



Appropriate Service Review

February 2020





The views, opinions and statements made in this report are those of the East Riding residents we spoke with.

This perception may not fully reflect the work being carried out in the local area. Nevertheless it is the perception of the participants whose information Healthwatch East Riding of Yorkshire have collected.

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Why this subject?

Healthwatch East Riding of Yorkshire (HWERY) have produced this report as a result of feedback obtained from local residents, who state that following to changes made to services in April 2018, access to local urgent care services is becoming increasingly difficult across the East Riding. Healthwatch wanted to determine if the feedback we were receiving was reflective of the wider experiences of East Riding communities, or more centred around specific pockets of the East Riding.

This report contains the lived experiences of patients who have accessed the services and the issues they have faced whilst doing so.

Methodology

In order to gauge as many responses from as many different demographics as possible, the team travelled throughout the East Riding, hosting engagement events, focus groups and information sessions with a wide range of people. Engagement events were held at libraries, leisure centres and urgent treatment centres as well as community events such as Driffield market and volunteer fairs. We visited knit and knatter groups as well as carer support groups in order to ensure hard to reach residents were also having their say and sharing their experiences.

Engagement took place between the months of August 2019 and December 2019. Residents were asked to complete a survey detailing different aspects of their urgent care experience. The survey link was also published online and on social media, and shared via East Riding Council for those who were unable to attend an engagement event. A list of each location we visited, can be found on the following page. Over 1000 East Riding residents were engaged with and 442 survey responses were received.

In order to ensure factual information, Healthwatch also liaised with the Clinical Commissioning Group (CCG) and obtained figures relating to the number of people accessing services through submitting a formal request to the CCG.

Where have we been?

Listed below are the East Riding villages/towns which we visited and the number of times engagement was held there during our engagement period.

BRIDLINGTON - 15

Bridlington	13
Bempton	1
Baynton	1

WOLDS - 32

Hutton Cranswick	1
Driffield	6
Beeford	1
Kilham	1
Rudston	1
Burton Fleming	1
Wold Newton	1
Octon	1
Sancton	1
Shiptonthorpe	1
Full Sutton	1
Barmby Moor	1
Bishop Wilton	1
Bainton	1
Bugthorpe	1
Melbourne	1
Skipsea	1
Bransburton	1
North Frodingham	1
Ulrome	1
Barmston	1
Gransmoor	1
Burton Agnes	1
Stamford Bridge	1
Market Weighton	3

GOOLE - 18

Goole	6
Gilberdyke	1
H.O.S.M	1
Bubwith	1
Broomfleet	1
Newport	2
Sandholme Landing	1
Eastrington	1
North Cave	2
Scalby	1
Howden	1

BEVERLEY - 18

Beverley	6
Walkington	1
Tickton	1
Middleton	1
Cherry Burton	1
North Newbald	1
Leven	1
South Dalton	1
Lund	1
Kilnwick	1
Lockington	1
Aike	1
Leconfield	1

HOLDERNESS - 29

Hornsea	4
Keyingham	1
Withernsea	6
Skirlaugh	1
Patrington	1
Thorngumbald	1
Sprotley	1
Burton Pidsey	1
Easington	1
Paull	1
Wawne	1
Bilton	1
Preston	1
Burstwick	1
Atwick	1
Mappleton	1
Aldborough	1
Garton	1
Withernwick	1
Sigglesworth	1
Long Riston	1

HALTEMPRICE - 15

Hessle	2
Little Weighton	1
Anlaby	1
South Cave	1
Welton	1
Cottingham	6
Willerby	2
North Ferriby	1

National Picture & Background

Urgent and unplanned care services throughout England are struggling to meet service user demand with 1 in 6 patients in England waiting longer than 4 hours in Accident and Emergency (A&E) during the month of October 2019, making it the worst ever performance since the target was introduced in 2004. NHS England data shows that 83.6% of patients arriving at A&E were treated or admitted in four hours. The target of 95% has not been met in England since July 2015. Since October performance levels have decreased leading to the lowest number of people seen within the targeted 4 hours in December (79.8%). Staffing issues, lack of beds on wards and increasing demand have put further strain on A&E services and contributed to longer waiting times over recent years.

In order to meet the ever increasing demand and pressure on emergency services throughout the country, NHS England are continuously building on improvement efforts to ensure all people get the right treatment at the right time. These improvements include the development of local Integrated Urgent Care Services, accessed through calling NHS 111, where people receive a clinical assessment and are either offered advice or referred to the appropriate clinician for a face to face consultation.

For injuries or illnesses that are deemed less urgent than calling 999, patients are advised to call 111. This service is available to 100% of the population and can also be accessed online for people over the age of 5. For patients who are unsure what to do and which service to attend, NHS 111 also acts as an information point and signposting service. Depending on the situation, advice given ranges from being directed to an appropriate service to self care advice.

In order to alleviate some of the pressures faced in A&E departments across the country, patient are being advised to access Urgent Treatment Centres (UTCs) where appropriate. UTCs are GP led centres that are open for at least 12 hours everyday. Appointments can be booked through calling 111 or through a GP referral. The centres also offer walk in appointments for injuries or illnesses that require urgent attention but are not life threatening. Working alongside other urgent care network services such as primary care, pharmacists and community-based services, UTCs are locally accessible and a convenient alternative for patients who do not need to attend hospital, thus easing the pressure on A&E services. Estimates suggest that up to 3 million people who present at A & E each year could have received treatment in one of these centres instead. Currently there are over 100 UTC sites across the country with more to be commissioned as services change ahead of the Autumn 2020 deadline as set in the Long Term Plan (LTP).

For less urgent treatment, patients are advised to see their GP, however, national survey results published in July 2019 highlight that this process isn't always easy. Only 68.3% of patients said it was easy to get through to their GP practice on the phone and only 64.7% were satisfied with the appointment times available to them. Waiting times to see a GP is a nationally recognised issue which some areas are tackling with improved triage systems such as training reception staff to signpost callers to other relevant care rather seeing a GP when an appointment isn't necessary.



East Riding

Services



Changes to East Riding Services

In April 2018, the Clinical Commissioning Group (CCG) permanently closed all six Minor Injury Units throughout the East Riding and re-opened them as alternative services on the same sites. Bridlington, Beverley and Goole were opened as UTC's; Withernsea and Drifffield were changed to 8 to 8 centres; and it was decided that Hornsea would no longer provide urgent care. Information leaflets were distributed to East Riding residents in advance which informed of the changes and advised which services to access for treatment. Meetings were held with Parish Councils in which local residents were given the opportunity to share their thoughts and opinions with the CCG. Healthwatch also spoke with residents about the proposed changes and shared these findings with the CCG.

For urgent injuries that were not life or limb threatening, residents were advised to attend the nearest UTC or 8 to 8 centre for assessment, advice and/or treatment. Residents were informed that 8 to 8 centres did not offer walk in appointments, however, these could be obtained by calling NHS 111. Patients were advised to access GP services and pharmacies as usual and if in doubt about which service was most appropriate, to call NHS 111.

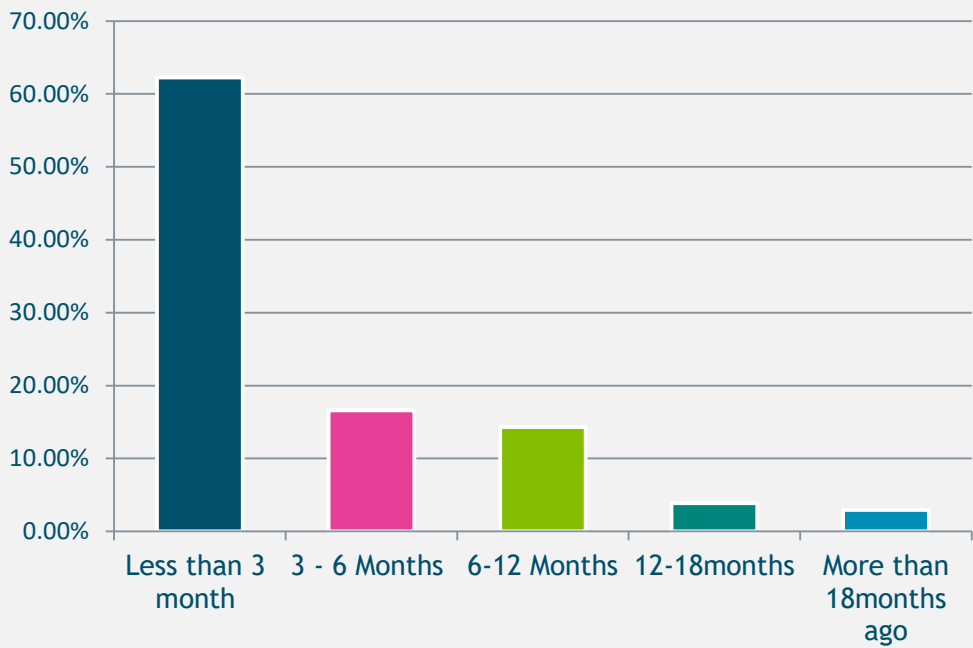
Before, during and after the changes were being put in place, Healthwatch heard from a number of residents who have accessed the services. The following pages provide a summary of the changes made to services and the comments and experiences we have gathered through public engagement and survey responses.



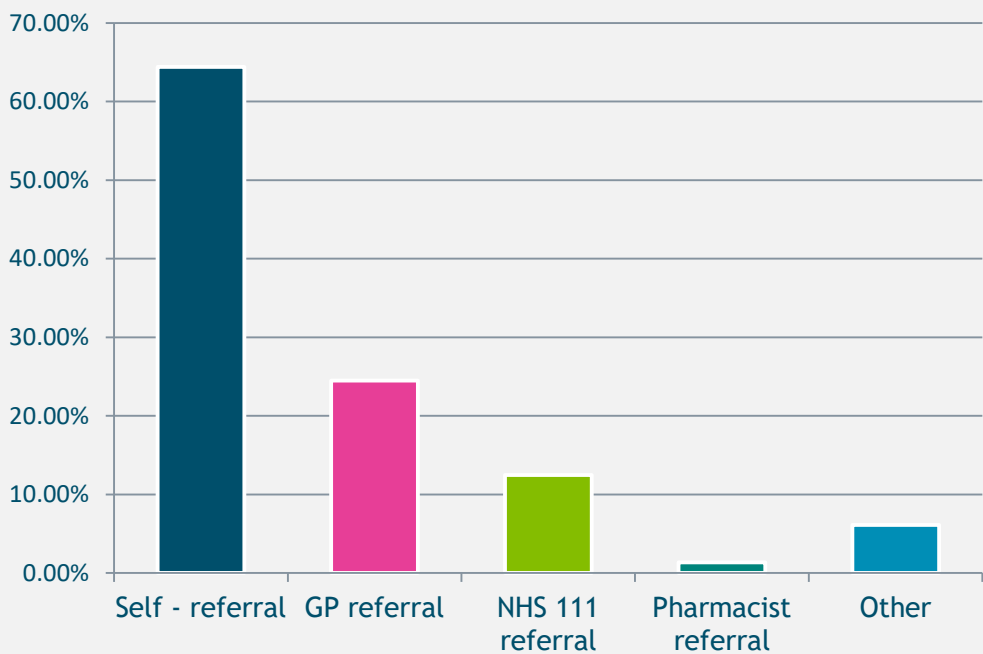


Survey Results And Findings

When was the last time you used an urgent care service?

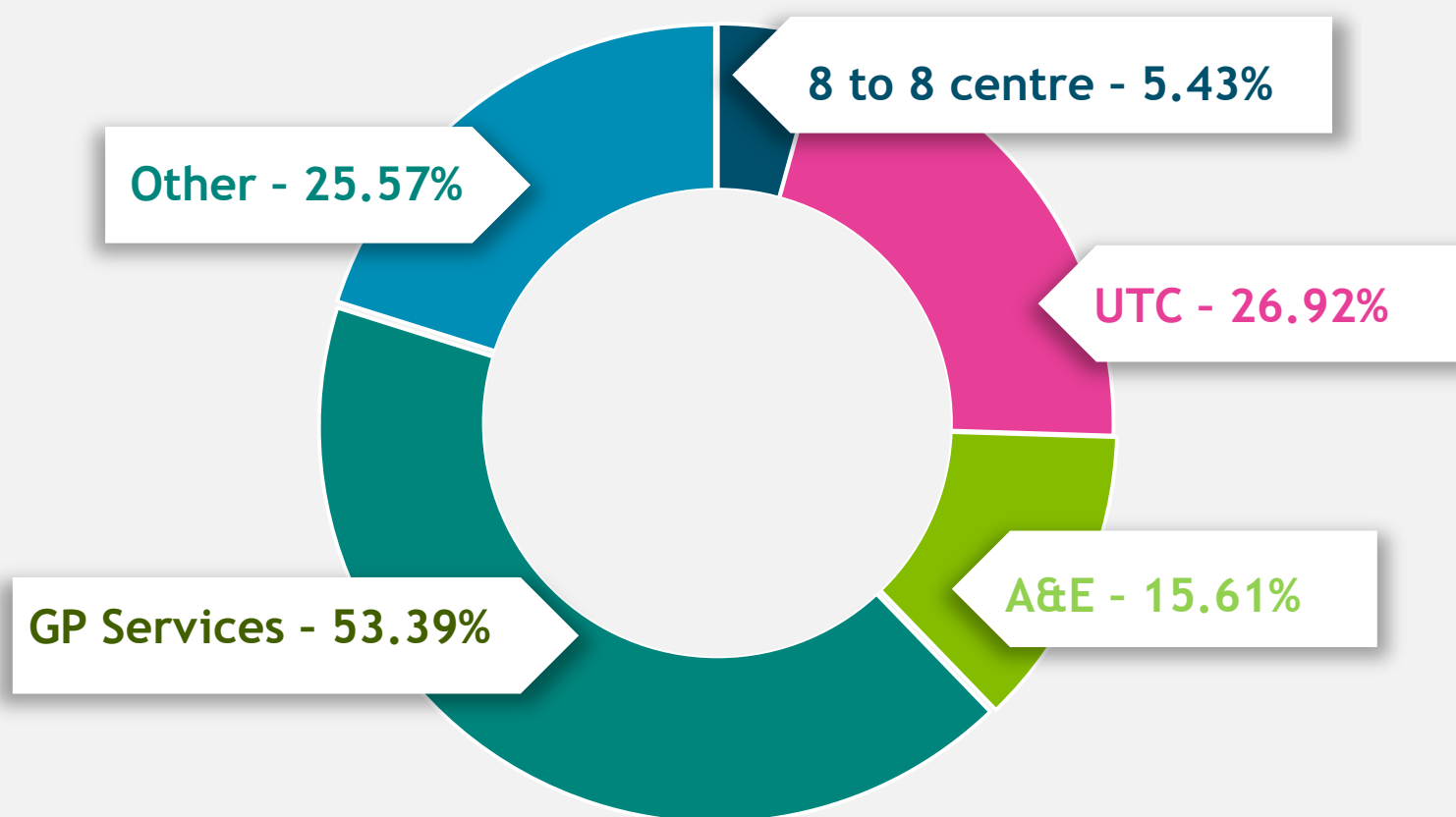


How did you access this care service?



Responses in the ‘Other’ category included; Online booking and home visits.

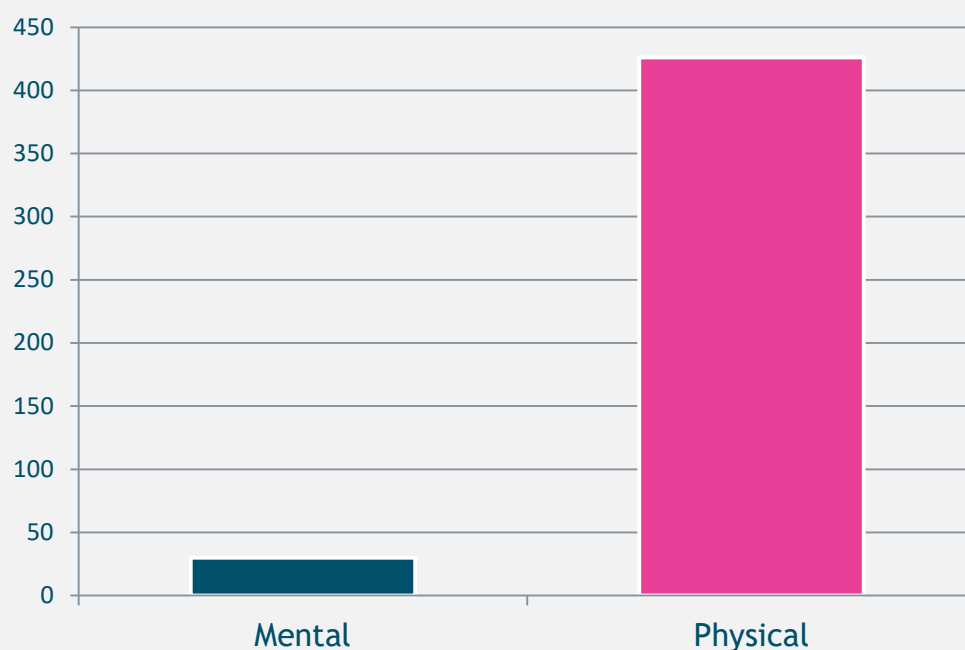
Which Service did you access?



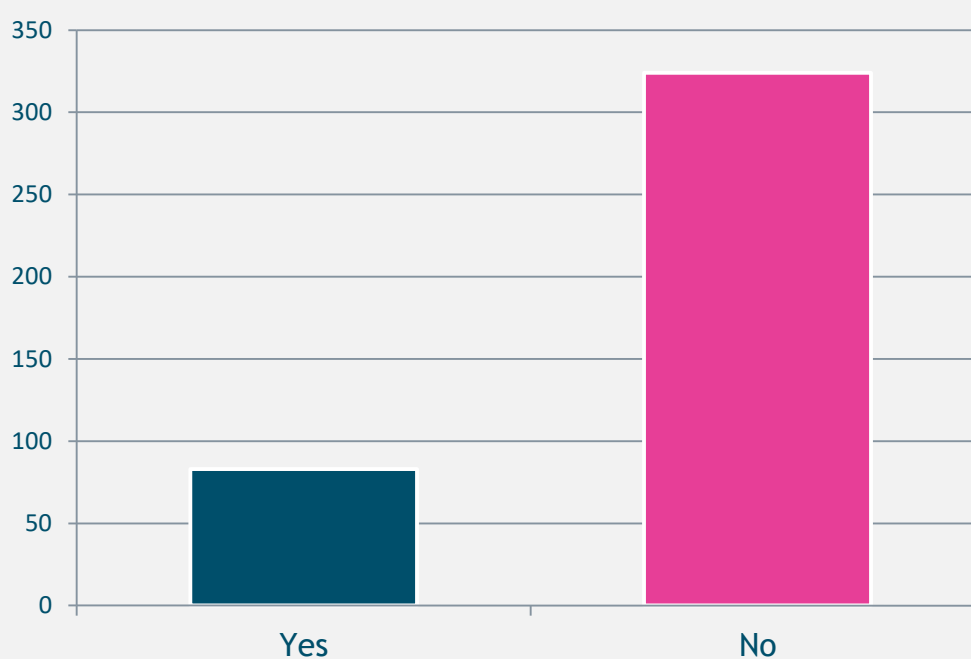
Other responses included:

- Pharmacy
- Dentist
- Community Nurse
- Sexual Health Clinic
- Castle Hill
- Mental Health Team

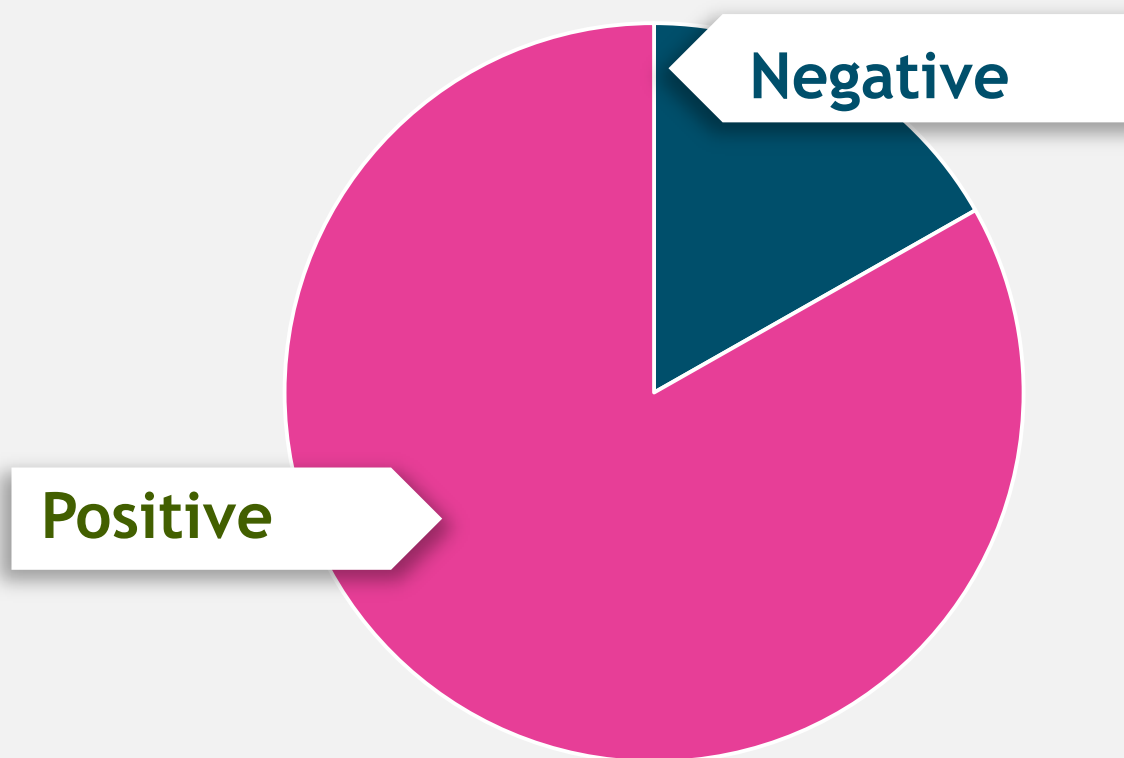
Was your condition of a mental or physical nature?



Did you call NHS 111 before accessing a Health and Care service?



Overall, How would you describe the service and treatment you received?



No one at Withernsea surgery was medically trained to see us on a Friday afternoon. Own decision to go to A&E - where else could one go in such a situation. No thought given on how Withernsea people can even get to Hull plus the non caring attitude at surgery.

Positive in that all the medical practitioners I've seen provided a good service. The negative aspect is the 111 call centre which does not seem to know what services are available locally

Beverley was good, saw me fairly quickly and xray done, referred to HRI as they couldn't put me in a cast at Beverley. HRI was poor, long wait times and set the bone wrong. Once cast was off used fracture clinic for 6 weeks appointments who discovered it was set wrong. Referred to Castle Hill at this point. Castle Hill was very good all through treatment and stayed overnight in hospital

It took 5 different health care professionals across 3 different units to diagnose and prescribe. No continuity or easy local GP access. Referred to Castle Hill ENT but this will be in at least 18 weeks. At one point I had blood leaking from one ear but was told an appointment at my local GP wasn't available for two weeks! YO43 resident

A photograph of a woman with short grey hair and blue eyes, wearing a green cardigan over a dark top. She is looking down at a document held by a healthcare professional whose hands and white sleeves are visible in the foreground. The background is a blurred clinical or office environment with warm lighting and other people.

Accessing Services



Driffield 8 to 8 Centre

8 to 8 Centres

Minor Injury Units (MIU) in Driffield and Withernsea were replaced with 8 to 8 centres from April 2018. These centres are designed to provide a range of services for non-urgent minor injuries and planned care. Qualified nurses are able to treat minor injuries such as:

- Cuts and grazes
- Sprains and strains
- Wound and wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites

Centres are open from 8am until 8pm everyday by appointment only. Appointments are obtained by calling NHS 111, who will assess symptoms and if appropriate arrange an appointment at one of the centres.



Withernsea 8 to 8 Centre

Service User Experiences of 8-8 Centres since their Formation

We spoke to a number of people about their experiences of accessing 8-8 centres, in order to ascertain if there was a wider reflection of the issues that were originally reported to us.

Of the individuals who Healthwatch spoke with, very few had accessed the 8 to 8 centres for unplanned treatment. Many Driffield and Withernsea residents however, explained that the reason for this was that appointments were seldom offered at these venues.

Figures obtained from the CCG show that between April 2018 and September 2019, only 314 patients were directed to 8 to 8 centres for urgent care services. 211 attended at Withernsea and 98 at Driffield. 5 people did not attend a service as signposted. This figure equates to an average of 4 patients each week across both sites.

Individuals we spoke to in these areas reported that they had called NHS 111 with ailments they believe should be treatable more locally at 8 to 8 centres, but were sent further afield to a UTC instead. Others reported that they had been told by call handlers that the service isn't available or that the service does not exist, which caused frustration and confusion. Due to the rural locations, access to public transport is limited and therefore for those who do not drive or have access to vehicles, travelling out of area isn't always possible. For those who are able to make the journey, travel time and cost are said to be too high. Residents within a HU19 postcode (Withernsea and surrounding area), can request a taxi service through the CCG if they have no other means of transport to a UTC and services in the area are not appropriate for treatment. However, this offer isn't available for the wider community.

Hornsea residents that we spoke to were unhappy with the loss of the MIU in Hornsea. However, some had accessed treatment at Bridlington and Beverley UTC, of which they were complimentary despite the difficulty and/or inconvenience of having to travel elsewhere. We have also since been made aware that members of the community have established a first aid station at the Tesco car park in Hornsea to compensate for the loss of the Minor Injury Unit. The station is a registered charity, aimed at supporting the local community by providing first aid services for minor injuries, and is led by volunteers who have all completed first aid training.

I sprained my left ankle quite painfully. I rang NHS 111 and after questions they advised me to go to Bransholme UTC. However, I couldn't drive easily and I asked if I could go to Withernsea 8 to 8 centre. They said it wasn't coming up as an option. Withernsea 8 to 8 centre is a short walk away. I rang at 10am so there should have been plenty of time to make an appointment there the same day. Withernsea 8 to 8 centre is supposed to offer treatment for minor sprains and cuts - I had a sprained ankle.

Daughter had a tick removed, we live right next door to Driffield Alfred Bean but not an option as promised.

East Riding residents tell us their experiences trying to access the 8 to 8 service

We heard many examples from individuals who felt that they had to travel further than what they believed was appropriate for their need, having not being able to access an appointment at an 8-8 Centre. The below comments are reflective of wider comments received.

Withernsea Resident

“In July 2019, my granddaughter, 9 years of age, injured her foot. We called NHS 111 who advised that we attend Beverley UTC, which is a 20mile journey from her home in Easington. When we arrived at 9.20pm, we were told that the doctor was out on a call. We waited for an hour to be seen by a GP and were then given a prescription to collect. As there isn't a pharmacy on site, we were left to drive around Hull in search of one. It was past midnight before we arrived home. This financial cost and inconvenience of this journey only added stress to an already stressful situation. I am aware that the CCG offer to cover the cost of taxi journeys to Beverley UTC for any resident in a HU19 postcode, however this service isn't extended to Easington as it is deemed a more affluent area. I find this insulting and discriminatory to the population of Easington and surrounding areas.”

Driffield Resident

“I was trying to access the 8 to 8 centre in Driffield to be told by NHS 111 it didn't exist; this was for a minor injury to my finger. Please try to make the 8 to 8 centre more accessible instead of expecting people to travel for miles when there is a perfectly good centre in our home town”

Other comments we received also went some way to demonstrating why there is confusion amongst residents as to which services are most appropriate. An example being:

“In the summer of 2018, having accidentally sustained a cut finger that was not a major injury but was still bleeding 24 hours later, I thought it wise to be examined and dressed by a medical professional, so I contacted 111. I was asked a significant number of questions by the call handler, who then passed the call to a clinician who asked more or less the same questions again. I was asked if I could travel to Beverley or Bridlington Urgent Treatment Centre, to which I requested an appointment at Driffield 8 to 8 centre instead. The call transferred to a third person, whom I assumed would be based at Driffield. I was then directed to Withernsea 8 to 8, which is some distance from Driffield. From this suggestion, it was clear that she was not aware of this distance. On enquiring where she was based, I was told Bransholme. I then pressed the matter of preferring an appointment at Alfred Bean to which I was told ‘I don't think it's up and running yet’. When asked when this would be she replied ‘We're not sure’. This answer was totally unexpected given the planning that must have gone into the reorganisation and more importantly that we were promised an 8 to 8 Centre”.

Urgent Treatment Centres

Minor Injury Units in Beverley, Goole and Bridlington were replaced with Urgent Treatment Centres from April 2018. UTC's are designed to provide urgent treatment for injuries that are not life or limb threatening. This includes:



Beverley Urgent Treatment Centre

- Cuts and grazes
- Sprains and strains
- Simple broken bones
- Wound and wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries
- Minor back injuries
- Emergency contraception
- Skin infections/rashes/allergic reactions
- Urine infections
- Raised temperature/fever.

Healthwatch attended all Urgent Treatment Centres during our research and spoke with patients and staff members at each centre.

The centres are open everyday from 7am until 11pm and offer a walk in service for injuries such as those listed above, although calling NHS 111 before hand is recommended. All centres have X-ray facilities and are able to provide temporary casts for simple fractures and broken bones. For urgent illnesses there is an out of hours doctor onsite. Out of hours appointments can be obtained by calling NHS 111, however, this service is not a back-up GP service for those unable to access appointments at their own GP surgery and therefore, staff can, and do redirect patients who are trying to access the service inappropriately. From observations made and feedback obtained, patients reported that they are unaware of how and when to access the GP service at the Urgent Treatment Centre.

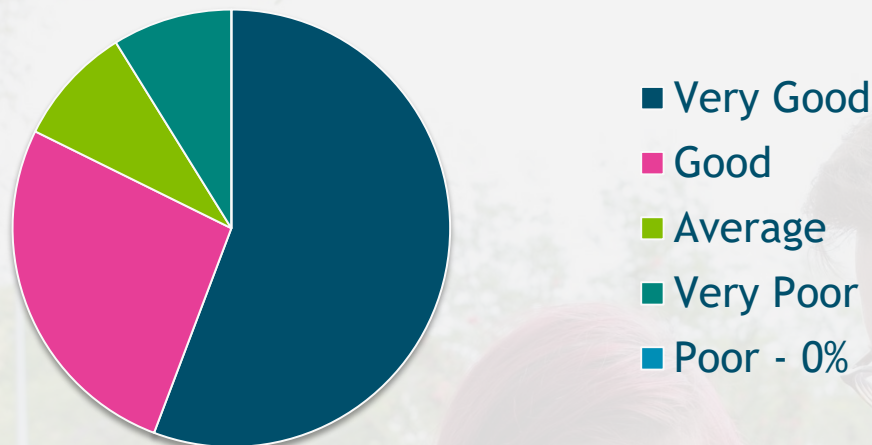
“I attended Beverley UTC with my 5 year old daughter who was suffering with a chest infection. Being a weekend and unable to see our own GP, I thought this to be the best option. I was met with rude reception staff who initially refused for her to be seen as we had not called NHS 111 beforehand. I was unaware that this was a requirement.”

Patients we spoke to were generally positive about the care and treatment they had received at these settings and many praised the nursing staff. Where issues were raised, these included:

- Lack of onsite pharmacy
- Waiting times to be seen
- Reception staff attitude
- Poor communication for after care and follow up appointments.

Staff members themselves also expressed their frustration with the lack of information available to the public and the incorrect information shared by NHS 111, such as x-ray times and inappropriate referrals.

Rate your experience of receiving treatment at an Urgent Treatment Centre



Although I had to wait 3 hours in Beverley and 4 hours in HRI the staff were very friendly and helpful

I received very good care in spite of being told the service was in very high demand at the time of my call to 111

Reception quite rude told to use Bridlington next time even though closer to Beverley

Waiting time less than one hour, seen by treatment nurse, very professional service, put me at ease, especially when treating injury, provided advice on aftercare service, and how to access wound clinic.

My child had an X-ray and we were told if it was fractured they would ring us the next day. If they didn't ring they said treat it as a sprain. 3 days later I got a call telling us to go to the fracture clinic as it was a fracture. My child had been walking on his fractured ankle unaided for 3 days!

I was seen within 15 minutes of arrival. The nurses were lovely and listened to my concerns about the potential ongoing impact of my injury. An X-ray quickly confirmed my elbow was not broken, however due to the pain, advice was given regarding self referring to physiotherapy and speaking to my GP about an MRI scan and also further pain management. The staff were all polite, professional and friendly. I cannot fault the overall experience and am grateful that this provision is so easily accessed.

GP Surgeries

For routine appointments and less urgent care, it is advised to request an appointment with a GP. This should be done following the surgery appointment booking route. If an appointment can't be obtained within normal surgery hours, many surgeries now offer appointments on early mornings, evenings and weekends, although these appointments may not be at the patients registered practice. Many patients we spoke to were unaware of extended hours appointments and had not been offered these by surgery staff. We heard how many patients struggled to obtain an emergency GP appointment and are often told there are waiting times of up to 3 weeks. This delay is sometimes longer if the patient requests to see a specific doctor.

Out of hours GP

The out of hours GP service is staffed with GPs and nurse practitioners who provide services between 6pm and 8am weekdays, bank holidays and weekends. If a patient's clinical need cannot wait until their own GP practice is open, they are advised to call NHS 111. Following a clinical assessment by an advisor, advice will be given and an out of hours appointment provided if necessary.

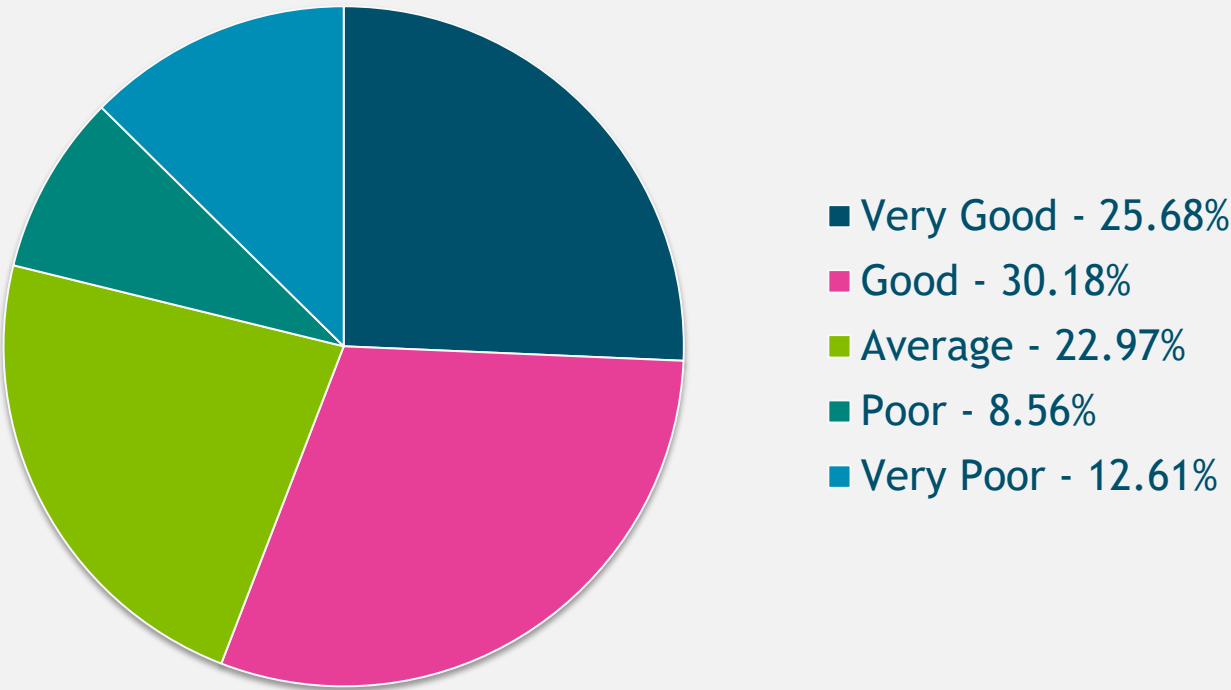


“The treatment I did receive was exemplary but accessing it was really difficult”

“Couldn’t get an appointment for 4 weeks. Just directed to websites to help with depression”

“I saw a GP within 24 hours of seeking an appointment and was prescribed medication”

Rate your experience of accessing GP services



Just under a half of all respondents did not feel that their experience of accessing GP services was good. From the responses received, people largely felt this way as a result of long waiting times for appointments as well as communication between the surgery and the patient. Some residents told us how they would spend upwards of 30 minutes on the phone trying to get through to the surgery to then be told all appointments were gone for that day.

“Took AGES to get an appointment. Never answer phones and when you finally get through, all appointments are gone”

“The treatment I received at the GP was excellent. It was just the venue and the fact that in order to get an appointment within 1 week we had to travel to another area”

“The Withernsea GP service is close to collapse. At 9.35am on 21/11/2019 there were only 4 appointments available to book online. As of 7pm on the same day, there was no availability at all. Not everyone needs/wants an appointment on the day they ring. We have been waiting over 5 weeks for an appointment with a specific doctor”

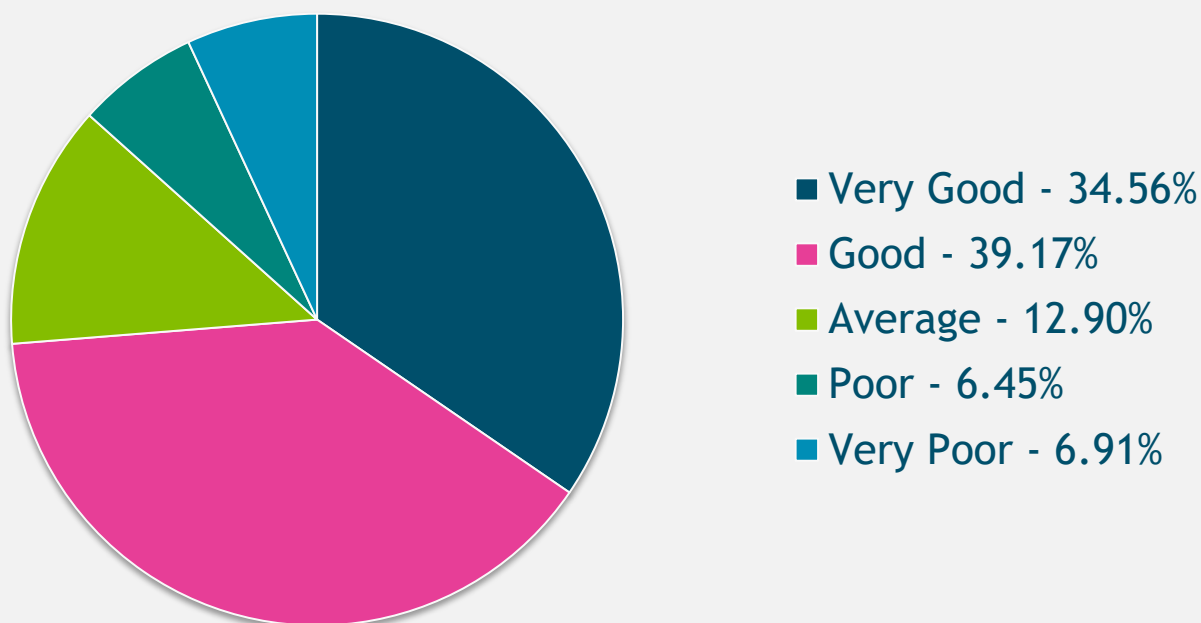
“Dreadful experience trying to get an appointment. Telephone service completely useless”

Some patients stated that they would like to see a return of the ‘sit and wait’ style appointments that more surgeries have moved away from in recent years. This statement was echoed by community groups we spoke to such as the Knit and Knatter group. Other issues raised included the triage system whereby a receptionist will ask a patient for the nature of the complaint in order to ensure the correct medical professional is seen. Some respondents saw this as an invasion of privacy.

“Answer phones...on hold for over half an hour is appalling....more appointments.....bring back sit and wait”

The statistics change for the better when looking at how respondents felt about the treatment they had received. The general consensus was that although it sometimes takes time to get an appointment, once you are seen, the treatment is good. Over 72% of people described the treatment they received as either very good or good.

Rate your experience of receiving treatment





Accident and Emergency

As is the picture nationally, Hull Royal Infirmary (HRI) A&E department has struggled to hit the current target of 95% of people seen within 4 hours of arrival. During the month of December 2019, less than 60% of patients were seen to within the target time. This comes after a very busy period in November when at one point, 25 ambulances were counted, queuing outside the department. Staff and commissioners urged those with less serious injuries and illnesses to present elsewhere or call NHS 111 for further advice before attending A&E. Walk in patients, were met by a 'nurse navigator' on arrival to determine the most appropriate place for them to be treated and some patients were sent away with instructions on where to access alternative care. Respondents to our survey and the members of the public we spoke to, told us that they faced long waits at A&E, however most reported that the treatment they received was good.

“90 year old hip fracture - excellent care from 999 responders and HRI and aftercare and immediate care”



Hull Royal Infirmary Children's A&E entrance

Conditions that respondents presented at A&E with:

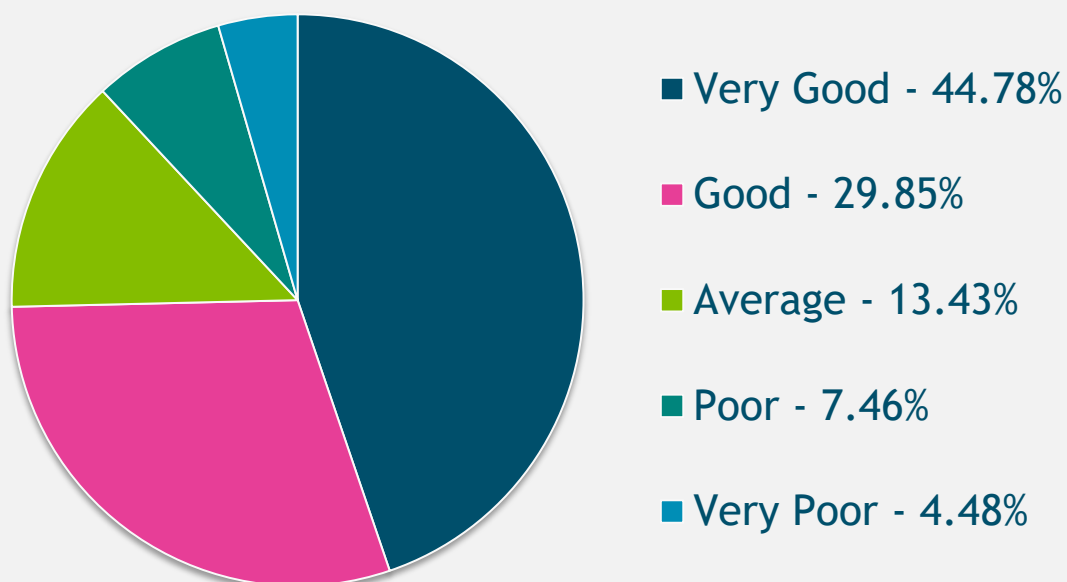
- Suspected sepsis
- Heart attack
- Stroke
- Broken finger and toe
- Projectile vomiting
- Kidney stones
- Broken tibia and fibula
- Cut on finger
- Chronic depression
- COPD chest pains
- Trapped nerve
- Pregnancy bleed
- Appendix
- Broken wrist
- Stomach pain
- Eye problems

Why did you choose this service?

- Felt the need to see someone asap
- My doctor never has appointments
- Pharmacy advice
- Thought it would be best as they had X-ray facilities
- Ambulance service made the initial decision
- Was at GP surgery and mentioned symptoms experiencing
- Nearest to home

It is clear from the responses received that some of the patients who accessed A&E, could have been treated at alternative services such as UTC's or their GP. When asked why they had chosen to present at A&E, many patients told us that location was a big deciding factor. Others claimed that they were unaware that their condition could have been treated elsewhere and were unaware of facilities available within other services.

Rate your experience of receiving treatment





NHS 111



Nationally, patients are being encouraged to call NHS 111 for self care advice or in order to be directed to an appropriate service. NHS 111 is a telephone triage service which uses the national system called NHS Pathways and is owned by the NHS. NHS 111 calls are answered by trained call handlers who determine which, if any service is appropriate for the caller by asking a series of questions. Answers given to these questions will determine which service is most clinically appropriate for the caller and present the call handler with a list of available services close to the patients home. Figures provided by the CCG show that between April 2018 and September 2019, 90,030 calls were made to NHS 111 from the East Riding. The chart below details where the callers were directed as a result of the call:

Where were patients directed?



‘Other’ relates to patients who were directed to services such as A&E and Pharmacy.

We asked residents in the East Riding whether they felt this service is meeting their needs and effectively signposting and/or giving suitable advice. The people we spoke to who had accessed the service, gave a mixed response on whether their experiences were positive or not.

Many patients told Healthwatch how they were directed to services that were out of the Hull & East Riding area. i.e. Withernsea residents spoke of being directed to A&E in Grimsby as opposed to Hull Royal Infirmary which is the nearest A&E department. Whilst it is important to note that as the crow flies, Grimsby is of less distance; the travelling distance is far greater due to the Humber Estuary.

We heard examples of call handlers being unaware of which facilities are available and at which sites, with one resident being informed that their nearest UTC, Bransholme did not open at weekends and did not have an X-ray facilities, which is incorrect on both counts. If not for the persistence of the patient, they would have been sent further afield. As also already reported, we heard reports of patients being told that particular services “did not exist”; which predominately referred to the 8 to 8 centres in Driffield and Withernsea.

Again, staff at the UTC’s told Healthwatch of many incidents when patients would be advised to attend the centre unnecessarily. These incidents ranged from patients presenting for X-ray when the department was closed to others attending when they should be seen at A&E.



“My experience was positive in that all the medical practitioners I've seen provided a good service. The negative aspect is the 111 call centre which does not seem to know what services are available locally”



Travel & Transport



During our engagement, travelling and transport issues were brought to our attention on many occasions and the phrase “Postcode Lottery” was used by many who felt that the postcode in which they live plays a large factor into the level of health care available to them.

Due to the rurality and the aging population of the East Riding of Yorkshire, many residents told us how they faced difficulty with travelling to access care. Some reported return journeys to Urgent Treatment Centres of up to 80 miles. Others explained how the poor public transport links throughout the area resulted in patients being unable to access care in urgent circumstances. Whilst some are eligible for the taxi service mentioned in the 8 to 8 centre section of this report, awareness of this offer is very limited. Many of the transport issues raised were reported to us to be as a result of the changes to the MIU services; again particularly in respect of the changes that have happened in the Driffield and Withernsea area.

“It's time something was more localised for Holderness villages and towns. We should not have to travel all the way to Hull or Beverley for out of hours”

“Unable to get there. Would have preferred to go to Alfred Bean in Driffield but that service is no longer available”

“Whilst 30 miles is not far if you drive but depending on traffic takes over an hour”

“I was referred to the main surgery situated half an hour car journey away - this is not possible by public transport”

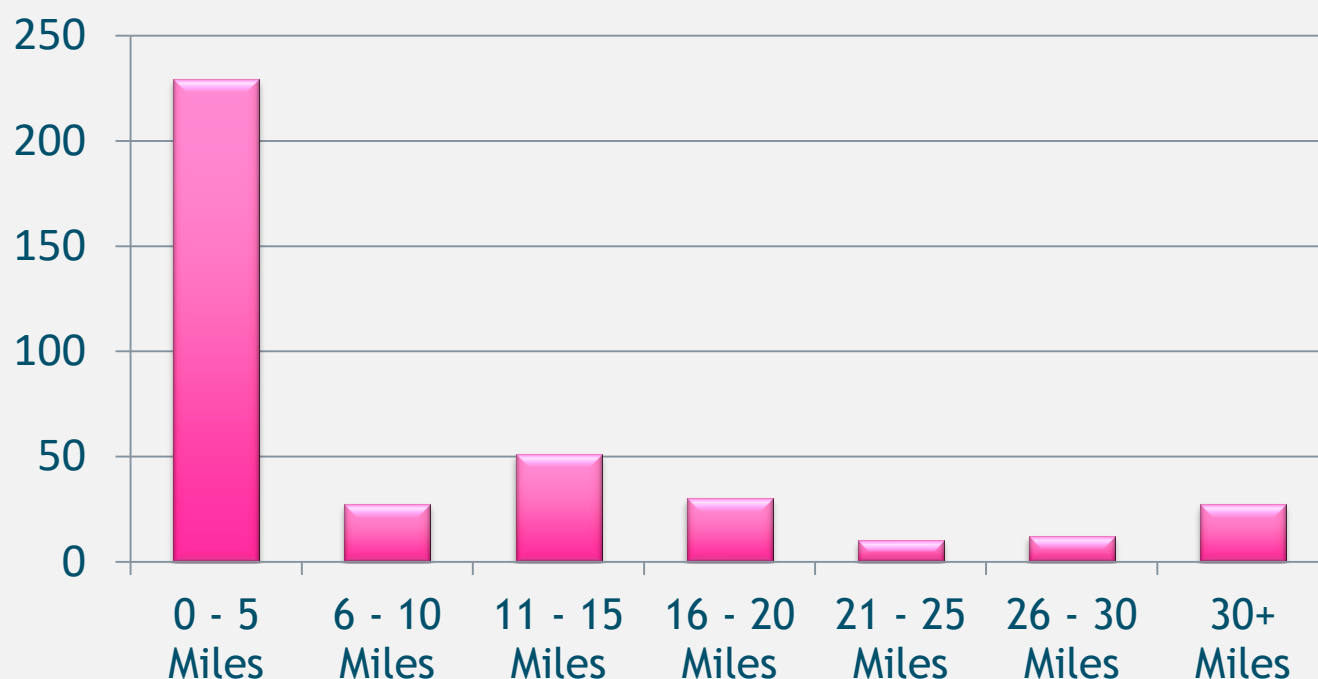
“I was advised by 111 to get a taxi to my nearest emergency hospital which was 26 miles away although I couldn't walk”

“People in the Withernsea area have a difficult journey to get to Beverley. Local transport doesn't help”

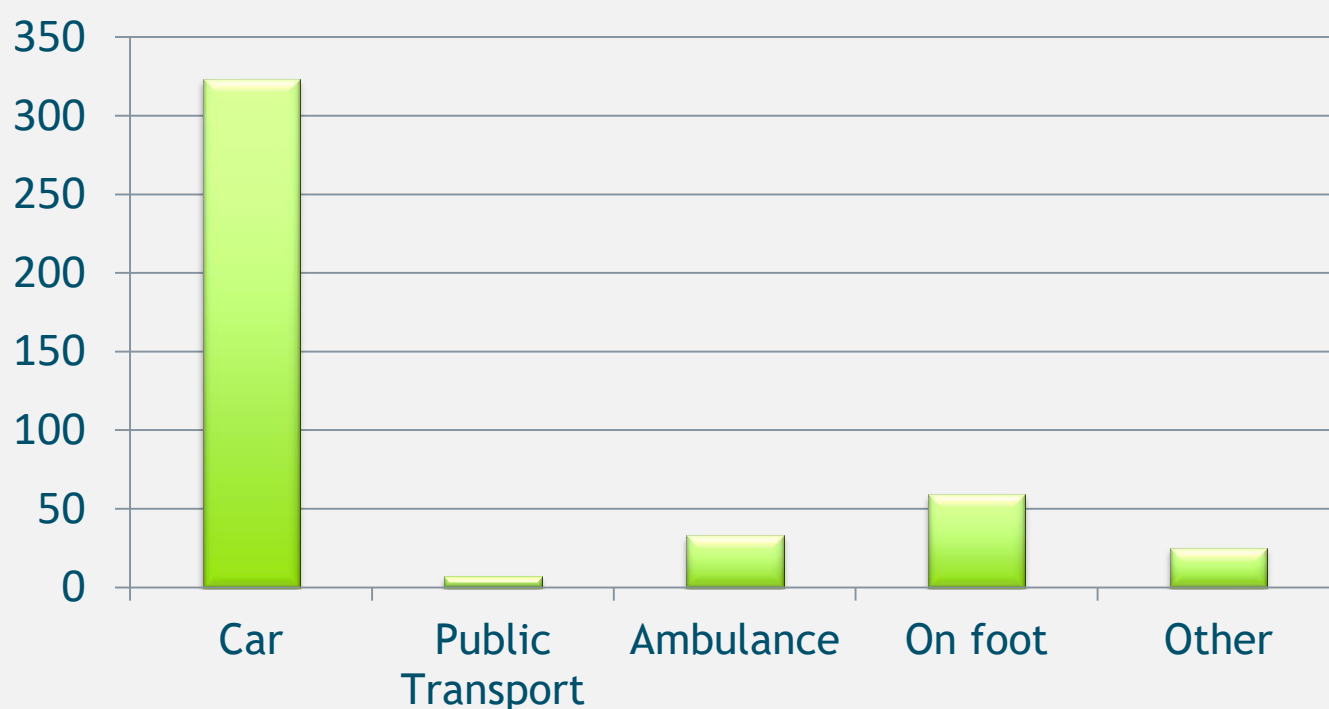
On researching the issues raised, we learnt that for Easington residents accessing their nearest UTC via public transport would consist of a 2 hour and 10 minute bus journey at mid day, using 3 separate buses. This journey increases by an hour during the evening period. Limited bus time tables during night times and weekends result in patients being unable to access UTC's at these times. Whilst taxi services do cover the area, this is at the cost of the patient. Given the rural nature of the East Riding, some journeys that are shorter in distance, take longer to achieve due to the road network and limited public transport service. This problem is exasperated out of hours, on Sundays and during bank holidays.

Patients also reported and shared their views on the inconsistency of parking charges at the Urgent Treatment Centres. Whilst parking is free at Beverley, there is a charge at Bridlington and Goole. Patients expressed their discontent at the high parking cost at these sites.

How far did you travel to get there?



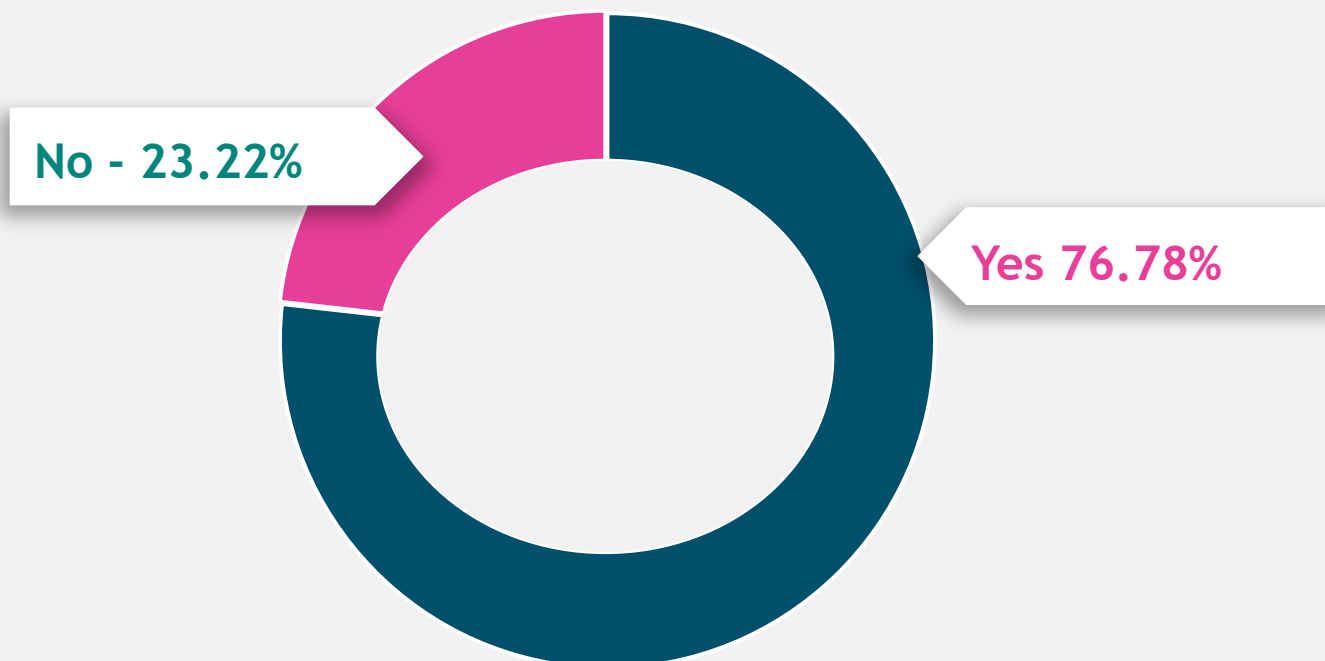
How did you get there?



Other responses included:

- Taxi
- Stayed at home
- Bicycle
- Patient transport

Were you seen at your preferred choice of venue?



Of the respondents that selected no, the majority (76.44%) are Drifffield, Withernsea and Hornsea residents.

Drifffield	39.2%
Withernsea	24.5%
Hornsea	12.74%

The comments below were received from the respondents who selected 'No':

"We used to have a Minor Injuries Unit near my home that could have dealt with my injury"

"Why would anyone want to travel 25 miles when sick or injured. Hospital facilities in Withernsea could be used to help the town and visitors"

"Were told originally appointment would be at Rosedale (Hedon) but was then told later that Rosedale was closed. Would have preferred to have been directed to Withernsea 8 - 8 centre"

"We have a perfectly good hospital here in Withernsea that could have dealt with every aspect of this without the trauma and need to drive all round Holderness"

"It's time something was more localised for Holderness villages and towns. We should not have to travel all the way to Hull or Beverley for out of hours"

A portrait of an older man with a white beard and glasses, wearing a dark sweater over a light blue shirt and a patterned tie. He is wearing a white lanyard with the 'healthwatch' logo. The background is a blurred office setting. The image is tilted slightly to the right.

Conclusion & Recommendations

Conclusions

It is widely recognised that there are significant and increasing pressures on healthcare services, particularly urgent and unplanned care, with extensive evidence demonstrating that some services continue to be used inappropriately resulting in unnecessary demands. Whilst there are a number of national directives being implemented to help address this, we recognise that it is not always viable in terms of resources, capacity or demand to have a full range of services within close proximity to every pocket of the community. That said however, it cannot overshadow the fact that local residents continue to report that they do not feel that access to urgent care services are meeting their needs, particularly in our more isolated communities.

It comes as no surprise that the weight of the feedback we received demonstrates that those communities who have retained an urgent care service with walk in facilities are more satisfied with the changes than those areas who have more restrictions or travel distances in accessing such care.

We are aware that public engagement has been conducted by commissioners and providers both during and since the transition of services from MIUs to 8-8 Centres and Urgent Treatment Centres. However, whether deemed as mis-communication or mis-interpretation, there are residents who believe, or had other expectations, that there was a commitment to the provision of certain services that they do not feel are being delivered. These thoughts were particularly voiced by residents in the Withensea and Driffield areas, where the former MIU units have changed to a pre-booked 8-8 Centre.

Across all urgent care services, including 8-8 Centres, UTCs, Out of Hours GP services and A&E, we received repeated examples of people being unclear as to how and when each service should be accessed. In the absence of this understanding, members of the public will therefore access services inaccurately. We received particular examples of people presenting inappropriately to A&E with location and unawareness of alternatives being the highest reported reasons.

With regard to the 8-8 Centres in particular, in the face of being able to 'see' a physical resource that is advertised as being open, but then being advised to travel what can be significant distances for some, residents are struggling to comprehend why they cannot access this much nearer facility. Travel and access to transport, has therefore emerged once more as a key area of concern. Whilst this is a well recognised ongoing issue within the East Riding, it has further heightened frustrations of particular residents who have closer facilities that they are not being directed to.

In terms of support and costs in relation to travel, although there is a transport scheme for HU19 residents and financial support for certain residents travelling to UTCs, there were residents who did not fall in these criteria but were in need of support and felt disadvantaged by way of their postcode. Likewise, the inequitable application of parking charges across UTC sites was raised, due to some sites offering free parking as opposed to more costly impositions at others.

In relation to the NHS 111 service, a significant number of the people that we spoke to had not consulted with NHS 111 before accessing a service which highlighted that further promotion of this service is needed. For those who had accessed NHS 111 beforehand, we heard of several reports of people either being directed out of area or more further afield than needed. Also the use of language and terminology used by NHS 111 call handlers is causing confusion and frustration for some patients who are sometimes being told 'the service does not exist' when it does not appear on the NHS 111 algorithm.

During our research, we were informed by the CCG that that call handlers have been advised not to use this terminology, however it does not appear to have taken effect in all cases.

Similar concerns were also echoed by staff members working within urgent care services who reported instances of individuals being given the wrong information or directed to an inappropriate service. Due to these negative experiences, some patients have reported to us that they have decided not to use the NHS 111 service in future.

As part of this research, residents continued to report difficulties accessing GP appointments. Issues raised varied from wishing to see a named GP, being seen closest to home, or being able to access an appointment within a reasonable timeframe and so resulting to other urgent care services instead. Through our conversations, residents also demonstrated a lack of awareness of the extended hours now operated by GP Practices. Healthwatch have now commenced a separate piece of work focused on GP access with results to be published in Spring 2020.

Recommendations

Based on the feedback received from residents of the East Riding, Healthwatch makes the following recommendations:

1. Whilst we recognise it may not be viable to increase urgent care provision with the areas of Driffield and Withernsea, greater recognition of the disadvantage and inequality that the residents in these areas are feeling needs to be given by East Riding CCG, in addition to meaningful conversation and engagement on the situation. In particular, there needs to be greater transparency and assurances that resident views are being taken in to account; that locally available services and facilities are being put to effective use in relation to local need; and that opportunities to utilise resources are maximised to contribute to their overall viability.
2. Although communication has taken place regarding the services available and the criteria for accessing the various types of urgent care services across the East Riding, members of the public are still uncertain as to the most appropriate use of services. This suggests that more penetrative and ongoing methods of communication are needed to dispel misconceptions about local services and assist in appropriate access. Such methods should be explored in full by East Riding CCG and CHCP in conjunction with local communities, to ensure that messages are effectively instilled and retained.
3. Whilst it is appreciated that a certain level of support has been put in place to improve accessibility to UTCs by specific communities, it would be encouraged that East Riding CCG reassess their criteria to ensure equality of access for those most in need, and to ensure wider publication and accessibility of this support.
4. Although testing has taken place on the NHS 111 algorithms in relation to East Riding urgent care services, there appears to be some discrepancies still present that are causing inconsistencies in how options are presenting, or how well the proximity of services are displayed, and therefore would benefit from further testing now that new service pathways are established.

5. Again, although it has been reported that training has taken place with NHS 111 call handlers regarding appropriate use of language, mechanisms need to be put in place to ensure this is regularly refreshed and assessed.

6. Staff members working within urgent care services highlighted particular problems they themselves had faced regarding inappropriate use and signposting. As staff members provide a rich source of front line intelligence, it is recommended that CHCP conduct further staff consultation to determine how they feel systems can be improved.

Healthwatch East Riding of Yorkshire are happy to support partners wherever possible in delivery of the above recommendations, and will continue to take a proactive approach to informing and signposting individuals to services that are most appropriate to their needs.

Next Steps

Under Healthwatch powers to produce reports and recommendations, commissioners and providers will have 20 working days from receipt to respond. Healthwatch East Riding of Yorkshire will monitor responses to our recommendations and keep members of the public and stakeholders informed of progress and actions to deliver improved services. When published, the report along with responses to recommendations will be made available as a PDF download via the Healthwatch East Riding of Yorkshire website, and will also be available in hard copy upon request.

The report will be submitted for response to:

- East Riding CCG
- City Health Care Partnership (CHCP)

The report will also be circulated to system partners for information and consideration in wider activity and development via the following:

- East Riding of Yorkshire Council
- Health, Care & Wellbeing Overview & Scrutiny Committee
- East Riding Place Partnership
- East Riding Health & Wellbeing Board
- Healthwatch England

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