and North East
Somerset



EXPLORING URGENT CARE SERVICES IN B&NES

Spring 2017

EXPLORING URGENT CARE SERVICES IN B&NES

INTRODUCTION

Urgent care, particularly people's understanding of these services and how they use and experience them in practice, is of great interest to Healthwatch Bath and North East Somerset (B&NES).

Each year, local and national media tell us about 'winter pressures' and their impacts on hospital trusts across the country, including long waits at Accident and Emergency (A&E) departments, and delays in ambulance response and transport.

We know there is a range of urgent care support and treatment available to people, including within the community, so why do people chose to use urgent care services in the way that they do?

Further to this, Healthwatch B&NES is aware that urgent care services are being re-commissioned across B&NES, Swindon and Wiltshire, including NHS 111, GP out of hours services, the Urgent Care Centre in Bath, and a Clinical Hub.

Following conversations with commissioners at Bath and North East Somerset Clinical Commissioning Group in late 2016, Healthwatch B&NES decided to undertake some focus group work to explore people's understanding of urgent care and find out their experiences of using the services available to them locally.

Alongside the focus groups, Healthwatch B&NES asked for feedback regarding urgent care services through its monthly e-bulletin, website and social media feeds.

Healthwatch B&NES would like to thank the people that took part in this project, and the community groups and organisations that invited us to talk to them.

WHAT IS HAPPENING IN B&NES?

The term 'urgent care' relates to injuries or illnesses that require immediate care or treatment, but are not generally serious enough to require a visit to A&E or another emergency response, e.g. calling 999.

In B&NES there are a number of urgent care services available to local residents, including: NHS 111, the Urgent Care Centre at Combe Park, GP out of hours' service and the Minor Injuries Unit located at Paulton Hospital. In addition, people are able to receive support from community pharmacies across the district and GP practices.

Commissioners are currently seeking to re-procure some of the urgent care services in B&NES, as follows:

- **NHS 111, GP out of hours and a Clinical Hub** – commissioners are aiming to procure these services through one contract, although the delivery may be carried out by multiple providers working together. They aim for this approach to better connect up the various parts of the system and ensure that patients can speak to a clinician earlier.

B&NES is working with Wiltshire Clinical Commissioning Group to procure GP out of hours' services, and with both Wiltshire and Swindon Clinical Commissioning Groups to procure NHS 111 and a Clinical Hub.

This process began on 1 November 2016 and will conclude in September 2017, with the new providers to commence in May 2018.

- **B&NES Urgent Care Centre** – commissioners are hoping to build on the service that is co-located with Accident and Emergency department at the Royal United Hospital (RUH), Bath, and build on the integration of these two services. The aim is that this will be done through a joined up 'front door' service which will direct patients away (e.g. home, GP, community pharmacy etc) or to the correct service on site (Urgent Care Centre, Accident and Emergency, ambulatory care etc).

Delivery of this service will require a partnership between a primary care provider and the RUH.

This process began in January 2016 and will conclude by September 2017, with the service starting in May 2018.

NB - The Minor Injuries Unit at Paulton is provided by Virgin care – this is not due to change.

WHAT WE DID

Prior to beginning this work, Healthwatch B&NES met with commissioners to discuss urgent care services and identify any gaps in local knowledge, themes that we would like to explore in more detail, or specific demographic groups that it would be useful to speak to. Commissioners suggested people with chronic and/or long-term conditions, and students who are relatively high users of these services.

Unfortunately the timeframe and resource available meant that a comprehensive piece of work with students at the University of Bath, Bath Spa University and Bath College was not viable, therefore Healthwatch B&NES focused on speaking to people living with chronic conditions and their carers.

Healthwatch B&NES approached a number of community groups and organisations to see if we could visit to talk about local urgent care services. As a result, five focus groups were carried out between December 2016 and March 2017.

During these sessions, Healthwatch B&NES spoke to 39 individuals, including people living with a range of conditions, carers and relatives.

WHAT PEOPLE TOLD US

With each group Healthwatch B&NES outlined the aims of the conversation, and explained that any information gathered would be shared with commissioners to help shape urgent care services for the future and improve the patient experience.

Firstly Healthwatch B&NES asked people which urgent care services they knew of, and how and when they would use them. This is what they said (direct quotes are written in **bold**):

NHS 111

- Non-urgent conditions
- Anytime of the day
- **“I use them as I can’t get to A&E or my GP as I have no transport”**
- **“I call 111 in the evenings”**

Pharmacy

- Scrapes, skin conditions, bruises etc
- Medical reviews, flu jabs, repeat prescriptions
- Holistic approach to a person’s health and wellbeing requires: medications management, weight monitoring, diet advice, alcohol advice, smoking cessation etc. These services can all be supported through a pharmacy, e.g. Boots.

Accident and Emergency (A&E)

- Life-threatening situations, e.g. collapse, chest pains, stroke.
- Very serious things, e.g. **“life threatening”**

Following this, Healthwatch B&NES asked people what their experiences had been of using local services, with a focus on what had worked well and what could have been improved. We received lots of feedback, people's comments have been broken down by service area as follows (direct quotes are written in **bold**). Healthwatch shared the feedback it received with service providers, their responses have been captured below.

NHS 111

- The commentator had chest pains so rang NHS 111, who advised them to take three aspirin. Before the commentator had a chance to get the aspirin, an ambulance had arrived.
- [NHS 111] made an appointment for the out of hours GP – **“they gave me a prescription and it was a very positive experience”**
- The commentator's condition (bronchitis) flares up regularly. **“NHS 111 know my medical history now so I get an immediate response when I call, I just have to say my name”**
- **“I am a regular user of NHS 111 and I don't get asked the questions anymore – the questions are silly though”**
- **“First time I called I spoke to a nurse and while the assessment was taking place an ambulance was being dispatched”**
- **“I try to avoid them [NHS 111]. They go through a checklist. I know more about my condition than them”**
- The commentator explained that they do not tend to use NHS 111 – **“I feel that they have more general knowledge and would not be able to help me with my condition. If I hadn't figured it out (and I know a lot about my condition), I don't think they can”**
- **“I rang 111. They didn't ring back when they said they would. I didn't bother anymore”**
- The commentator explained that they had rung NHS 111 about a range of medical concerns. The commentator reports finding NHS 111 **“very helpful”**.
- The commentator reported their experience – **“they [NHS 111] booked an ambulance and took me to A&E. The ambulance turned up and one of the staff said “I don't trust 111, they'll just call us every time”**. The commentator was taken to the RUH, but the hospital did not have any information from NHS 111 upon arrival. The commentator felt that it was not connected. They had to repeat everything again when they arrived at hospital.
- The commentator, who has complex health problems, had been in a lot of pain. They rang NHS 111 and an ambulance was called. The paramedics who attended advised that there was a long queue for a bed at A&E. After they left, the commentator's relative called 999, and the commentator was taken in immediately and admitted to a ward. The commentator advised those present at the focus group to never call NHS 111, but to call 999 instead.
- The commentator reported that NHS 111 had **“given them advice and helped them to relax”** when they were having an attack.
- The commentator reported that the NHS 111 operator had been **“willing to listen, friendly, reassuring and thoughtful”**

- **“111 gets a Doctor to call back”**
- **“111 saved the day when my GP surgery wasn’t interested – I think they were busy”**
- The commentator reported that **“calling 111 wasn’t a waste of time as I was poorly, but I would have preferred to speak to a GP or have an appointment first”**
- The commentator explained that they would not call NHS 111 due to their partner’s complex needs. Having used NHS 111 for their own needs and experienced the scripted nature of the call they do not have faith to use it for their partner. The commentator explained that they call 999 instead.
- **“Don’t use 111 because it feels like they follow a process and don’t listen to answers”**
- The commentator explained that they have a long-term condition and reported a recent experience - they phoned NHS 111 to ask for antibiotics, they were asked all of the questions and sent to RUH. The A&E nurse could not understand why they had been sent there.
- **“I used NHS 111 as instructed on Saturday by a GP – I was feeling unwell on Friday. Mentioned ‘abdominal pain’ and an ambulance was ordered immediately”**
- The commentator explained that they feel NHS 111 is all about **“stalling”**. After calling NHS 111 they were phoned back by a medic and advised that A&E was the right place for them to go. The medic phoned back an hour later but no developments had occurred. This went on and no action ever took place.
- **“I phoned 111 and got an appointment with Paulton MIU as soon as possible”**. This experience was reflected by two commentators.

Service provider response: Healthwatch B&NES shared these comments with Care UK (Urgent Care) Limited and offered an opportunity for them to provide a response. No response was received.

Bath Urgent Care Centre

- The commentator said that there were no clear signs in the waiting area between A&E and Urgent Care (visit was in January 2016), and it was a very long wait to be seen at the Urgent Care Centre.
- **“My GP made an appointment for me. I went to the Urgent Care Centre and had a scan. I saw a consultant and they provided lunch for me as I had to wait. All of this took place within a morning – great service”**

Service provider response: Healthwatch B&NES shared these comments with Bath and North East Somerset Doctors Urgent Care (BDUC) and offered an opportunity for them to provide a response. No response was received.

Alongside the discussion and comments, Healthwatch B&NES also received a range of feedback about other services that people use when they require treatment or support.

Royal United Hospital, Bath Accident and Emergency (A&E)

- Commentator's explained that there needs to be more education regarding use of A&E and when to go there.

Service provider response: Healthwatch B&NES shared these comments with Royal United Hospitals Bath NHS Foundation Trust (RUH) and offered an opportunity for them to provide a response. The RUH replied as follows:

“Collaborative working with other health and care providers is important in ensuring that the public are educated around when to attend A&E. The RUH has well established relationships with providers and continues to work with them to support patients and carers to make informed choices of when to visit their local A&E department and when to seek assistance through alternative services. The Trust will continue to keep members of the public informed as to where and when to seek the most appropriate help from a health and care professional.”

South West Ambulance Service NHS Foundation Trust (SWASFT)

- The commentator's partner had collapsed on the floor. They rang NHS 111 who sent the paramedics round. The paramedics took one hour to come, by which time their son had arrived and was about to take his father to hospital himself.
- The commentator explained that they call when their partners falls. They do not need an ambulance but they do need people. [SWASFT] **“should do an assessment to see what follow-up you need, e.g. hospital bed, A&E, or just assistance to get up and stay at home”**

Service provider response: Healthwatch B&NES shared these comments with SWASFT and offered an opportunity for them to provide a response. No response was received.

Community pharmacies

- Customer service and manner is very important to encourage people to use them as an alternative to other services.
- It is important for pharmacies to have a consultation room to ensure patient privacy – this will encourage more people to use them instead of their GP practice or other service.
- Lloyds at Odd Down are really good, **“they know my name and make contact with me to remind me of things, such as collecting my sharps boxes etc”**
- Several commentators expressed concern about community pharmacies closing.
- One commentator said that they **“will almost always go to a pharmacy before getting a GP appointment”**

- Community pharmacies can provide a lot of support to carers as they get “**care around the person**”, which is more than just a dispenser.

Service provider response: Healthwatch B&NES shared these comments with Avon Local Pharmacy Committee (Avon LPC) and offered an opportunity for them to provide a response.

Avon LPC thanked Healthwatch for sharing feedback about the services that B&NES pharmacies provide. They were pleased to hear the experiences that local people had had, and that people were making use of the range of services that pharmacies can provide within the community.

Paulton Minor Injuries Unit (MIU)

- The commentator said that Paulton MIU is joined up to all local GPs – meaning they have easy access to patient records.
- **“I rang Paulton directly and was invited to come in 30 minutes time once the patients waiting had been dealt with. No appointment via 111 needed”**
- One commentator explained that they use Paulton MIU very regularly. They told the group that they just turn up at the door and ring the bell. They always do this and have had very positive experiences. The rest of the group had not/did not do this. Most thought that you had to have an appointment via NHS 111 to use this service.

Service provider response: Healthwatch B&NES shared these comments with Sirona care & health CIC Limited and offered an opportunity for them to provide a response. Sirona replied as follows:

“We are really pleased to hear people had a positive experience of the service provided at Paulton Minor Injuries Unit by Sirona care & health. This service and its staff were among the community services which transferred to Virgin Care on 1 April 2017.”

Other services, e.g. out of area

- ‘Walk-in and wait’ at Hengrove, Bristol (South Bristol Urgent Care Centre) – the commentator expressed that this is very well thought of. Chew Valley residents use this but it is not a 24 hour service.

Service provider response: Healthwatch B&NES shared these comments with Bristol Community Health and offered an opportunity for them to provide a response. Bristol Community Health replied as follows:

“Thank you for this feedback we are pleased to hear it is well thought of.”

In addition to the feedback detailed above, commentators also raised several questions or general comments as follows:

- 1) How do people with communication needs use NHS 111? How do they get help?

BaNES Clinical Commissioning Group response: *“If a patient does not speak English or speaks limited English, interpretation services are made available. Deaf patients can use typetalk, and a video signing channel is being piloted nationally. People who find it difficult to communicate their needs perhaps because of a learning difficulty will be supported by trained call handlers.”*

- 2) ‘Expert’ carers should be trusted to be able to provide information that is correct. This was reflected by two commentators in relation to interacting with ambulance services and NHS 111.

BaNES Clinical Commissioning Group response: *“People with complex conditions and their carers will be passed more quickly to speak to a clinician in the 111 service from May 2018 and this will facilitate a more informed conversation between patient/carer and clinician.”*

- 3) NHS 111 needs to be able to access patient records in order to be able to see where people have a recurring condition and how this is treated.

BaNES Clinical Commissioning Group response: *“We agree – this is something that has been built into the service from May 2018.”*

KEY THEMES AND RECOMMENDATIONS

Listed below are the key themes that have emerged from the feedback that Healthwatch B&NES received. Where possible, recommendations have been made outlining how the learning from these themes can help to shape services for the future and improve patient experience:

<p>THEME ONE: Choosing which service to use and when</p>	<p>COMMENTS: Commentators gave insight into when they would use various urgent care services and why. However when it comes to seeking help for specific circumstances/ incidents it appears that people do not always apply the same reasoning to their choice, instead using the method that they have had most success with in the past, or the service that they have the most 'faith' in. This varied widely by individual and does not appear to be consistent by geography, demographics or 'user' group.</p> <hr/> <p>RECOMMENDATIONS: It is important for commissioners and providers to consider the vital importance of patient experience and the impact that this can have on how people choose to interact with services. This is particularly pertinent if the intention is to direct patients to a 'single front door service' or a 'single point of access'. The quality of service that is provided would need to be consistently high in order to prevent people from choosing to use something else, e.g. their GP practice or A&E.</p> <ul style="list-style-type: none"> ❖ Healthwatch B&NES recommends that patients and the public are invited to be involved in the development of the joined up 'front door' service as soon as practicable, in order to ensure that their 'voice' and learning from their experiences can be incorporated. <p>BaNES Clinical Commissioning Group response: <i>"We would be delighted to do this in partnership with the winning bidder – this decision is due to be made in the summer. We would be grateful if Healthwatch B&NES could facilitate this with or for us."</i></p>
<p>THEME TWO: Positive feedback about NHS 111</p>	<p>COMMENTS: Healthwatch heard 12 positive experiences related to the NHS 111 service. These can be grouped into the following categories:</p> <ol style="list-style-type: none"> 1) Increased (ease of) access to medical support due to NHS 111 referral, compared to self-referral. The types of support received included: telephone advice from a medic, appointments with an out of hours GP/ Minor Injuries Unit, and rapid ambulance transfers. 2) Ease of use by people with recurring conditions – commentators that reported being 'frequent' users stated that they had been able to by-

	<p>pass NHS 111's question process and receive a 'rapid response', e.g. repeat prescription, GP appointment, ambulance called etc.</p> <p>3) Commentators reported feeling supported and reassured by NHS 111 call staff.</p>
	<p>RECOMMENDATIONS:</p> <p>It is very positive to hear these experiences, Healthwatch B&NES still heard examples of where things had not worked so well but these were lesser in number.</p>
<p>THEME</p> <p>THREE:</p> <p>Supporting people with complex needs</p>	<p>COMMENTS:</p> <p>Where people have, or care for someone that has, complex health needs or a chronic condition, there was a concern about the support that NHS 111 could provide.</p> <p>Commentators highlighted the level of knowledge and expertise that they have of their own, or their partner's, needs and the increased likelihood that they will know what they need more so than NHS 111.</p> <p>In some cases, there was a perceived lack of faith in NHS 111 meaning that other services were used in an effort to seek help and/or the required response, this included 999 and A&E.</p> <p>RECOMMENDATIONS:</p> <p>This is a complicated area due to the nature and complexity of each individual case, and one where further discussion would be beneficial.</p> <ul style="list-style-type: none"> ❖ Healthwatch B&NES recommends that people with complex health needs, chronic conditions and their carers are invited to be involved in further discussion about urgent care services, with a particular focus on the urgent and emergency care pathway. Healthwatch B&NES would be happy to assist with this work. ❖ It would also be beneficial for people to be involved in discussions about self-care in order to consider how support, advice and information can be sought/ provided before an individual requires more urgent treatment. <p>BaNES Clinical Commissioning Group response: <i>"We would be delighted to do this, in partnership with the preferred bidder, which for the NHS 111/GP Out of hours service is Medvivo. We would be grateful if Healthwatch B&NES could facilitate this with or for us."</i></p>

THEME FOUR:

Helping people to understand how the system works

COMMENTS:

Healthwatch B&NES received four comments that suggested a lack of clarity around how services interact, e.g. NHS 111, SWASFT, the Urgent Care Centre and A&E. The commentators felt that this led to a lack of coordination between providers, misinformation about what they should do and where they should go, and, in some cases, a loss of trust/ faith in services as a result.

RECOMMENDATIONS:

Healthwatch is aware that work is being carried out at present to review the urgent and emergency care pathway as part of the Sustainability and Transformation Plan.

- ❖ Healthwatch would like reassurance that this work is looking at the interoperability of urgent and emergency care services to enable relevant providers to view and share patient information in a timely manner in order to improve the patient experience and interchange between various services, e.g. NHS 111 – SWASFT – RUH.

BaNES Clinical Commissioning Group response: *“It is. The two procurements described above are seeking further integration and joining-up of patient information. In the meantime, patients can ensure that their Summary Care Record is shared by contacting their GP and asking their GP to ensure their patient record is shared with the RUH. A lot of patients assume that this information is already shared, but permission is required to do this.”*

For more info on Summary Care Records **W:** <http://bit.ly/2vssnz0>

- ❖ Healthwatch would be grateful to understand the plan for developing these systems, opportunities for public involvement in this process and the timeframe for implementation.

BaNES Clinical Commissioning Group response: *“Would be happy to discuss and I think will be a key element of discussions above.”*

- ❖ Healthwatch recommends creation of a simple visual resource that explains the care and treatment available from each service, including if/ how they refer or interact with other services. The resource could also capture opening hours and contact details so that people can find out more. Healthwatch would be happy to assist with the creation of this resource and promotion of it to the general public and statutory and voluntary sector partners.

	<p>BaNES Clinical Commissioning Group response: <i>“Good idea. We could do a version of this for this winter, but this would be really useful from May 2018.”</i></p>
<p>THEME FIVE: Improving customer service</p>	<p>COMMENTS:</p> <p>Five commentators raised concerns about poor customer service related to NHS 111, for example, they were promised a call back but no-one did; the feeling that they were being “stalled” by NHS 111; a lack of response/ outcome following a call; use of checklist rather than being ‘patient centred’.</p>
	<p>RECOMMENDATIONS:</p> <p>Healthwatch B&NES will share these comments and the positive feedback received through this process with NHS 111 directly. It is important that the provider manages calls to ensure that, where agreed, patients always receive a call back, response or outcome to their enquiry.</p> <p>BaNES Clinical Commissioning Group response: <i>“This is frustrating to hear. If commentators would like to make a specific complaint, we will follow this up with providers.”</i></p>

WHAT HAPPENS NEXT?

This report has been shared with Bath and North East Somerset Clinical Commissioning Group, Care UK (Urgent Care) Limited, B&NES Doctors Urgent Care, SWASFT, Royal United Hospital Bath NHS Foundation Trust, Sirona care & health CIC Limited, Avon Local Pharmacies Committee and Bristol Community Health to inform them of what people have said and, where possible, include a response from them to the points that have been raised.

Healthwatch will also share this report with the Care Quality Commission and Healthwatch England.

Healthwatch B&NES will work with commissioners and the relevant individual organisations as the procurement process continues, to understand how the learning and recommendations can be taken forward and help to shape urgent care services for the future.

This report will also be shared with the members of the public that took part in the focus groups, together with any ongoing updates and opportunities for further involvement.

The report will also be available online on the Healthwatch B&NES website W:

www.healthwatchbathnes.co.uk

TELL US YOUR STORY

Healthwatch B&NES welcomes and encourages residents from across Bath and North East Somerset to continue to contribute their feedback using the communication methods listed below.

Healthwatch B&NES also supports people to be volunteer champions so that they can represent the experiences and needs of their community or a group to which they belong. If you would like to find out more about volunteering with Healthwatch B&NES, please contact us using the details below.

Every voice counts...

Healthwatch B&NES wants to hear your experiences of health and social care services so that we can share with service providers and funders what is working well and where things could be improved



Text us - text 'ba' followed by your message to 07860 021 603



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Or visit our website to see more at: www.healthwatchbathnes.co.uk