

Children and Young People's Attendance at A&E

June 2015



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Executive Summary

1.0 Introduction

NHS Newcastle Gateshead Clinical Commissioning Group is currently reviewing A&E services to reduce inappropriate attendances by children and young people.

2.0 The project

The overall aim of this project was to examine inappropriate attendance of children and young people at A&E as part of the development of the Newcastle Sick and Injured Children's and Young People's pathway so that each child and young person receives the most appropriate advice and treatment in the right place, at the right time, and which enables NHS resources to be used appropriately.

The key objectives of the project were to:

- Identify reasons for accessing A&E in preference to other suitable health services
- Explore experiences of contact with other health services prior to attendance at A&E
- Identify any barriers either experienced or perceived to accessing other health services
- Explore the experience of parents and young people presenting at A&E with a condition that could have been treated more appropriately elsewhere
- Explore and understand the parents or young person's future decision making with regards to seeking medical help if a similar situation were to arise

A phased approach to engagement was taken. In both phases, an initial questionnaire was completed by the parent or guardian in Children's A&E and they were given the opportunity to take part in a follow up interview. In phase 1, the follow up interview explored the issues arising from the questionnaire in more depth and in phase 2, more detailed information was sought from the interviews regarding the parent or guardian's knowledge and understanding of what alternatives to attending A&E were available.

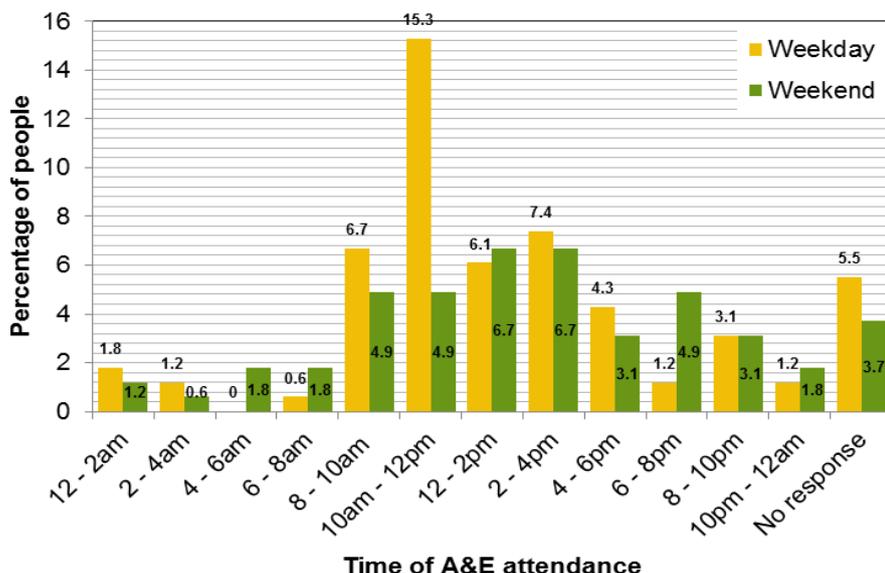
After reviewing the data during the process, the project team faced a realisation of risks detailed in the Project Initiation Document and the phased approach to engagement provided a solution. Accessing participants was an issue throughout the project and phased approach allowed more time to engage with parents. It also provided an opportunity to make better use of the follow up interviews.

In total, 184 parents and guardians completed an initial questionnaire in A&E. Thirty-three parents took part in telephone interviews in phase 1 and 25 took part in telephone interviews in phase 2.

3.0 Findings

3.1 Initial A&E attendance

Of the 184 people that took part in the research, 89 people (48.4%) attended A&E on a weekday and 74 (40.2%) attended on a weekend. The graph below shows the time of day parents attended A&E from the cohort involved in the engagement and points to trends around the attendance at A&E:



During the weekend, parents attended during the day rather than in the early hours of the morning. During the week, the largest proportion of parents attended A&E between 8am and 12 noon and the figures slowly decline throughout the afternoon until a small spike in attendances between 8-10pm when other services have been perceived to be closed. This is significant when considering those included in this report attended A&E inappropriately and have attended before midday when other health care services are available which could have better dealt with their concerns.

It should be noted that this information regarding the time of A&E attendance should be considered alongside the quantitative statistics in Appendix 6 since the questionnaires were not given to all parents of children who attended A&E inappropriately during the evidence gathering period. However, the information gathered does still indicate a trend.

Of the 184 parents and guardians who took part in the research, almost two thirds attended with their child under five years old (116 people, 63.1%). The most frequent illnesses, injuries and symptoms as stated by the parents for A&E attendance were a high temperature, cough, head injury, breathing problems and vomiting. Other symptoms included a rash, abdominal pains, injuries, possible broken bones and asthma. This could suggest that parents chose to attend A&E because of the perceived seriousness of the illness or injury in relation to the age of their child, especially in children under the age of 5. Another possible factor in such a high proportion of children under the age of 5 attending A&E may relate to the varying criteria regarding assessment and treatment of children under two at the Walk in Centres in the City although GP practices would still have been available to all.

Over one third of parents and guardians attended A&E because they had been referred from another health care service. Most of whom were referred from the Walk in Centre, Minor Injuries Unit, NHS 111 or their GP practice. Further analysis of these figures revealed that the majority that had been referred to A&E by another

service, the child had been assessed and possibly treated before being referred. However, a significant minority had not been assessed and were diverted to A&E because of incorrect advice from other health care services.

In addition to the referrals/diversions from other services, 28 parents chose to attend A&E because of their perception of the seriousness/severity of the illness or injury and 23 parents attended because it was out of GP hours. There was a perception by 33 parents that A&E provides a better quality of care, is quick and convenient. Fifteen parents also wrongly thought that A&E was the only service to offer x-ray facilities and attended because they perceived their child needed an x-ray. Another perception was that Walk in Centres do not provide services for children under 2 years of age. Only a small proportion of parents reported that they attended A&E because of the lack of availability at their GP practice. However, this number may not be truly indicative as there is evidence to indicate countrywide that there is a large level of dissatisfaction with waiting time for pre-booked non-urgent GP appointments and a possible lack of awareness of urgent same day appointments with GPs. This may have meant that parents may not have even considered contacting their GP Practice and thus not suggested it as their main reason.

3.2 Phase 1 follow up

Thirty-three parents took part in the follow up interviews in phase 1 and over half (57.6%) had attended A&E with their child under 5 years old. The majority of those taking part in the follow up had waited less than one hour to be treated in A&E. Three quarters of parents felt the waiting time was satisfactory because it was quick; it was a good service and they understood the need to prioritise children in greater need. Those that were not satisfied with the waiting time said the length of time was too long to wait particularly in relation to the age of their child. When considering the low waiting times alongside the clinical inappropriateness of the attendances included in this report, it could be suggested that the low waiting times are a result of quick treatment and discharge due to the mildness of illnesses and injuries parents attended with.

Twenty-three parents considered contacting another health care service. Of those, 18 did go on to contact an alternative service with the majority contacting NHS 111, their GP or a Walk in Centre. Five parents considered contacting a service but subsequently chose not to because they thought the type of illness or injury would be better treated at A&E. A small proportion of parents who had contacted a service before attending A&E and were assessed and treated by that service had then subsequently felt their child's condition had worsened which meant they felt they needed to attend A&E. A small proportion were diverted to A&E because of advice from Walk in Centres and NHS 111. The five parents who considered contacting a service but chose not to felt that A&E had more appropriate services and held the perception that the type of illness or injury that their child had was serious enough to warrant visiting A&E.

Representative of the results from the initial questionnaire, parents taking part in the follow up interviews stated being referred by another health care service as their main reason for attending A&E closely followed by the parent's perception of the seriousness/severity of the illness or injury.

Twenty (60.6%) parents said they would attend A&E again if they were faced with a similar situation evidencing the need for change within the system as well as increased education and information for parents to reduce the level of inappropriate A&E attendances. Eight (24.2%) parents said they would attend another health care service such as the Walk in Centre or their GP practice if they were faced with a similar situation. Five (15.2%) parents said it would depend on their situation at the time of the illness or injury.

The majority of parents taking part in the phase 1 follow up believed they knew how to appropriately use their pharmacy, NHS 111, their GP practice, a Walk in Centre and A&E. Those that felt they did not know enough about a service requested more information about what that particular service offers.

3.3 Phase 2 follow up

Twenty-five parents took part in telephone interviews in phase 2 of whom 13 parents (52.0%) attended with their child under 5 years old. As with the first phase of follow up interviews, the majority of parents waited less than one hour to be treated in A&E and almost three quarters felt the waiting time was satisfactory, which, again, could suggest the mildness of the illnesses and injuries presented as patients were assessed, treated and discharged quickly.

Just over half of parents considered contacting another health care service before attending A&E and of those that did contact an alternative service, the majority contacted the Walk in Centre or NHS 111. Those that considered contacting a service but chose not to stated they had previously had a bad experience or because they believed the Walk in Centre criteria excludes children under 2 years old. Just under half of the parents did not consider contacting another health care service because they believed the situation was an emergency, the GP services were closed or because of their previous experience of being referred to A&E.

Representative of the results from the initial questionnaire, parents taking part in the follow up interviews stated being referred by another health care service as their main reason for attending A&E closely followed by the perception of the seriousness/severity of the illness or injury. Of those that stated they had been referred from another service, six parents were referred and four were diverted to A&E.

Parents were asked about their awareness of a variety of health care services and their knowledge of how to use them:

- Pharmacy – Almost all parents in this cohort said they knew how to use their local pharmacy and suggested reasons such as medication and prescriptions, minor illnesses and general health advice.
- NHS 111 – Almost all parents in this cohort were aware of the service and would know when to contact NHS 111. Parents suggested using NHS 111 for reasons including general advice and non-emergency situations and would be prevented from using the service because of what they deemed to be an emergency situation.
- GP – All parents in this engagement cohort believed they knew what to use their local GP for including non-urgent illnesses, when they need medication and for on-going medical problems. Parents felt that they would not use their

GP service in an emergency situation. Therefore, work needs to be done to increase parental awareness of GP expertise and what they treat as many of the instances in this report could have been dealt with by their GP.

- Walk in Centres – Almost all parents in this cohort were aware of their local Walk in Centre and believed they knew what to use it for, including non-emergency situations, out of hours and when you can't see your GP.
- GP Out of Hours Service – Just over half of parents in this cohort were aware of the service. Only 44.0% of parents knew how to access the service through NHS 111 and only 36.0% suggested what the service should be used for. This evidences the need to increase awareness about the service and how to access it.
- A&E – Almost all parents within the engagement cohort believed they knew what to use A&E for including emergency situations, serious injuries and broken bones. However, as the parents involved in this report had attended A&E inappropriately, their perception and understanding of how to use A&E appropriately must be brought into question.

Overall, there was a parental perception that they had a good level of awareness and understanding of what all available health services could provide, other than with regard to the existence of the GP Out of Hours Services and how to contact it. Despite the parents reporting that they have a sufficient level of knowledge of other health care services, their perceptions would appear to be misjudged, as evidenced by their attendance at A&E during the engagement which was deemed as clinically inappropriate. Their participation in this research strongly suggests work needs to be done to ensure people are accessing the correct services. For example, it was suggested that pharmacies should mainly be used for prescriptions rather than parents considering that they could be used to a greater extent for assessment of minor ailments by an appropriately trained pharmacist.

Online information about health care services was requested by the majority of parents and a quarter of parents would like a leaflet. A minority of parents suggested they would like a specific children's NHS website.

Almost one third of parents requested advice on the types of illnesses and wanted examples/scenarios of signs and symptoms which would help direct them to the most appropriate service. A symptom checker was a popular suggestion. A further one third of parents wanted contact details and opening times of the various services and wanted to know more information about the range of services available at each place.

Participants were then given a short overview of the range of health care services by the researchers, including what they should be used for, their location and how to access them. Subsequently, parents were asked if they would choose to attend A&E if the same illness, injury or symptom was to happen again in their child. Whilst 11 (44.0%) parents said they would attend A&E again, 11 eleven (44.0%) said they would contact another health care service rather than attend A&E. Six of these parents had originally contacted another service and had been referred to A&E by that service. Three (12.0%) parents said it would depend on the day and time as to whether they would access A&E again.

In comparison to the same question asked in phase 1 where participants did not receive any extra information, the phase 2 evidence suggests that the additional

information given by the interviewers was well received and had a significant impact on parents' attitudes. The personal conversation with a parent made them more comfortable to make a different decision with only 24.2% of parents choosing to do something different in phase 1 compared with 44% in phase 2. This short conversation in this engagement was between parents and a non-clinical interviewer. It may well be that information given by a clinician may be even more beneficial for parents in helping them to make decisions about their child's health in the future. This evidences the need for a personal, targeted approach to ensure parents are able to feel confident in choosing the most appropriate service for their situation.

4.0 Recommendations

It should be noted that throughout this research, parents in the engagement cohort often felt their decision to attend A&E was correct, whether they had chosen to attend or had been referred or advised. It was also clear when asking parents in the engagement cohort about other health care services, that they felt they knew how to appropriately use and access all services, with the exception on the GP Out of Hours Service. However, their participation in this study in which the inclusion criteria was that clinically their attendance at A&E was deemed inappropriate and the evidence of how they used and accessed services suggests that their perceptions may not be accurate. Therefore, all recommendations from this report should be undertaken in a considered and targeted way in order to effect a change in existing parental perceptions about how to use and access current services.

The following recommendations should also consider that 63.1% of the parents in this engagement cohort attended with children under the age of 5 years old, with an incorrect perception of serious injuries and illnesses and a lack of understanding of where to attend. Therefore, all recommendations should be considered for children, young people and families but, where appropriate, recommendations should be focussed to the cohort of parents with children under 5 and targeted work should be carried out.

4.1 A&E information for parents

It is recommended that:

- Information resources are developed, in online, mobile applications and leaflet form, for parents to encourage the use of primary care services to reduce the reliance on A&E providing scenarios to demonstrate the types of symptoms to be aware of.
 - This could include a focused piece of work with parents of young children to understand their needs and to understand what would make them feel confident in making decisions about attending health care services.
- Information resources, in online, mobile applications and leaflet form, are produced specifically for parents, particularly those with young children, to detail the purpose of A&E, the type of illnesses, injuries and symptoms you should attend with and details of opening times and contact details.
- Each GP practice website should contain the correct and relevant information about attending a variety of services.

4.2 Symptom checker

It is recommended that:

- A local symptom checker should be developed with locally specific information about services, including location, opening times and contact details, and when to attend each.
 - The symptom checker should include specific scenarios to help parents make decisions about their child's health and as a starting point should focus on the illnesses, injuries and symptoms highlighted in this report.
 - The information should be easily accessible to ensure parents facing a difficult situation are able to use it and more detailed information is also available.
- Each GP practice website should have access or link to the symptom checker.
- Patient information leaflets are also developed in addition to the online resources which should include similar information about symptoms and illnesses. The leaflets should be provided at each level of the Newcastle Sick and Injured Children and Young People's pathway and the same message given regardless of the service being accessed.

4.3 Service referral thresholds and protocols

It is recommended that:

- Service thresholds for referrals are reviewed to ensure services work together to prevent inappropriate attendances. This should include the ongoing work to improve the triage system of NHS 111 as well as the protocols of Walk in Centres for advising parents to attend A&E.
- Focused work is carried out with schools and the school health service to facilitate their signposting to the most appropriate service if a child is ill or injured whilst at school and to discourage schools from advising children to attend A&E inappropriately.

4.4 Staff training and information

It is recommended that:

- The advice given to parents via various services is explored to ensure commissioners understand the current protocols adopted by each service. If it is found that advice is incorrect or needs to be improved, staff within each service should be provided with the relevant information to ensure they provide the correct advice. Where necessary, training should be given to staff involved in advising parents which service to attend.
- Training is promoted specifically to primary care teams from reception staff to GPs to enable all members of staff to feel competent and confident to deliver a family friendly service and provide the correct advice, particularly in relation to children and young people, as this service should be the first contact for families.
- Paediatric training is also promoted to pharmacies, Walk in Centres and the GP Out of Hours Service to enable staff at all levels to feel more comfortable

and confident in advising, assessing and treating children and young people and engaging with parents and families.

4.5 Information about pharmacy services

It is recommended that:

- The services of local pharmacies are promoted to parents to show their importance and the skills available in treating minor ailments and illnesses.
- Pharmacy First is promoted widely to parents to ensure they are aware of the services provided.

4.6 NHS 111 protocols and information

It is recommended that:

- The protocols of NHS 111 are explored to ensure that parents are not inappropriately referred to A&E. This could occur through the existing improvement work currently taking place within NHS 111.
- Information about NHS 111 is displayed on GP Practice websites and information is available for parents to help them decide on the most appropriate service to contact.

4.7 Primary care services

It is recommended that:

- Information resources, in online, mobile application and leaflet form, are developed to promote GPs and primary care services as the first point of contact for children, young people and parents.
- The work of the CCG Child Health Team's school assembly presentation about how and why young people can access their GP services for Year 9 students across Newcastle (developed following the West End Youth Enquiry Service survey 'Our Health Our Voice') should be built upon and specific work should be done to engage with parents of primary school age children and parents of under 5s.
- Information resources of any kind should include symptoms and scenarios of when to use primary care services to demonstrate the breadth of conditions that primary care can treat.
- GP practice systems are developed to enable appointments that can be flexible and responsive to the needs of the children, young people and parents and commissioners should support this to allow practices to have the capacity to offer a responsive service.
- Alongside developing GP practice systems, the different types of appointments available with primary care services could be promoted to ensure parents are aware that there are a range of routine and urgent appointments available with a variety of health care professionals.
- The Health Visitor service is promoted to parents with children under 5 years old with clear guidance of how to contact the service, when they can be contacted and what they can be contacted for.

- Targeted work is developed for parents with children under 5 years old to help facilitate their knowledge of primary care services and to help support them in making the most appropriate health care choices for their child.

4.8 Walk in Centre information

It is recommended that:

- The criteria for attending Walk in Centres with children should be reviewed and, if possible, the service should be provided for all ages.
- The protocols of Walk in Centres are reviewed to ensure that parents are not inappropriately referred or diverted to A&E and this should be communicated with all relevant staff.

4.9 GP Out of Hours Service

It is recommended that:

- A focused piece of work should explore knowledge of the GP Out of Hours Service to best understand what parents know and what information they need to be able to make decisions about accessing the service.
- Promotional material, in online, mobile applications and leaflet form, is produced about the GP Out of Hours Service and it is promoted widely to the general public as well as parents. The material should explain the purpose of the service and how to access the service.
- The NHS 111 point of access to the GP Out of Hours should be reviewed to best understand how parents can easily access the service.

4.10 Education regarding A&E attendances

It is recommended that:

- A focused piece of work is carried out with parents to understand their views about deciding which service to attend. This should include an educational aspect to encourage families to be comfortable about making a different decision, including discouraging parents from attending A&E inappropriately. This could take place alongside other recommendations in this report, including the development of information resources.

4.11 Current and future work

We are aware of work currently planned or in progress to address aspects of the recommendations included in this report. The CCG Child Health Team and North of England Commissioning Support have ongoing work. This includes the Newcastle Urgent Care Campaign, the upcoming Urgent Care Review as well as work focussed on enabling GPs to be more child and young person 'friendly' with high levels of confidence and competence in looking after children and young people and mapping the Sick and Injured Child Care Pathway with particular focus on the development of web-based, mobile application and written information for parents and children and young people.

Section 1 - Introduction

1.0 Introduction

1.1 Involve North East

Involve North East is an independent charity working across Newcastle and the North East. We are experts in innovative and practical involvement, working with patients, communities and harder to reach groups to gain the insight needed to design the best, most responsive and cost-effective health and social care services.

1.2 Context

Accident and Emergency (A&E) services in Newcastle are operated by The Newcastle upon Tyne Hospitals NHS Foundation Trust, based at the Royal Victoria Infirmary in the city centre. Both adults and children can be seen, with Paediatric Emergency Nurse Practitioners and nursery nurses operating from the Children's Emergency Department situated within the main Emergency Department. The Great North Children's Hospital is located directly beside the facility.

When a child or young person attends A&E they are triaged to understand if it is necessary for them to be transferred to the Great North Children's Hospital. If a transfer is deemed unnecessary, that child or young person will be seen and treated within A&E.

In Newcastle there is a very high reliance on A&E and since 2009/10 attendance has continued to rise.

Period	2009/10	2010/11	2011/12	2012/13	2013/14
No. of attendances	91,382	103,489	125,213	128,634	130,756
Percentage increase (%)		13.2	21.0	2.7	1.6

Source: The Newcastle upon Tyne Hospitals NHS Foundation Trust Annual Report and Accounts 2013/14

NHS Newcastle West Clinical Commissioning Group's (CCG) Commissioning Plan 2013/14-2015/16 states that their "patients access hospital services at one of the highest rates in the country; each year 25% have an A&E attendance".

In terms of children's attendance, the most up-to-date figures show that 45,324 children aged 0 to 16 years of age attended A&E in the city between 2012 and 2013 (Health & Social Care Information Centre) and anecdotally, it has been estimated by both Newcastle CCGs that over £600,000 per annum is spent on children's attendances that could have been dealt with appropriately within other services.

As a result, both NHS Newcastle North and East CCG and NHS Newcastle West CCG are focussing on A&E attendance within their 2013/14-2015/16 Commissioning Plans, and in particular, reducing the number of inappropriate or avoidable attendances.

CCG	Programme	Outcome
NHS Newcastle North & East	Whole system transformation programme - Urgent care	Reduced inappropriate A&E attendances
NHS Newcastle West	Alignment of urgent care pathways	0% growth in avoidable A&E attendances

These projects will continue to be taken forward under the newly unified NHS Newcastle Gateshead CCG.

1.3 Definitions

The definition of appropriate or inappropriate use of A&E differs depending on the perspective of the person – whether they are a clinician or patient. When people have an illness, disability, injury or social circumstance they feel requires urgent attention, to them it is an emergency and it is therefore wholly appropriate for them to access A&E. However, from a clinician's point of view, treatment may have been more appropriately sought through self-help, a pharmacy, their GP practice, the GP Out of Hours Service or Walk in Centre.

To be able to complete the objectives of this project, the definition of inappropriate attendances must be clear. In this instance, an attendance was deemed as appropriate if the patient was admitted into hospital and, if not, they are deemed inappropriate as they could have been seen by another service. For example, if a patient attends Children's A&E with a suspected broken bone and the clinician agrees it could be broken, they will admit the patient to the x-ray department and subsequently to the fracture clinic. This attendance includes an admission (to x-ray), even if the patient is only there for 1-2 hours, and would be deemed appropriate. However, if after examination the clinician knows the bone is not broken, the patient would not be admitted for an x-ray and would, therefore, be deemed as inappropriate.

1.4 Previous work

The ACORN Patient Participation Group recently carried out a questionnaire to understand why A&E attendance figures were steadily rising and whether patients were aware of other urgent care services. ACORN is a group of representatives from GP practice Patient Participation Groups in the north and east of Newcastle (the former NHS Newcastle North and East CCG).

From the results of the questionnaires, 11 patients had attended Children's A&E with a variety of illnesses or injuries including shortness of breath, an allergic reaction and abdominal pain. Nine patients received treatment at A&E, most waited less than one hour for treatment and all were satisfied with the treatment and advice given.

Of all 11 patients, six contacted or used another service before attending A&E, including NHS 111, Walk in Centres and the GP Out of Hours Service. Four of these patients did not receive any treatment from the service as they were referred to A&E.

This information should also be used by commissioners in conjunction with this report when considering next steps.

1.5 The project

1.5.1 Aim

The overall aim of this project was to examine inappropriate attendance of children and young people at A&E as part of the development of the Newcastle Sick and Injured Children's and Young People's pathway so that each child and young person receives the most appropriate advice and treatment in the right place, at the right time, and which enables NHS resources to be used appropriately.

1.5.2 Objectives

The key objectives of the project were to:

- Identify reasons for accessing A&E in preference to other suitable health services
- Explore experiences of contact with other health services prior to attendance at A&E
- Identify any barriers either experienced or perceived to accessing other health services
- Explore the experience of parents and young people presenting at A&E with a condition that could have been treated more appropriately elsewhere
- Explore and understand the parents or young person's future decision making with regards to seeking medical help if a similar situation were to arise

Section 2 - Methodology

2.0 Methodology

In order to meet the objectives of the project, a number of distinct and complementary qualitative techniques were used. A qualitative methodological approach was deemed to be the most appropriate as it is concerned with gaining a depth of understanding of how people feel, their beliefs, reasoning and motivations and therefore fitted with the objectives of the project.

2.1 Initial questionnaire

When a parent and/or child attended A&E inappropriately, self-administered questionnaires were used to gain a basic understanding of why they had attended the service. The questionnaire offered the parent the option to take part in a follow-up engagement.

See Appendix 1 for the initial A&E questionnaire.

2.2 Telephone interviews – phase 1

For those parents who agreed to follow-up engagement, a telephone interview was conducted which allowed us to explore the issues arising from the initial questionnaire and prompt interviewees to elicit richer and more detailed responses than is usually yielded by self-administered questionnaires. This phase of engagement took place between September 2014 and January 2015.

See Appendix 2 for the phase 1 telephone interview schedule.

2.3 Telephone interviews – phase 2

In January 2015, the project was reviewed and a phase 2 telephone interview schedule was developed as it was clear that more information could be sought from the follow-up engagement. At this phase, the initial questionnaire also had greater clinician input to ensure the symptoms and diagnosis was clear. Similar to phase 1, parents were offered the option of taking part in follow-up engagement and for those who agreed, a telephone interview was conducted. This allowed us to further explore issues arising from the initial questionnaire and had a slightly different focus to the interviews in phase 1. This phase of engagement took place between February 2015 and April 2015.

See Appendix 3 for the phase 2 telephone interview schedule.

See Appendix 4 for a participant information sheet that was given to all participants.

2.4 Inappropriate attendances

To be able to complete the objectives of this project, the definition of inappropriate attendances must be clear. Whether an attendance is appropriate or inappropriate can differ depending on the perspective of the person and the circumstances they face. When people have an illness, disability, injury or social circumstance they feel requires urgent attention, to them it is an emergency and it is therefore wholly appropriate for them to access A&E. However, from a clinician's point of view, treatment may have been more appropriately sought at a GP practice or Walk in Centre. To make the data collected consistent, appropriate attendance was determined by staff within Children's A&E and based on clinical appropriateness only.

In this instance, an attendance was deemed as appropriate if the patient was admitted into hospital and, if not, it was deemed inappropriate as the patient could have been seen by another service. For example, if a patient attends Children's A&E with a suspected broken bone and the clinician agrees it could be broken, they will admit the patient to the x-ray department and subsequently to the fracture clinic. This attendance includes an admittance, even if the patient is only there for 1-2 hours, and would be deemed appropriate. However, if after examination the clinician knows the bone is not broken, the patient would not be admitted for an x-ray and would, therefore, be deemed as inappropriate.

It must be noted that the information contained within this report is from the perspective of the parent or guardian who may perceive the illness, injury or symptom to be more serious than it is. However, their attendance was deemed as clinically inappropriate as they could have been seen by another health care service.

2.5 Participants

The project sought to engage with parents or guardians who attended A&E inappropriately with their child and with children who attended by themselves.

In order to recruit and engage participants the following methods were used:

- Health professionals in A&E handed out initial questionnaires to patients who had been triaged and were deemed as attending inappropriately. In phase 2, the clinician would also complete a section of the questionnaire
- The parents were asked if they would like to take part in a follow-up interview and, if so, their details were collected.
- Involve North East were given all information and contacted all parents that had agreed to take part in the follow up engagement.

Overall, we engaged with 184 people through the initial self-administered questionnaire.

Of the 184 people, 33 took part in phase 1 telephone interviews and 25 took part in phase 2 telephone interviews.

For a full participant profile, see Appendix 5

2.6 Limitations

In the Project Initiation Document a number of risks were outlined including R002 “NUTH staff unable to engage with identified patients” and R003 “NUTH staff unable to collect consent for follow up interviews”. During the project these risks were realised and mitigation plans and project controls were implemented to manage the recruitment phase and ensure the project would be meaningful and worthwhile. To manage the risks, a phased approach to engagement was taken to enable the project managers to rectify any issues that arose, including the need for more detailed responses and data from the follow up interviews. Despite this, accessing patient participants was an issue through the project. In particular, the views of young people who chose to attend A&E on their own without a family member were not captured as no one of that age took part in the study. The information in this report can be used to provide a general overview of parents’ use of Children’s A&E whilst recognising the limitations. It also provides evidence to trends and behaviours that could be addressed or explored further.

Section 3 - Findings

3.0 Findings

This section provides a summary of the findings of the questionnaires completed by 184 people and interviews with 58 people:

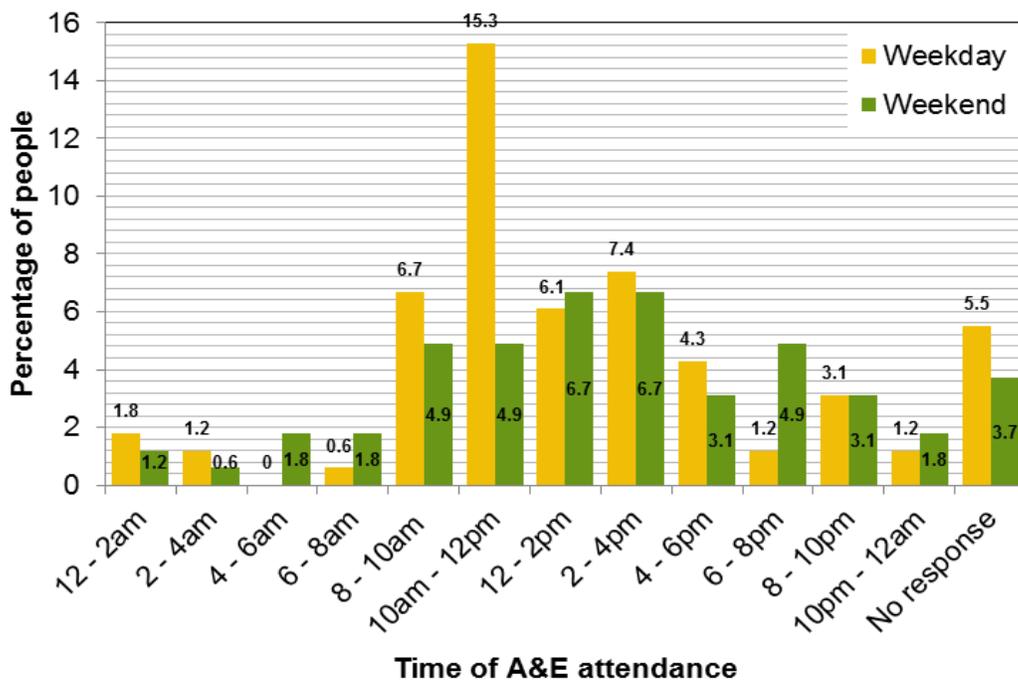
- 184 parents and guardians completed the initial A&E questionnaire
- 33 parents and guardians took part in phase 1 of the follow up interviews
- 25 parents and guardians took part in phase 2 of the follow up interviews

3.1 Initial A&E attendance

Of 184 people that completed the initial questionnaire in A&E, they attended at a range of days and times:

Attendance	No. of responses	% of responses
Weekday	89	48.4
Weekend	74	40.2
No response	21	11.4
Total	184	100.0

Of those that attended at the weekend and during the week, the following graph shows the percentage of attendees at various times of the day:



It should be noted that this information regarding the time of A&E attendance should be considered alongside the quantitative statistics in Appendix 6 as the questionnaires

were given to as many parents as possible, but may not include all parents that attended A&E inappropriately. The information gathered does still indicate a trend.

Of 184 people that completed the initial questionnaire in A&E, 179 (97.3%) were parents and five (2.7%) were guardians of the children they attended with. The parents and guardians were asked the age of the child they were attending with:

Child's age	No. of responses	% of responses
Under 2 years old	62	33.7
2 – 5 years old	54	29.4
6 – 10 years old	33	17.9
11 – 16 years old	32	17.4
No age given	3	1.6
Total	184	100.0

Parents were asked what illness, injury or symptom was present and reported the following from their perceptions:

Illness, injury or symptom	No. of responses*	% of responses	% of participants
High temperature	33	12.3	17.9
Cough	25	9.3	13.6
Pain	21	7.8	11.4
Vomiting	19	7.1	10.3
Breathing problems	17	6.3	9.2
Head injury	15	5.6	8.2
Foot or ankle injury	12	4.5	6.5
Hand injury	11	4.1	6.0
Rash	11	4.1	6.0
Chest infection	7	2.6	3.8
Abdominal pain	6	2.2	3.3
Bang to the head	6	2.2	3.3
Facial injury	6	2.2	3.3
Bleeding	6	2.2	3.3
Arm injury	5	1.9	2.7
Broken wrist	5	1.9	2.7
Cold or flu symptoms	5	1.9	2.7
Diarrhoea	5	1.9	2.7
Asthma	4	1.5	2.2
Broken finger	4	1.5	2.2
Collapsed or lost consciousness	4	1.5	2.2
Sore ear	4	1.5	2.2
Back pain	3	1.1	1.6
Concussion symptoms	3	1.1	1.6
Fall	3	1.1	1.6
Toe injury	3	1.1	1.6

Balance	2	0.7	1.1
Choking	2	0.7	1.1
Headache	2	0.7	1.1
Swallowed an item	2	0.7	1.1
Allergic reaction	1	0.4	0.5
Broken arm	1	0.4	0.5
Broken foot	1	0.4	0.5
Continuous crying	1	0.4	0.5
Fitting	1	0.4	0.5
Gastroparesis	1	0.4	0.5
Hit by a car	1	0.4	0.5
Jaundice	1	0.4	0.5
Neck injury	1	0.4	0.5
Spinabifida	1	0.4	0.5
Supraventricular tachycardia	1	0.4	0.5
Swollen face	1	0.4	0.5
Tonsils	1	0.4	0.5
Urinary Tract Infection	1	0.4	0.5
No answer	2	0.7	1.1
Total	268	100.0	

*Participants could give more than one response

Although some of the above symptoms seem to suggest serious conditions, it must be noted that this is the perception of the parents involved in the research and all were deemed as clinically inappropriate.

Of 181 parents and guardians that provided an answer, 95 (51.6%) considered contacting another health care service prior to attending A&E and 86 (46.6%) did not.

Those 95 (51.6%) parents and guardians were then asked what service they considered contacting:

Service	No. of Responses*	% of responses	% of participants
GP	37	35.2	38.9
NHS 111	29	27.6	30.5
Walk in Centre	23	21.9	24.2
NHS Choices	5	4.7	5.3
GP Out of Hours Service	3	2.9	3.2
Pharmacist	3	2.9	3.2
A ward at the Great North Children's Hospital (GNCH)	2	1.9	2.1
Other	3	2.9	3.2
Total	105	100.0	

*Participants could give more than one response

Three people stated 'other' as their response and this included one person who considered contacting the optician.

All parents and guardians were asked why they chose to attend A&E over any other service. Nine people did not answer and the remaining 175 provided the following responses:

Reason for A&E attendance	No. of responses*	% of responses	% of participants
Referred from another health care service	63	31.2	36.0
Perception of the seriousness/severity of the illness or injury	28	13.9	16.0
It was out of hours	23	11.3	13.1
Perception that the child would need an x-ray and only A&E has these facilities	15	7.3	8.6
Perception that A&E provides a better quality of care	14	6.8	8.0
Been to other health care services but the condition had not improved/worsened	10	5.0	5.7
Perception that A&E provides a quicker service	10	5.0	5.7
Perception of convenience	9	4.5	5.1
From previous experience, would be sent to A&E anyway	9	4.5	5.1
Walk in Centre does not provide services for under 2's	7	3.5	4.0
No appointments at my GP	5	2.5	2.9
The wait for an appointment with my GP was too long	3	1.5	1.7
Other	6	3.0	3.4
Total	202	100.0	

*Participants could give more than one response

As can be seen from the table above, 14 (8.0%) parents had the perception that A&E provides better quality of care. The quotes below highlight the perceptions as, for example, it is not the case that you will see a doctor in A&E, you may be seen by another health care professional:

“There is a better service because you can see a doctor.”

“There is better care and decision-making.”

Ten (5.7%) people said they had previously visited other health care services but their child's condition had not improved or worsened and ten (5.7%) people also said the service was quicker:

“I had already been to the GP surgery and they said their chest was clear but I can hear whistling and rattling – it's not getting any better.”

“The symptoms had worsened and we needed urgent help.”

Nine (5.1%) people felt it was more convenient and nine (5.1%) felt that from previous experience they would be sent to A&E anyway:

“Previously with an injury where they're unable to weight bear, we've been advised by the Walk in Centre that only A&E can deal with it.”

“It was convenient because my mother had an appointment at the RVI on the same day anyway.”

In total, only 8 (4.6%) parents or guardians attended A&E because of a reason related to their GP. Five (2.5%) attended because there were no appointments at their GP surgery and three (1.5%) attended because the waiting time for an appointment with their GP was too long. Despite the low percentage of parents stating reasons relating to their GP as a motive for attending A&E, this number may not be indicative as there is evidence to show a level of general dissatisfaction with waiting times for GP appointments and parents may not have suggested it as their main reason.

The most popular reason for attending A&E over any other health care service was because they had been referred by another service. The services they were referred from were as follows:

Service	No. of responses	% of responses
Walk in Centre/Minor Injuries Unit	20	31.7
NHS 111	15	23.8
GP	11	17.5
Ambulance service	4	6.3
School	3	4.8
Ward at GNCH	3	4.8
A&E*	2	3.2
GP Out of Hours Service	2	3.2
Midwife	1	1.6
Pharmacist	1	1.6
Optician	1	1.6
Total	63	100.0

*Referrals by A&E refers to parents who aimed to attend the Minor Injuries Unit but were told by reception staff to go to Children's A&E.

“We went to the Walk in Centre first but they advised us to go to A&E.”

“I phoned NHS 111 and they told me to bring my child to A&E.”

More analysis was carried out to establish whether participants were referred or diverted to A&E. Those referred to A&E would have initially attended a service where a path of care would have been exhausted as opposed to those diverted who may have been wrongly advised to attend A&E before they were assessed by a clinician at that particular service:

Service	Referred	Diverted
NHS 111	16	0
Walk in Centre/Minor Injuries Unit	13	8
GP	9	2
Ambulance service	4	0
School	0	3
Ward at GNCH	3	0
A&E	0	1
Midwife	0	1
GP Out of Hours Service	0	1
Pharmacist	0	1
Optician	0	1
Total	45	18

Those diverted to A&E by the above services were given wrong advice including, for example, the service the parents initially contacted did not deal with that type of illness or injury

The following table shows 66 illnesses, injuries and symptoms presented by 63 (36.0%) parents and which services referred/diverted people to Children’s A&E. The table shows the variety in service thresholds:

Number of people attending Children’s A&E for illnesses, injuries and symptoms in relation to the health care service they were referred by*	Walk in Centre/ Minor Injuries Unit	NHS 111	GP	Ambulance Service	School	Ward at GNCH	A&E**	Midwife	GP Out of Hours Service
High temperature		6	1						1
Cough		2		2					
Head injury	2	2							
Breathing problems		2		2			1		
Vomiting	1	2	2						
Foot or ankle injury	2				1				
Hand injury	3								
Rash	1	1	1				1		
Chest infection	1	2	1						
Abdominal pain	1		2						

Bang to the head	1								
Facial injury	2				1	1			
Arm injury	3		1		1				
Broken wrist			1						
Cold or flu symptoms	1								
Diarrhoea			1						
Asthma	1								
Back pain	1								
Fall			1						
Choking				1					
Swallowed an item		2							
Broken foot			1						
Fitting				1					
Gastroparesis						1			
Jaundice								1	
Swollen face						1			
Tonsils			1						

*Participants could give more than one response. ** Referrals by A&E refers to parents who aimed to attend the Minor Injuries Unit but were told by reception staff to go to Children's A&E.

3.2 Phase 1 follow up

3.2.1 Initial attendance

Thirty-three parents took part in the first phase of follow up engagement. Of those taking part:

- Eight (24.3%) children were under 2 years old
- Eleven (33.3%) children were 2-5 years old
- Four (12.1%) children were 6-10 years old
- Ten (30.3%) children were 11-16 years old.

Children attended A&E with a variety of illnesses, injuries and symptoms:

Illness, injury or symptom	No. of responses*	% of responses	% of participants
Head injury	7	17.8	21.2
High temperature	4	10.2	12.1
Breathing problems	4	10.2	12.1
Foot or ankle injury	2	5.1	6.1
Cough	2	5.1	6.1
Hand injury	2	5.1	6.1
Diarrhoea	2	5.1	6.1
Asthma	2	5.1	6.1
Vomiting	2	5.1	6.1
Broken wrist	2	5.1	6.1
Toe injury	1	2.6	3.0

Facial injury	1	2.6	3.0
Choking	1	2.6	3.0
Broken finger	1	2.6	3.0
Chest infection	1	2.6	3.0
Abdominal pain	1	2.6	3.0
Back pain	1	2.6	3.0
Headache	1	2.6	3.0
Sore ear	1	2.6	3.0
Swollen face	1	2.6	3.0
Broken foot	1	2.6	3.0
Total	39	100.0	

*Participants could give more than one response

Twenty-three (69.7%) parents considered contacting another health care service before attending A&E and ten (30.3%) did not:

Service	No. of Responses*	% of responses	% of participants
NHS 111	12	44.5	52.2
GP	7	25.9	30.4
Walk in Centre	4	14.8	17.4
NHS Choices	1	3.7	4.3
GP Out of Hours Service	1	3.7	4.3
Wards (GNCH)	1	3.7	4.3
Other	1	3.7	4.3
Total	27	100.0	

*Participants could give more than one response

Of those 33 parents, they provided the following reasons for choosing to attend A&E over any other service:

Reason for A&E attendance	No. of responses*	% of responses	% of participants
Referred from another health care service	15	33.3	45.5
Perception of the seriousness/severity of the illness or injury	8	17.8	24.2
Perception that the child would need an x-ray and only A&E has these facilities	5	11.2	15.2
It was out of hours	4	8.9	12.1
From previous experience, would be sent to A&E anyway	4	8.9	12.1
Walk in Centre does not provide services for under 2's	4	8.9	12.1
Perception that A&E provides a better quality of care	2	4.4	6.1

Been to other health care services but the condition had not improved/worsened	2	4.4	6.1
No appointments at my GP	1	2.2	3.0
Total	45	100.0	

*Participants could give more than one response

Despite the low percentage of parents stating reasons relating to their GP as a motive for attending A&E, this number may not be indicative as there is evidence to show a level of general dissatisfaction with waiting times for GP appointments and parents may not have suggested it as their main reason.

Of the 15 people referred to A&E:

- Six (40.0%) were referred from NHS 111
- Three (20.0%) were referred from their GP
- Three (20.0%) were referred from the Walk in Centre
- One (6.7%) was referred by a ward at the GNCH
- One (6.7%) was referred by the ambulance service
- One (6.7%) was referred by A&E when trying to access the Minor Injuries Unit

3.2.2 Waiting times

The parents stated their waiting time until treatment when they attended Children's A&E:

Waiting time	No. of responses	% of responses
Less than 1 hour	13	39.5
1 – 2 hours	4	12.1
2 – 3 hours	6	18.2
3 – 4 hours	4	12.1
4 – 5 hours	4	12.1
5 – 6 hours	0	0.0
6 – 7 hours	1	3.0
Not sure	1	3.0
	33	100.0

Twenty-five (75.8%) parents felt their waiting time was satisfactory and eight (24.2%) felt it was unsatisfactory. It should be noted that two (25.0%) of those eight waited less than one hour with four (50.0%) waiting for over three hours.

Of the 25 (75.8%) parents who felt their wait was satisfactory, the majority (12 people, 48%) said it was because they were seen quickly when attending A&E.

“It was a fantastic service. We were seen in minutes.”

“It was very good. We were seen quickly and it was just about timing for when the doctor could be there to stitch her up.”

A further five (20%) parents felt it was a satisfactory wait time because of the need to prioritise cases and that other children were more poorly than their child.

“I appreciate the need to prioritise depending on the condition or need.”

“It was very busy when we got there but there were a lot of people much worse than my daughter, particularly a lot of very sick babies.”

Four (16%) parents were happy to wait and felt the service was very good. A further four (16%) did not provide a response to this question.

Despite the positive comments relating to the service, it must be noted that all those taking part in the research were deemed as inappropriate attendances. All patients are seen quickly to be triaged and then a decision is made about the severity of the situation and treatment needed. Participants could have been discharged quickly because the illness, injury or symptom was not serious and they did not require further assistance or could be seen by a nurse practitioner rather than a doctor.

Of the eight (24.2%) parents that felt the wait was unsatisfactory, five (62.5%) felt the waiting time was too long, particularly for the age of their child.

“It was a long wait considering his age.”

“We usually get seen much quicker at hospitals.”

The remaining three (37.5%) parents had varying views of why their wait was unsatisfactory.

“We didn’t know what was happening and obviously we were panicking a bit which makes the situation worse.”

“There were many nurses but my guess is that there weren’t enough doctors.”

“There weren’t enough staff and rooms. She was seen in the corridor only by a nurse, not a doctor. It was a long waiting time considering her age.”

3.2.3 Contacting other services

Twenty-three (69.7%) said they had considered contacting another health care service before attending A&E and ten (30.3%) said they had not. Of those that did consider it, they thought about contacting the following health care services:

Service	No. of Responses*	% of responses	% of participants
NHS 111	12	48.0	52.2

GP	6	24.0	26.1
Walk in Centre	4	16.0	17.4
Ambulance service	1	4.0	4.3
Pharmacist	1	4.0	4.3
A ward at the Great North Children's Hospital (GNCH)	1	4.0	4.3
Total	25	100.0	

*Participants could give more than one response

Of the 23 (69.7%) that considered contacting another health care service, 18 (78.3%) people did contact the service and five (21.7%) did not contact the service.

Of the 18 (78.3%) people that contacted a service, the majority (15 people, 83.3%) were referred to A&E by the service they contacted. The remaining three people (16.7%) had been previously assessed by a service and their child's condition had not improved or worsened and they chose to attend A&E.

Five (21.7%) people did not contact the health service and four explained why:

"I knew the other services didn't do x-rays."

"I thought that they would just tell me to go to A&E and I wanted assessments to be done."

"I didn't contact anyone because it was about a child with a head injury and we would have just been sent to A&E anyway. There's a sign in the Walk in Centre that says that."

"I knew the GP would have sent us to A&E because of the type of injury. My son was being bullied at school and was punched in the back of the head."

3.2.4 A&E attendance

Of 33 parents asked why they chose to attend Children's A&E, 32 provided a response:

Reason for A&E attendance	No. of responses*	% of responses	% of participants
Referred by another health care service	17	45.9	53.1
Perception of the seriousness/severity of the illness or injury	9	24.3	28.1
Perception that the child would need an x-ray and only A&E has these facilities	5	13.5	15.6
Walk in Centre does not provide services for under 2's	2	5.5	6.3
From previous experience,	1	2.7	3.1

would be sent to A&E anyway			
Needed medication	1	2.7	3.1
Perception that A&E provides a better quality of care	1	2.7	3.1
Been to other health care services but the condition had not improved/worsened	1	2.7	3.1
Total	38	100.0	

*Participants could give more than one response

Of the 17 (53.1%) parents who stated they were referred, further analysis was carried out to establish whether participants were referred or diverted to A&E:

Service	Referred	Diverted
Walk in Centre/Minor Injuries Unit	1	1
NHS 111	8	0
GP	3	0
Ambulance service	1	0
Pharmacist	0	1
Ward at GNCH	1	0
GP Out of Hours Service	0	1
Total	14	3

Parents were then asked if this illness, injury or symptom were to happen again, would they attend A&E or an alternative service. Twenty (60.6%) parents said they would attend A&E if faced with the same situation.

“I would still go to A&E as they would need an x-ray.”

“I would go to A&E again. They had a very good service and they had a good set up for children.”

Eight (24.2%) parents said they would not go to A&E and would contact another health care service.

“I understand the injury now and would treat it myself or get a physio to look at it.”

“I wouldn’t go to A&E. I might use the Walk in Centre or GP but I knew there was nothing wrong with him. He injured himself playing football. I felt bad for taking up time in A&E but the school sent him home and insisted he went.”

A further five (15.2%) parents said it would depend on the situation and how serious the illness or injury seems to be.

3.2.5 Health care services information

Parents were asked whether they felt they had enough information to appropriately use a variety of health care services.

Firstly, they were asked about their local pharmacy. Twenty-seven (81.8%) parents said they did, five (15.2%) parents said they did not and one (3.0%) did not answer. Of those who said they did not have enough information, they were asked what information they would like:

“A leaflet would be good.”

“I’m not really sure about what advice they can give and information about opening hours would be good.”

“It would be good to be able to get information about your pharmacy from the doctor or hospital and maybe a website.”

Parents were then asked if they have enough information to appropriately use NHS 111. Twenty-five (75.8%) parents said they did have enough information, seven (21.2%) said they did not and one (3.0%) did not answer. Seven (21.2%) provided information on why they would not use NHS 111 and what information they might need:

“I’m not confident in it. I’ve previously heard negative things although I have heard the service might have improved.”

“I used it a few years ago and I spent a long time on the phone. Based on my previous experience, I need more information on the structure and what they can offer.”

“I can’t see the point in 111, they always send you to A&E.”

“I don’t know when to use NHS 111. Maybe some internet guidance on what it is and what kinds of things you should ring for.”

Thirty-one (93.9%) parents said they had enough information on how to appropriately use their GP and two (6.1%) said they did not:

“It’s difficult to get an appointment and have had to wait one month for an appointment.”

“I thought I did but it’s the staffing and the facilities that I’m unsure about. For example, the doctor said her stitches would need to come out within 5-7 days and that we could come back to A&E or go to our GP. When I rang the GP, there was no nurse practitioner available until after the day the stitches would need to come out and there was no one else who could do it so we had to go back to A&E. More information about who does what and when would be good.”

Twenty-eight (84.8%) parents said they had enough information to appropriately use the Walk in Centre and five (15.25%) said they did not:

“It would be good to know what services they offer and what they can prescribe.”

“I am new to the area so not sure where they are. More information on my GP’s website would be good.”

“There’s a new Walk in Centre at Blaydon which is nearby. I’ve since found out that they can deal with more things than I thought. It would be good to know exactly what you can go for and about age restrictions for children.”

“I would like to know where my nearest Walk in Centre is.”

Finally, 32 (97.0%) parents said they had enough information to appropriately use A&E and one (3.0%) said they did not.

3.3 Phase 2 follow up

3.3.1 Initial attendance

Twenty-five parents took part in the second phase of follow up engagement. Of those taking part:

- Six (24.0%) children were under 2 years old
- Seven (28.0%) children were 2-5 years old
- Nine (36.0%) children were 6-10 years old
- Three (12.0%) children were 11-16 years old

Of the 25 parents who agreed to the first phase follow-up, their children attended A&E with a variety of illnesses, injuries and symptoms:

Illness, injury or symptom	No. of responses*	% of responses	% of participants
Hand injury	4	12.7	16.0
High temperature	3	9.5	12.0
Vomiting	3	9.5	12.0
Arm injury	2	6.4	8.0
Cold or flu symptoms	2	6.4	8.0
Fall	2	6.4	8.0
Foot or ankle injury	2	6.4	8.0
Urinary Tract Infection	2	6.4	8.0
Abdominal pains	1	3.3	4.0
Bang to the head	1	3.3	4.0
Broken wrist	1	3.3	4.0

Chest infection	1	3.3	4.0
Collapsed or loss of consciousness	1	3.3	4.0
Cough	1	3.3	4.0
Facial injury	1	3.3	4.0
Head injury	1	3.3	4.0
Jaundice	1	3.3	4.0
Rash	1	3.3	4.0
Swallowed an item	1	3.3	4.0
Total	31	100.0	

*Participants could give more than one response

Thirteen (52.0%) parents did not consider contacting another health care service and 12 (48.0%) parents did:

Service	No. of Responses*	% of responses	% of participants
Walk in Centre	7	46.7	58.3
NHS 111	4	26.7	33.3
GP	2	13.3	16.7
Other	2	13.3	16.7
Total	15	100.0	

*Participants could give more than one response

Of all 25 parents, they provided the following reasons for choosing to attend A&E over any other service:

Reason for A&E attendance	No. of responses	% of responses
Referred from another health care service	10	40.0
Perception of the seriousness/severity of the illness or injury	4	16.0
It was out of hours	3	12.0
Perception of convenience	2	8.0
Perception that the child would need an x-ray and only A&E has these facilities	1	4.0
From previous experience, would be sent to A&E anyway	1	4.0
Walk in Centre does not provide services for under 2's	1	4.0
Perception that A&E provides a better quality of care	1	4.0
Been to other health care services but the condition had not improved/worsened	1	4.0
Perception that A&E provides a quicker service	1	4.0
Total	25	100.0

Of the ten people referred to A&E, four (40.0%) were referred from the Walk in Centre, three (30.0%) were referred from NHS 111, one (10.0%) was referred from the Midwife, one (10.0%) was referred from the optician and one (10.0%) was referred by their school.

3.3.2 Waiting times

The parents stated their waiting time until treatment when they attended Children’s A&E:

Waiting time	No. of responses	% of responses
Less than 1 hour	9	36.0
1 – 2 hours	4	16.0
2 – 3 hours	7	28.0
3 – 4 hours	3	12.0
4 – 5 hours	2	8.0
5 – 6 hours	0	0.0
6 – 7 hours	0	0.0
Total	25	100.0

Eighteen (72.0%) parents felt their waiting time was satisfactory whilst seven (28.0%) felt it was unsatisfactory. Of those that felt their wait time was unsatisfactory, one (14.3%) parent waited 1-2 hours, three (42.8%) waited 2-3 hours, two (28.6%) waited 3-4 hours and one (14.3%) waited 4-5 hours.

Parents were then asked to explain why they felt their wait time was satisfactory or unsatisfactory. Of the 18 (72.0%) parents who felt their wait was satisfactory, 17 provided a reason. Seven people (38.9%) said it was because they were seen quickly when attending A&E and six (33.3%) said they were provided with good service.

“We didn’t have to wait long at all.”

“The service was good considering the amount of children that were there waiting to be seen.”

A further four (22.2%) parents felt it was a satisfactory wait time because of the need to prioritise cases and that other children were more poorly than their child.

Of the seven (29.2%) parents that felt the wait was unsatisfactory, they all felt the wait time was too long for a child.

“It was too long to wait for a child of that age.”

“It was too long to wait. A&E was busy but Children’s A&E wasn’t. There was only 3 people in front of us.”

3.3.3 Contacting other services

Thirteen (52.0%) said they had considered contacting another health care service before attending A&E and 12 (48.0%) said they had not. Of those that did consider it, they thought about contacting the following health care services:

Service	No. of Responses*	% of responses	% of participants
Walk in Centre	7	46.6	58.3
NHS 111	5	33.3	41.7
GP	1	6.7	8.3
Pharmacist	1	6.7	8.3
Optician	1	6.7	8.3
Total	15	100.0	

*Participants could give more than one response

Of the 12 (48.0%) parents who did not consider contacting another health care service, three (25.0%) parents felt the situation was an emergency.

“It was an emergency. There was a lot of blood and panic set in.”

“I felt it was an emergency. It can be difficult to get an appointment with the GP anyway but it was early and it was closed anyway.”

Two (16.7%) parents felt that from previous experience they would be referred to A&E from another service anyway and two (16.7%) parents did not consider contacting another service because they were closed.

“Walk in Centre would send me straight to A&E so it would have been a waste of time.”

“I have been sent to A&E with the same kind of injury in the past so I just went straight there.”

Two (16.7%) parents did not contact another service as they knew it was the quickest way to be treated and one (8.3%) parent felt there was no other choice. For one (8.3%) parent the school had phoned for an ambulance and one (8.3%) parent did not provide a response.

Of the 13 (54.2%) that considered contacting another health care service, ten (76.9%) people did contact either the Walk in Centre or NHS 111. Three (23.1%) did not contact the service because they had previously had a bad experience with NHS 111 and the criteria for the Walk in Centre excludes children under 2 years old.

3.3.4 A&E attendance

All 25 parents were asked why they chose to attend Children’s A&E:

Reason for A&E attendance	No. of responses*	% of responses	% of participants
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Referred by another health care service	10	35.7	40.0
Perception of the seriousness/severity of the illness or injury	5	17.8	20.0
Perception that the child would need an x-ray and only A&E has these facilities	4	14.2	16.0
The wait to see a GP would be too long	2	7.1	8.0
From previous experience, would be sent to A&E anyway	1	3.6	4.0
Felt there was no other choice	1	3.6	4.0
Perception that A&E provides a better quality of care	1	3.6	4.0
Been to other health care services but the condition had not improved/worsened	1	3.6	4.0
Perception that A&E provides a quicker service	1	3.6	4.0
It was out of hours	1	3.6	4.0
Perception of convenience	1	3.6	4.0
Total	28	100.0	

*Participants could give more than one response

Of the ten (40.0%) parents who stated they were referred, further analysis was carried out to establish whether participants were referred or diverted to A&E:

Service	Referred	Diverted
Walk in Centre/Minor Injuries Unit	3	1
NHS 111	2	0
Optician	0	1
Midwife	0	1
School	0	1
GP Out of Hours Service	1	0
Total	6	4

3.3.5 Awareness of health care services information

Parents were then asked a range of questions about various health services to determine their awareness of each service and their knowledge of how to use it.

Local pharmacy

Twenty-three (92.0%) said they felt they did know when to use their local pharmacy and two (8.0%) said they did not. They provided the following reasons for using a local pharmacy:

Use of local pharmacy	No. of responses*	% of responses	% of participants
Medication and prescriptions	15	36.6	60.0
Minor illnesses	10	24.4	40.0
General health advice	7	17.1	28.0
Cold or flu symptoms	6	14.6	24.0
Pharmacy First	3	7.3	12.0
Total	41	100.0	

*Participants could give more than one response

Fourteen (56.0%) parents said nothing would prevent them from using their local pharmacy. A further three (12.0%) parents said the range of services available could prevent them and three (12.0%) said only if they were seriously concerned about their child. A further two (8.0%) parents said if something was urgent or very serious it would prevent them, two (8.0%) provided other answers and one (4.0%) did not provide an answer.

NHS 111

Twenty-one (84.0%) parents said they were aware of NHS 111 and four (16.0%) said they were not. Of those 21 parents, 19 (90.5%) said they would know when to contact NHS 111 and two (9.5%) said they did not.

Of 21 parents (84.0%) provided the following reasons for using NHS 111:

Use of NHS 111	No. of responses*	% of responses	% of participants
General advice	9	36.0	42.9
Non-emergency situations	6	24.0	28.6
Emergency situations	3	12.0	14.3
Out of hours	3	12.0	14.3
When in need of a doctor	2	8.0	9.5
For injuries	1	4.0	4.8
Would never use it	1	4.0	4.8
	25	100.0	

*Participants could give more than one response

An emergency situation would prevent nine (42.9%) parents from using NHS 111 but four (19.0%) parents said nothing would prevent them from using the service. A further three (14.3%) said they felt NHS 111 was a poor service and they would not use it.

Local GP

All 25 parents said they knew what to use their local GP for:

Use of local GP	No. of responses*	% of responses	% of participants
Non-urgent illnesses	16	59.3	64.0
When in need of medication	4	14.8	16.0
On-going medical problems	3	11.1	12.0
Advice from a doctor	2	7.4	8.0
Other	1	3.7	4.0
No answer	1	3.7	4.0
	27	100.0	

*Participants could give more than one response

Seven (28.0%) parents would be prevented from using their local GP in an emergency situation and six (24.0%) parents said nothing would prevent them from using their local GP. A further five (20.0%) parents said they would be prevented if they needed to seek medical help out of hours, five (20.0%) said a long waiting time for GP appointments and two (8.0%) said if they could solve the medical problem on their own it would prevent them from attending their local GP.

Walk in Centres

Twenty-three (92.0%) parents said they were aware of their local Walk in Centre and 22 (88.0%) said they would know what to use it for:

Use of Walk in Centre	No. of responses*	% of responses	% of participants
Non-emergency situations	10	35.7	40.0
Out of hours	5	17.9	20.0
When you can't see a doctor	5	17.9	20.0
Injuries (e.g. sprained ankle)	4	14.3	16.0
Need an x-ray	1	3.6	4.0
Would never use it	1	3.6	4.0
Other	2	7.1	8.0
Total	28	100.0	

*Participants could give more than one response

Twelve (48.0%) parents said nothing would prevent them from using a Walk in Centre. Four (16.0%) parents said receiving a poor service could prevent them and three (12.0%) said an emergency situation would prevent them.

"If the injury was severe enough, I would bypass Walk in Centres and go to A&E."

A further two (8.0%) said being able to get a GP appointment would prevent them from using a Walk in Centre, two (8.0%) said a non-emergency situation and one (4.2%) parent said out of hours. Two (8.0%) parents also said they are usually referred to

other services by Walk in Centres and this would prevent them using the service in the future.

GP Out of Hours Service

Thirteen (52.0%) parents were aware of the GP Out of Hours Service and 12 (48.0%) were not. Fourteen (56.0%) parents also did not know how to access the service. Eleven (44.0%) parents said they did know how to access it specifying to call NHS 111 or your local GP practice.

Sixteen (64.0%) parents did not know what to use the GP Out of Hours Service for and only nine (36.0%) said they did, suggesting:

Use of GP Out of Hours Service	No. of responses*	% of responses	% of participants
Non-emergency situations	4	30.8	44.4
Unable to wait to see a GP	4	30.8	44.4
Out of hours	3	23.1	33.3
Home visits	2	15.3	22.2
Total	13	100.0	

*Participants could give more than one response

Of those nine (37.5%) parents, nothing would prevent four (44.4%) from using the GP Out of Hours Service. Three (33.3%) parents would be prevented from using the service if they could get a GP appointment and two (22.2%) if it was an emergency situation.

A&E

All 22 (87.5%) parents who provided a response felt they knew what to use A&E for:

Use of A&E	No. of responses*	% of responses	% of participants
Emergency situations	17	56.7	77.3
Serious injuries	5	16.7	22.7
Broken bones	4	13.3	18.2
Serious symptoms	2	6.7	9.1
If referred by another service	1	3.3	4.5
To receive immediate medical attention	1	3.3	4.5
Total	30	100.0	

*Participants could give more than one response

3.3.6 Health care services information

Parents were then asked where and how they would like information to be available:

Information	No. of responses*	% of responses	% of participants
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Online information (including mobile web)	20	66.7	80.0
Leaflet	6	20.0	24.0
NHS website	3	10.0	12.0
I don't want more information	1	3.3	4.0
Total	30	100.0	

*Participants could give more than one response

As well as this, parents were asked what kind of information they would like to know about the available services. Eleven (44.0%) parents said they did not want information. Eight (32.0%) parents requested advice on the type of illnesses and scenarios you should go to each service with which could be in the form of a symptom checker.

“A quick summary of which situations are appropriate for each service would be good.”

“It could be a symptom checker like NHS Direct but the symptom checker on NHS Direct always tells you to go to A&E anyway so something better than that.”

A further eight (32.0%) parents wanted the contact details and opening times of the various services to be available and four (16.0%) wanted to know more information about the range of services available at each place.

“I want to know what's on offer. I'm confused about what a Walk in Centre could do.”

“A list of all the services available at each place would be useful.”

Two (8.0%) parents would like directions to the various services and one (4.0%) parent would like to know more information about the waiting times at services.

During the telephone interviews, the interviewer then provided participants with a range of information about local health care services. This included information about the range of services available, the types of illnesses and injuries you can attend each service with, opening hours and how to access the services. Participants were given information about pharmacies, NHS 111, GP surgeries, Walk in Centres, the Minor Injuries Unit, GP Out of Hours Service and A&E. This would help to inform participants' future use of services.

Once participants had been given this information, parents were then asked if the same injury, illness or symptom was to happen to your child again, would they attend A&E or would they contact a different health service:

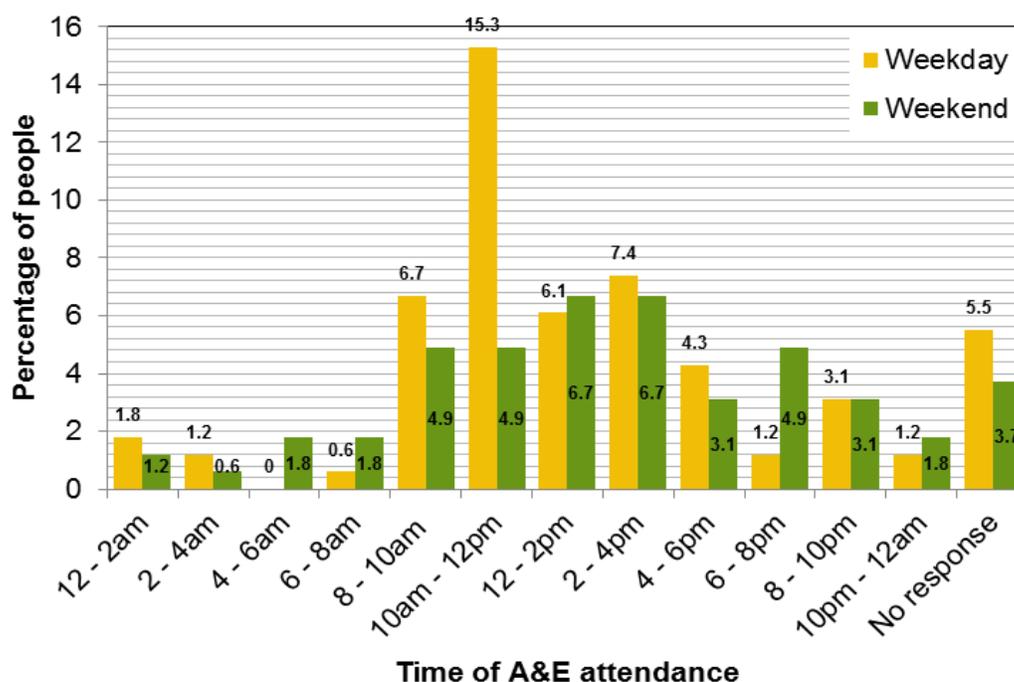
A&E attendance	No. of responses	% of responses
I would go to A&E again	11	44.0

I would contact another health care service	5	20.0
I contacted NHS 111 and I would do the same (was subsequently referred to A&E)	3	12.0
I was contacted the Walk in Centre and I would do the same (was subsequently referred to A&E)	3	12.0
It depends on the day and time	3	12.0
	25	100.0

3.4 Analysis

3.4.1 Initial A&E attendance

Of the 184 people that took part in the research, 89 people (48.4%) attended A&E on a weekday and 74 (40.2%) attended on a weekend. The graph below shows the time of day parents attended A&E from the cohort involved in the engagement and points to trends around the attendance at A&E:



During the weekend, parents attended during the day rather than in the early hours of the morning. During the week, the largest proportion of parents attended A&E between 8am and 12 noon and the figures slowly decline throughout the afternoon until a small spike in attendances between 8-10pm when other services have been perceived to be closed. This is significant when considering those included in this report attended A&E inappropriately and have attended before midday when other health care services are available which could have better dealt with their concerns.

It should be noted that this information regarding the time of A&E attendance should be considered alongside the quantitative statistics in Appendix 6 since the questionnaires were not given to all parents of children who attended A&E inappropriately during the evidence gathering period. However, the information gathered does still indicate a trend.

Of the 184 parents and guardians who took part in the research, almost two thirds attended with their child under five years old (116 people, 63.1%). The most frequent illnesses, injuries and symptoms as stated by the parents for A&E attendance were a high temperature, cough, head injury, breathing problems and vomiting. Other symptoms included a rash, abdominal pains, injuries, possible broken bones and asthma. This could suggest that parents chose to attend A&E because of the perceived seriousness of the illness or injury in relation to the age of their child, especially in children under the age of 5. Another possible factor in such a high proportion of children under the age of 5 attending A&E may relate to the varying criteria regarding assessment and treatment of children under two at the Walk in Centres in the City although GP practices would still have been available to all.

Over one third of parents and guardians attended A&E because they had been referred from another health care service. Most of whom were referred from the Walk in Centre, Minor Injuries Unit, NHS 111 or their GP practice. Further analysis of these figures revealed that the majority that had been referred to A&E by another service, the child had been assessed and possibly treated before being referred. However, a significant minority had not been assessed and were diverted to A&E because of incorrect advice from other health care services.

In addition to the referrals/diversions from other services, 28 parents chose to attend A&E because of their perception of the seriousness/severity of the illness or injury and 23 parents attended because it was out of GP hours. There was a perception by 33 parents that A&E provides a better quality of care, is quick and convenient. Fifteen parents also wrongly thought that A&E was the only service to offer x-ray facilities and attended because they perceived their child needed an x-ray. Another perception was that Walk in Centres do not provide services for children under 2 years of age. Only a small proportion of parents reported that they attended A&E because of the lack of availability at their GP practice. However, this number may not be truly indicative as there is evidence to indicate countrywide that there is a large level of dissatisfaction with waiting time for pre-booked non-urgent GP appointments and a possible lack of awareness of urgent same day appointments with GPs. This may have meant that parents may not have even considered contacting their GP Practice and thus not suggested it as their main reason.

3.4.2 Phase 1 follow up

Thirty-three parents took part in the follow up interviews in phase 1 and over half (57.6%) had attended A&E with their child under 5 years old. The majority of those taking part in the follow up had waited less than one hour to be treated in A&E. Three quarters of parents felt the waiting time was satisfactory because it was quick; it was a good service and they understood the need to prioritise children in greater need. Those that were not satisfied with the waiting time said the length of time was too long to wait

particularly in relation to the age of their child. When considering the low waiting times alongside the clinical inappropriateness of the attendances included in this report, it could be suggested that the low waiting times are a result of quick treatment and discharge due to the mildness of illnesses and injuries parents attended with.

Twenty-three parents considered contacting another health care service. Of those, 18 did go on to contact an alternative service with the majority contacting NHS 111, their GP or a Walk in Centre. Five parents considered contacting a service but subsequently chose not to because they thought the type of illness or injury would be better treated at A&E. A small proportion of parents who had contacted a service before attending A&E and were assessed and treated by that service had then subsequently felt their child's condition had worsened which meant they felt they needed to attend A&E. A small proportion were diverted to A&E because of advice from Walk in Centres and NHS 111. The five parents who considered contacting a service but chose not to felt that A&E had more appropriate services and held the perception that the type of illness or injury that their child had was serious enough to warrant visiting A&E.

Representative of the results from the initial questionnaire, parents taking part in the follow up interviews stated being referred by another health care service as their main reason for attending A&E closely followed by the parent's perception of the seriousness/severity of the illness or injury.

Twenty (60.6%) parents said they would attend A&E again if they were faced with a similar situation evidencing the need for change within the system as well as increased education and information for parents to reduce the level of inappropriate A&E attendances. Eight (24.2%) parents said they would attend another health care service such as the Walk in Centre or their GP practice if they were faced with a similar situation. Five (15.2%) parents said it would depend on their situation at the time of the illness or injury.

The majority of parents taking part in the phase 1 follow up believed they knew how to appropriately use their pharmacy, NHS 111, their GP practice, a Walk in Centre and A&E. Those that felt they did not know enough about a service requested more information about what that particular service offers.

3.4.3 Phase 2 follow up

Twenty-five parents took part in telephone interviews in phase 2 of whom 13 parents (52.0%) attended with their child under 5 years old. As with the first phase of follow up interviews, the majority of parents waited less than one hour to be treated in A&E and almost three quarters felt the waiting time was satisfactory, which, again, could suggest the mildness of the illnesses and injuries presented as patients were assessed, treated and discharged quickly.

Just over half of parents considered contacting another health care service before attending A&E and of those that did contact an alternative service, the majority contacted the Walk in Centre or NHS 111. Those that considered contacting a service but chose not to stated they had previously had a bad experience or because they

believed the Walk in Centre criteria excludes children under 2 years old. Just under half of the parents did not consider contacting another health care service because they believed the situation was an emergency, the GP services were closed or because of their previous experience of being referred to A&E.

Representative of the results from the initial questionnaire, parents taking part in the follow up interviews stated being referred by another health care service as their main reason for attending A&E closely followed by the perception of the seriousness/severity of the illness or injury. Of those that stated they had been referred from another service, six parents were referred and four were diverted to A&E.

Parents were asked about their awareness of a variety of health care services and their knowledge of how to use them:

- Pharmacy – Almost all parents in this cohort said they knew how to use their local pharmacy and suggested reasons such as medication and prescriptions, minor illnesses and general health advice.
- NHS 111 – Almost all parents in this cohort were aware of the service and would know when to contact NHS 111. Parents suggested using NHS 111 for reasons including general advice and non-emergency situations and would be prevented from using the service because of what they deemed to be an emergency situation.
- GP – All parents in this engagement cohort believed they knew what to use their local GP for including non-urgent illnesses, when they need medication and for on-going medical problems. Parents felt that they would not use their GP service in an emergency situation. Therefore, work needs to be done to increase parental awareness of GP expertise and what they treat as many of the instances in this report could have been dealt with by their GP.
- Walk in Centres – Almost all parents in this cohort were aware of their local Walk in Centre and believed they knew what to use it for, including non-emergency situations, out of hours and when you can't see your GP.
- GP Out of Hours Service – Just over half of parents in this cohort were aware of the service. Only 44.0% of parents knew how to access the service through NHS 111 and only 36.0% suggested what the service should be used for. This evidences the need to increase awareness about the service and how to access it.
- A&E – Almost all parents within the engagement cohort believed they knew what to use A&E for including emergency situations, serious injuries and broken bones. However, as the parents involved in this report had attended A&E inappropriately, their perception and understanding of how to use A&E appropriately must be brought into question.

Overall, there was a parental perception that they had a good level of awareness and understanding of what all available health services could provide, other than with regard to the existence of the GP Out of Hours Services and how to contact it. Despite the parents reporting that they have a sufficient level of knowledge of other health care services, their perceptions would appear to be misjudged, as evidenced by their attendance at A&E during the engagement which was deemed as clinically

inappropriate. Their participation in this research strongly suggests work needs to be done to ensure people are accessing the correct services. For example, it was suggested that pharmacies should mainly be used for prescriptions rather than parents considering that they could be used to a greater extent for assessment of minor ailments by an appropriately trained pharmacist.

Online information about health care services was requested by the majority of parents and a quarter of parents would like a leaflet. A minority of parents suggested they would like a specific children's NHS website.

Almost one third of parents requested advice on the types of illnesses and wanted examples/scenarios of signs and symptoms which would help direct them to the most appropriate service. A symptom checker was a popular suggestion. A further one third of parents wanted contact details and opening times of the various services and wanted to know more information about the range of services available at each place.

Participants were then given a short overview of the range of health care services by the researchers, including what they should be used for, their location and how to access them. Subsequently, parents were asked if they would choose to attend A&E if the same illness, injury or symptom was to happen again in their child. Whilst 11 (44.0%) parents said they would attend A&E again, 11 eleven (44.0%) said they would contact another health care service rather than attend A&E. Six of these parents had originally contacted another service and had been referred to A&E by that service. Three (12.0%) parents said it would depend on the day and time as to whether they would access A&E again.

In comparison to the same question asked in phase 1 where participants did not receive any extra information, the phase 2 evidence suggests that the additional information given by the interviewers was well received and had a significant impact on parents' attitudes. The personal conversation with a parent made them more comfortable to make a different decision with only 24.2% of parents choosing to do something different in phase 1 compared with 44% in phase 2. This short conversation in this engagement was between parents and a non clinical interviewer. It may well be that information given by a clinician may be even more beneficial for parents in helping them to make decisions about their child's health in the future. This evidences the need for a personal, targeted approach to ensure parents are able to feel confident in choosing the most appropriate service for their situation.

Section 4 - Recommendations

4.0 Recommendations

It is suggested that NHS Newcastle Gateshead CCG take time to analyse the findings of this research to inform the decision on the future of A&E services. However, from the findings, some recommendations can be made.

It should be noted that throughout this research, parents in the engagement cohort often felt their decision to attend A&E was correct, whether they had chosen to attend or had been referred or advised. It was also clear when asking parents in the engagement cohort about other health care services, that they felt they knew how to appropriately use and access all services, with the exception on the GP Out of Hours Service. However, their participation in this study in which the inclusion criteria was that clinically their attendance at A&E was deemed inappropriate and the evidence of how they used and accessed services suggests that their perceptions may not be accurate. Therefore, all recommendations from this report should be undertaken in a considered and targeted way in order to effect a change in existing parental perceptions about how to use and access current services.

The following recommendations should also consider that 63.1% of the parents in this engagement cohort attended with children under the age of 5 years old, with an incorrect perception of serious injuries and illnesses and a lack of understanding of where to attend. Therefore, all recommendations should be considered for children, young people and families but, where appropriate, recommendations should be focussed to the cohort of parents with children under 5 and targeted work should be carried out.

4.1 A&E information for parents

Over two thirds of parents (126 people, 68.5%) attended because they choose A&E over any other health care service and they attended with children aged 5 years old and under. Parents felt their situation was an emergency or serious enough to warrant attending A&E. However, as they have taken part in this research, it was deemed by clinical staff that their attendance was clinically inappropriate. There is clearly a breakdown in communication around what is and is not an appropriate attendance.

It is recommended that:

- Information resources are developed, in online, mobile applications and leaflet form, for parents to encourage the use of primary care services to reduce the reliance on A&E providing scenarios to demonstrate the types of symptoms to be aware of.
 - This could include a focused piece of work with parents of young children to understand their needs and to understand what would make them feel confident in making decisions about attending health care services.
- Information resources, in online, mobile applications and leaflet form, are produced specifically for parents, particularly those with young children, to detail

the purpose of A&E, the type of illnesses, injuries and symptoms you should attend with and details of opening times and contact details.

- Each GP practice website should contain the correct and relevant information about attending a variety of services.

4.2 Symptom checker

Parents were keen to understand specific scenarios and symptoms in relation to which service you should attend whilst bearing in mind the need for information to be easily accessible, particularly in difficult situations. Although few people mentioned NHS Choices in this research, this is a generic tool to be used nationwide.

It is recommended that:

- A local symptom checker should be developed with locally specific information about services, including location, opening times and contact details, and when to attend each.
 - The symptom checker should include specific scenarios to help parents make decisions about their child's health and as a starting point should focus on the illnesses, injuries and symptoms highlighted in this report.
 - The information should be easily accessible to ensure parents facing a difficult situation are able to use it and more detailed information is also available.
- Each GP practice website should have access or link to the symptom checker.
- Patient information leaflets are also developed in addition to the online resources which should include similar information about symptoms and illnesses. The leaflets should be provided at each level of the Newcastle Sick and Injured Children and Young People's pathway and the same message given regardless of the service being accessed.

4.3 Service referral thresholds and protocols

Over one third of parents attended A&E because they had been referred by another health care service. This included Walk in Centres, NHS 111 and GP practices as well as other services such as pharmacies and schools.

It is recommended that:

- Service thresholds for referrals are reviewed to ensure services work together to prevent inappropriate attendances. This should include the ongoing work to improve the triage system of NHS 111 as well as the protocols of Walk in Centres for advising parents to attend A&E.
- Focused work is carried out with schools and the school health service to facilitate their signposting to the most appropriate service if a child is ill or injured whilst at school and to discourage schools from advising children to attend A&E inappropriately.

4.4 Staff training and information

Over one third of parents attended A&E because they had been referred by another health care service. In some cases, parents had accessed another health care service, followed a path of care and were then referred to A&E for further assessment and treatment, however, in some cases, parents were wrongly advised to attend A&E and were, therefore, diverted rather than referred.

It is recommended that:

- The advice given to parents via various services is explored to ensure commissioners understand the current protocols adopted by each service. If it is found that advice is incorrect or needs to be improved, staff within each service should be provided with the relevant information to ensure they provide the correct advice. Where necessary, training should be given to staff involved in advising parents which service to attend.
- Training is promoted specifically to primary care teams from reception staff to GPs to enable all members of staff to feel competent and confident to deliver a family friendly service and provide the correct advice, particularly in relation to children and young people, as this service should be the first contact for families.
- Paediatric training is also promoted to pharmacies, Walk in Centres and the GP Out of Hours Service to enable staff at all levels to feel more comfortable and confident in advising, assessing and treating children and young people and engaging with parents and families.

4.5 Information about pharmacy services

Almost all parents in the engagement cohort said they knew how to use their local pharmacy and mainly suggested reasons such as medication and prescriptions and general health advice. However, this perception isn't entirely accurate as only a small proportion identified that pharmacies can be used for minor ailments and a very small minority mentioned Pharmacy First in the research.

It is recommended that:

- The services of local pharmacies are promoted to parents to show their importance and the skills available in treating minor ailments and illnesses.
- Pharmacy First is promoted widely to parents to ensure they are aware of the services provided.

4.6 NHS 111 protocols and information

A large proportion of parents in this engagement cohort were referred to A&E by NHS 111. Almost all parents in this cohort were aware of the NHS 111 service and said they would know when to contact the service. Most people stated they would be prevented

from using the service in an emergency situation and some reported negative experiences of using the service.

It is recommended that:

- The protocols of NHS 111 are explored to ensure that parents are not inappropriately referred to A&E. This could occur through the existing improvement work currently taking place within NHS 111.
- Information about NHS 111 is displayed on GP Practice websites and information is available for parents to help them decide on the most appropriate service to contact.

4.7 Primary care services

GP practices were the third most popular service from which parents were referred to A&E. All parents who took part in the engagement felt they knew how to use their GP practice but most felt that emergency situations would prevent them from attending their practice. Only a small proportion of patients attended A&E because they were unable to get an appointment with their GP or because the waiting times for an appointment were too long. However, many of the illnesses, injuries and symptoms that parents attended A&E with could have been seen by a primary care service. Also almost two thirds of the cohort were parents with children under the age of 5 years old with incorrect perceptions of serious injuries and illnesses and a lack of understanding of where to attend.

It is recommended that:

- Information resources, in online, mobile application and leaflet form, are developed to promote GPs and primary care services as the first point of contact for children, young people and parents.
- The work of the CCG Child Health Team's school assembly presentation about how and why young people can access their GP services for Year 9 students across Newcastle (developed following the West End Youth Enquiry Service survey 'Our Health Our Voice') should be built upon and specific work should be done to engage with parents of primary school age children and parents of under 5s.
- Information resources of any kind should include symptoms and scenarios of when to use primary care services to demonstrate the breadth of conditions that primary care can treat.
- GP practice systems are developed to enable appointments that can be flexible and responsive to the needs of the children, young people and parents and commissioners should support this to allow practices to have the capacity to offer a responsive service.
- Alongside developing GP practice systems, the different types of appointments available with primary care services could be promoted to ensure parents are aware that there are a range of routine and urgent appointments available with a variety of health care professionals.

- The Health Visitor service is promoted to parents with children under 5 years old with clear guidance of how to contact the service, when they can be contacted and what they can be contacted for.
- Targeted work is developed for parents with children under 5 years old to help facilitate their knowledge of primary care services and to help support them in making the most appropriate health care choices for their child.

4.8 Walk in Centre information

Just under one third of parents were referred to A&E from Walk in Centres. Of those parents, just under half were diverted to A&E because they were given incorrect information. Despite this, almost all parents engaged within this work were aware of their local Walk in Centre and knew what to use it for. Some parents reported that the criteria for treating children at Walk in Centres had prevented them from attending. However, despite the knowledge of parents, many of the illnesses and injuries described could have been assessed and treated at the Walk in Centre.

It is recommended that:

- The criteria for attending Walk in Centres with children should be reviewed and, if possible, the service should be provided for all ages.
- The protocols of Walk in Centres are reviewed to ensure that parents are not inappropriately referred or diverted to A&E and this should be communicated with all relevant staff.

4.9 GP Out of Hours Service

Out of all services parents were asked about, they knew relatively little about the GP Out of Hours Service and the majority were unsure of how to access and use the service.

It is recommended that:

- A focused piece of work should explore knowledge of the GP Out of Hours Service to best understand what parents know and what information they need to be able to make decisions about accessing the service.
- Promotional material, in online, mobile applications and leaflet form, is produced about the GP Out of Hours Service and it is promoted widely to the general public as well as parents. The material should explain the purpose of the service and how to access the service.
- The NHS 111 point of access to the GP Out of Hours should be reviewed to best understand how parents can easily access the service.

4.10 Education regarding A&E attendances

Overall, many parents were referred to A&E by another health care service or they had decided to attend A&E. In the follow up interviews in phase 1 and 2, the majority of parents said they would choose to attend A&E in future if a similar situation occurred. Also, a small minority had been advised to attend A&E by their child's school. Work needs to be undertaken to encourage parents to make primary care the first point of contact.

It is recommended that:

- A focused piece of work is carried out with parents to understand their views about deciding which service to attend. This should include an educational aspect to encourage families to be comfortable about making a different decision, including discouraging parents from attending A&E inappropriately. This could take place alongside other recommendations in this report, including the development of information resources.

4.11 Future work

We are aware of work currently planned or in progress to address aspects of the recommendations included in this report. The CCG Child Health Team and North of England Commissioning Support have ongoing work. This includes the Newcastle Urgent Care Campaign, the upcoming Urgent Care Review as well as work focussed on enabling GPs to be more child and young person 'friendly' with high levels of confidence and competence in looking after children and young people and mapping the Sick and Injured Child Care Pathway with particular focus on the development of web-based, mobile application and written information for parents and children and young people.

Appendices

Appendix 1 – Initial questionnaire

In A&E questionnaire

The NHS Clinical Commissioning Groups in Newcastle are responsible for choosing, planning and buying (commissioning) the majority of healthcare and health services for the people of Newcastle.

We are looking at ways to improve the experiences of children and young people who access these health services. As part of this, we are speaking to parents and young people to understand which services they are accessing so that we can make it easier for people to get the right treatment, at the right time, in the right place.

As you have attended A&E today, we'd like to find out how your illness or injury has resulted in your attendance at A&E

DATE:	TIME:	PM/AM
--------------	--------------	--------------

If accompanying a child start at Q1, if they have attended independently start at Q2

1. Are you the parent or guardian of the child attending A&E?

Parent **GO TO QUESTION 4**

Guardian **GO TO QUESTION 3**

2. Are you under 16 and have attended by yourself?

If Yes How old are you?

GO TO QUESTION 5

3. What's your relationship to the child that has attended A&E today?

Grandfather Grandmother

Uncle Aunt

Brother Sister

Family friend Other.....

4. How old is the child you attended A&E with?

5. What type of illness, injury or symptoms have you/the child attended A&E with today?

.....
.....

6. Prior to attending A&E did you **consider** contacting any other health care services?

Yes **GO TO QUESTION 6A**

No **GO TO QUESTION 7**

6a. If yes, who was this?

Pharmacist NHS Choices NHS 111 GP

WIC OOH Service Other.....

7. Why did you choose to attend A&E over any other service, such as a Walk in Centre or GP?

.....

.....

8. Would you be happy to be contacted to talk more about your visit to A&E? If you agree you will be contacted and a convenient time and day will be arranged to call you back

Name:	
Tel:	
GP practice:	
Would you need any support to take part e.g. interpreter please let us know	

If they agree to take part, please hand out an information sheet

Monitoring

Gender

Male Female

Age

Under 18 35 – 44 65 – 74
 18 – 24 45 – 54 75 – 84
 25 – 34 55 – 64 85 and over

How do you describe your sexuality?

Lesbian Bisexual
 Gay Prefer not to answer Heterosexual

Please indicate your ethnic background:

White	✓	Asian or Asian British	✓
British		Indian	
Irish		Pakistani	
Central/Eastern European		Bangladeshi	
Any other White background		Any other Asian background	
Mixed		Black or Black British	
White and Black Caribbean		Caribbean	
White and Black African		African	
White and Asian		Any other Black background	
Any other mixed background			
Other ethnic groups			
Chinese			
Any other ethnic group (<i>write in</i>)			

Do you consider yourself to have a disability?

Yes No

What is the first part your postcode? _ _ _

Appendix 2 – Phase 1 telephone interview schedule

If accompanying a child start at Q1, if they have attended independently start at Q2

1. Were you the parent or guardian of the child attending A&E?

Parent **GO TO QUESTION 4**

Guardian **GO TO QUESTION 3**

2. Were you under 16 and have attended by yourself?

If Yes How old are you?
GO TO QUESTION 5

3. What's your relationship to the child that has attended A&E with today?

Grandfather Grandmother

Uncle Aunt

Brother Sister

Family friend Other.....

4. How old is the child you attended A&E with?

5. What type of illness, injury or symptoms did you/the child attend A&E with?
.....
.....

6. What symptoms did you/ the child have?
.....
.....

7. How long did you wait to be seen and treated?
.....
.....

7a. Do you feel this wait was:

Unsatisfactory

Satisfactory

7b. Please explain:
.....
.....

8. Prior to attending A&E did you **consider** contacting any other health care services?

Yes

No **GO TO QUESTION 9**

8a. If yes, who was this?

Pharmacist NHS Choices NHS 111 GP

WIC OOH Service Other.....

9. Did you contact any of these services?

Yes

No **GO TO QUESTION 9C**

9a. If yes, which services did you contact?

9b. What happened when you contacted this/these services?

.....
.....

GO TO QUESTION 10

9c. If no, why was this?

.....
.....

10. Why did you choose to attend A&E?

.....
.....

11. If this injury, illness or symptoms were to happen to your child/you again would you attend A&E or would you contact an alternative service, for example your GP or local Walk in Centre?

.....
.....

12. Do you feel you have enough information on how to appropriately use:

Your local pharmacy Yes No

If no, what information would you like and how? E.g. think pharmacy first, advice that could be given

.....

NHS 111 Yes No

If no, what information would you like and how? E.g. when to use and what to expect when you call

.....

Your GP Yes No

If no, what information would you like and how? E.g. alternative appointments options, types of illnesses or injuries that can be dealt with

.....

Walk in Centre Yes No

If no, what information would you like and how? E.g. further information on age restrictions, types of illnesses or injuries that can be dealt with

.....

A&E Yes No

If no, what information would you like how?

.....

9b Prompts

GP

- Couldn't get an appointment
 - What did you say to the receptionist, how did you describe the condition?
 - Were you offered an alternative same day appointment e.g. PN, telephone consultation?
 - The offered appointment wasn't quick enough/soon enough in your opinion?
 - The offered appointment wasn't at a convenient time?
- GP closed
 - Did you try calling your GP ?
 - Was there a message directing you to alternative services e.g. NHS Choices, OOH, WIC?
 - Did you try any of these suggested services? What happened?
- Unhappy with diagnosis?
- Was treated and told if the condition worsened to attend A&E?

WIC

- Waiting time was too long, if so how long?
- They were unable to see my child due to age (Under 2)?
- Unhappy with diagnosis?
- Was treated and told if the condition worsened to attend A&E?

Direct attendance

Explore:

- Convenience of A&E – travel, drop in, comprehensive treatment availability, knowledge that you will see a doctor
- Barriers of GP -availability of appointments, perception of busy phone lines, battling receptionists, previous experiences
- Barriers of WIC – long waiting times, difficulties in access (transport), previous experiences
- Previous experience of illnesses and pathway or A&E

Monitoring

13. Gender

Male Female

14. Age

Under 18 55 – 64
18 – 24 65 – 74
25 – 34 75 – 84
35 – 44 85 and over
45 – 54

15. How do you describe your sexuality?

Lesbian Bisexual
Gay Prefer not to answer

Heterosexual

16. Please indicate your ethnic background:

White		✓	Asian or Asian British		✓
British			Indian		
Irish			Pakistani		
Central/Eastern European			Bangladeshi		
Any other White background			Any other Asian background		
Mixed			Black or Black British		
White and Black Caribbean			Caribbean		
White and Black African			African		
White and Asian			Any other Black background		
Any other mixed background					
Other ethnic groups					
Chinese					
Any other ethnic group (<i>write in</i>)					

17. Do you consider yourself to have a disability?

Yes No

18. What is the first part your postcode?

Appendix 3 – Phase 2 telephone interview schedule

1. Were you the parent or guardian of the child attending A&E?

Parent → GO TO Q4

Guardian → GO TO Q3

2. Were you under 16 and have attended by yourself?

If Yes How old are you? → GO TO Q5

3. What's your relationship to the child that has attended A&E today?

Grandfather Grandmother Brother

Uncle Aunt Sister

Family friend Other.....

4. How old is the child you attended A&E with?

5. What type of illness, injury or symptoms did you/the child attend A&E with?

.....
.....

6. What symptoms did you/the child have?

.....
.....

7a. How long did you wait to be seen and treated?

.....
.....

7b. Do you feel this wait was: Unsatisfactory Satisfactory

7c. Why was it unsatisfactory/satisfactory?

.....
.....

8a. Prior to attending A&E did you consider contacting any other health services?

Yes → GOT TO Q8b

No → GO TO Q8c

8b. If yes, who was this?

Pharmacist

WIC

NHS Choices

GP Out Of Hours Service

NHS 111

Other.....

GP

→ GO TO Q9

8c. If no, why did you not consider contacting any other health care service?

.....
.....

→ GO TO Q10

9a. Did you contact any of these services?

Yes → GO TO Q9b

No → GO TO Q9c

9b. If yes, which service(s) did you contact and what happened?

(Prompt: no GP appointments, offered an emergency GP appointment, not convenient, GP closed, unhappy with diagnosis, condition worsened, WIC wait too long, age restrictions...)

.....
.....

→ GO TO Q10

9c. If no, why was this?

.....
.....

10. Why did you choose to attend A&E?

(Prompts: convenience, better service, quicker, feel safer etc.)

.....
.....

Awareness of other services

We're now going to talk through some questions about other services to find out a little about what services you know about and have used before.

11a. Do you know when to use your local pharmacy?

Yes → GOT TO Q11b

No → GO TO Q12

11b. What would you use your local pharmacy for? (Prompt: think pharmacy first)

.....

11c. What would prevent you from using your local pharmacy?

.....

12a. Are you aware of NHS 111?

Yes → GOT TO Q12b

No → GO TO Q13

12b. Do you know when to contact NHS 111?

.....

12c. When would you contact them?

.....

12d. What would prevent you from contacting NHS 111?

.....

13a. Do you know what to use your local GP for?

Yes → GOT TO Q13b

No → GO TO Q14

13b. What would you use your local GP for?

.....

13c. What would prevent you from attending your GP?

.....

14a. Are you aware of your local Walk in Centre?

Yes → GOT TO Q14b

No → GO TO Q15

14b. Do you know what to use your local walk in centre for?

.....

14c. What would you use your local walk in centre for?

.....

14d. What would prevent you from using your local walk in centre?

.....

15a. Are you aware of GP out of hours services?

Yes → GOT TO Q15b

No → GO TO Q16

15b. Do you know how to access GP out of hours services?

.....

15c. Do you know what to use GP out of hours service for?

.....

15d. What would you use GP out of hours service for? (Prompt: home visits)

.....

15e. What would prevent you from using the GP out of hours service?

.....

16a. Do you know what to use A&E for?

.....

16b. What would you use A&E for?

.....

17. If you would like to find out more about any of these services or you have a query, where/how would you like to find the information?

(Prompt: online, leaflet, on your phone/tablet, website etc.)

.....

18. What kind of information would you like to know about the services?

(Prompt: ask specifically about what symptoms they would like to know about to look out for in your child, age restrictions, what circumstances should you contact services etc.)

.....

So now that I know a bit more about your knowledge of other services, I'm just going to chat through a few things about the services before we continue.

- Pharmacy – you can get prescription and other medication and can provide advice on minor ailments and common conditions such as common cold, sore throat and coughs. They can also provide health checks (blood pressure, cholesterol etc). They are based at many locations and their opening times vary but there are some 24 hour services (you can call 111 to find your nearest).
Think Pharmacy First – for people who qualify for free prescriptions can go straight to their pharmacist without needing to visit their GP to get a prescription first for illnesses such as chicken pox, cold sores, conjunctivitis, nappy rash, eczema etc. Pharmacies that provide this service have a sticker or banner displayed and you can find them online
- NHS 111 – you can call 111 when you need medical help but it's not a 999 emergency. It is available 24 hours a day and it's free from landlines and mobiles. You can call at anytime and they will signpost you to other services. For example, if you have run out of an inhaler, they will be able to arrange a replacement with the pharmacies or if it's for something more serious they can transfer you to the GP out of hours service and you will be seen within 2-4 hours, depending on the seriousness. When you call, the staff will ask questions to assess your symptoms and will direct you to the most appropriate local service by booking you an appointment or transferring you directly to the service.
- GP – you can make appointments to see your doctor at your local practice, or a nurse practitioner, to talk about your health concerns. There are different types of appointments available and there should always be the option of an emergency appointment for times when it is not serious enough for A&E but you need to see a doctor. Opening times vary from practice to practice but are generally 8-6 Monday-Friday with some later surgeries and weekends.
- Walk in centre/minor injuries unit – you can visit a WIC or MIU between 8am-8pm 7 days a week.
WIC - deal with minor injuries and illnesses such as infections, rashes, vomiting and diarrhoea, and some also deal with fractures. In Newcastle, Ponteland Road walk in centre have x-ray facilities. Some are GP led so you can attend with children of all ages and others are nurse led so will only see children over 2 years old.
Ponteland Road – GP led, no age restrictions
Westgate – Nurse led, children of 2+
Molineux – Nurse led, children of 2+
MIU – deal with sprains, broken bones, infections, burns, minor head injuries and injuries to the back, shoulder and chest. The minor injuries unit (based in the RVI) also have access to x-ray facilities. No age restrictions.
- GP Out of Hours Service – for times when your GP is closed, and maybe even the WIC is too, there is a GP out of hours service for situations when it is not an immediate emergency, for example, if a child is breathing very fast, they are lethargic, still have wet nappies, you should see a GP at the out of hours service. Or, for example, if your child has run out of a blue inhaler and your child is wheezing heavily and it is getting worse. You can call 111 (available 24 hours a day) who can book you an appointment with the GP out of hours service based at the RVI. If you are very poorly and can't get to your appointment, they may also offer home visits.
- A&E – this is for serious injuries and illnesses. You should only visit A&E or call 999 for threatening emergencies such as loss of consciousness, a very confused

state and fits, severe chest pain, breathing difficulties, or severe bleeding that can't be stopped. If the injury or illness doesn't meet this, you should contact NHS 111 if you are unsure where to go.

Now that I've given you a brief outline of the different services,

19. If the injury, illness or symptom your child attended A&E with were to happen again would you attend A&E or would you contact a different service? If so, which one?

.....

Monitoring

Gender: Male Female

Age:

Under 18 35 – 44 65 – 74
 18 – 24 45 – 54 75 – 84
 25 – 34 55 – 64 85 and over

How do you describe your sexuality?

Lesbian Bisexual
 Gay Prefer not to answer
 Heterosexual

Please indicate your ethnic background:

White	✓	Asian or Asian British	✓
British		Indian	
Irish		Pakistani	
Central/Eastern European		Bangladeshi	
Any other White background		Any other Asian background	
Mixed		Black or Black British	
White and Black Caribbean		Caribbean	
White and Black African		African	
White and Asian		Any other Black background	
Any other mixed background			
Other ethnic groups			
Chinese			
Any other ethnic group (<i>write in</i>)			

Do you consider yourself to have a disability?

Yes No

What is the first part your postcode?

Children’s and Young People’s attendance at A&E

During your recent attendance at A&E you took part in a short survey about your experience. During this survey you agreed to take part in a short follow up telephone conversation. This information sheet provides you with some further information about what to expect and how the information you provide will be used.

Part 1: What is it all about?

The NHS Clinical Commissioning Groups (CCG’s) in Newcastle are responsible for choosing, planning and buying (commissioning) the majority of healthcare and health services for the people of Newcastle.

We are looking at ways to improve the experiences of children and young people who use these health services. As part of this, we are speaking to parents and young people to understand which services they are using so that we can make it easier for people to get the right treatment, at the right time, in the right place.

What am I being asked to do?

We will contact you within 10 days of your visit to A&E and arrange a convenient time to call you back for a short telephone discussion of around 10 minutes.

Part 2: Taking part

What should I expect from the telephone discussion?

It will be an informal discussion led by a member of staff from Involve North East (INE), who we have contracted to do this work. If you do not want to answer all of the questions you don’t have to and we are only interested in *your* views – there are no right or wrong answers.

What happens next?

The information provided during the telephone discussion will then be written into a report and given to the CCG. They will read and discuss it and then consider the recommendations as part of developing and improving services for children and young people. If you would like a summary of the report please let us know.

Will my taking part in the study be kept confidential?

Yes. All information collected from you and about you during the course of the research will be kept strictly confidential. **No names will be recorded in the report**

If you have any questions or you wish to change your mind about taking part, please contact Dan from Involve North East by calling 0191 226 3450 or emailing dan@involve.org.uk

Appendix 3 – Combined participant profile

Gender

	No. of participants	% of participants
Male	40	21.7
Female	121	65.8
No response	23	12.5
Total	184	100.0

Age*

	No. of participants	% of participants
Under 18	21	11.4
18-24	12	6.5
25-34	65	35.3
35-44	39	21.3
45-54	14	7.6
55-64	0	0.0
65-74	0	0.0
75-84	0	0.0
85 and over	0	0.0
No response	33	17.9
Total	94	100.0

*Please note that some parents appeared to have completed the age section of the monitoring to represent their child's age.

Location – first part of postcode

	No. of participants	% of participants
NE1	4	2.2
NE2	6	3.3
NE3	26	14.2
NE4	25	13.7
NE5	26	14.2
NE6	19	10.4
NE7	5	2.7
NE8	1	0.5
NE9	2	1.1
NE12	4	2.2
NE13	5	2.7
NE14	1	0.5
NE15	12	6.5
NE16	1	0.5
NE20	1	0.5
NE21	2	1.1
NE22	1	0.5
NE23	2	1.1
NE28	6	3.3
NE29	3	1.6
NE31	1	0.5

NE40	3	1.6
NE43	2	1.1
NE61	1	0.5
NE63	1	0.5
NE65	1	0.5
No response	23	12.5
Total	184	100.0

Ethnic background

	No. of participants	% of participants
White British	134	72.9
White Irish	1	0.5
Central/Eastern European	1	0.5
Any other White background	1	0.5
Mixed White and Black Caribbean	2	1.1
Mixed White and Black African	0	0.0
Mixed White and Asian	2	1.1
Any other Mixed background	1	0.5
Asian or Asian British - Indian	2	1.1
Asian or Asian British - Pakistani	8	4.4
Asian or Asian British - Bangladeshi	1	0.5
Any other Asian background	2	1.1
Black or Black British – Caribbean	0	0.0
Black or Black British - African	4	2.2
Any other Black background	0	0.0
Chinese	4	2.2
Any other ethnic group	1	0.5
No response	20	10.9
Total	184	100.0

Sexuality

	No. of participants	% of participants
Bisexual	0	0.0
Gay	0	0.0
Heterosexual	124	67.4
Lesbian	0	0.0
Prefer not to say	60	32.6
Total	184	100.0

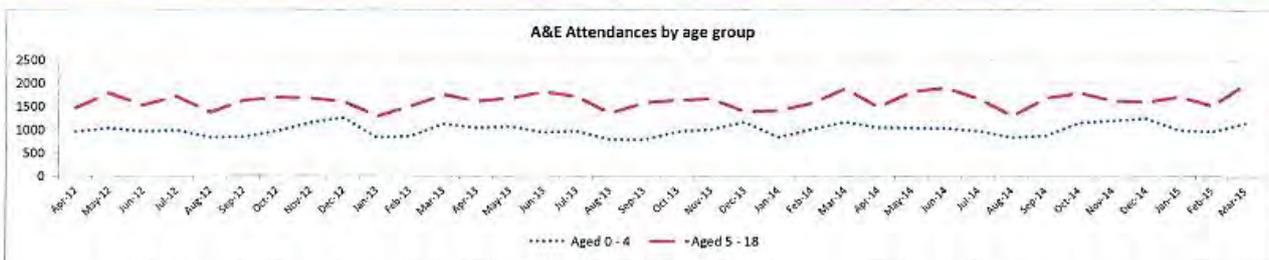
Do you consider yourself to have a disability?

	No. of participants	% of participants
Yes	9	4.9
No	159	86.4
Prefer not to answer	16	8.7
Total	184	100.0

Appendix 6 – Paediatric Trends for Newcastle patients

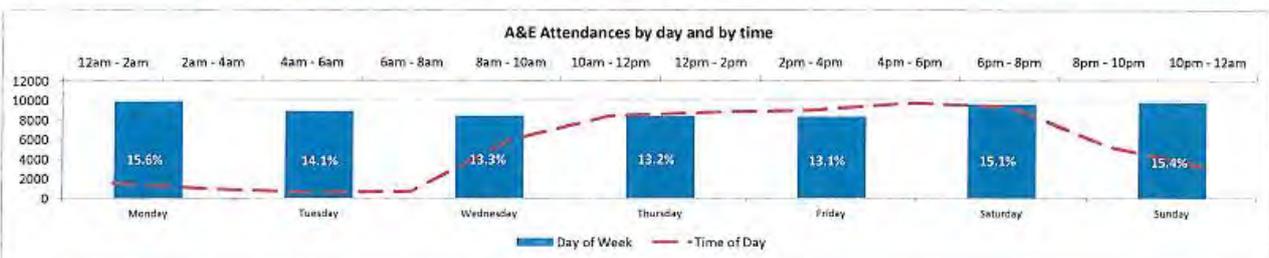
North of England Commissioning Support
Business Information Services
Paediatric Trends for Newcastle patients

A&E Attendances



Aged 0 - 4	April	May	June	July	August	September	October	November	December	January	February	March
2012/13	950	1022	957	996	831	833	965	1144	1252	821	856	1121
2013/14	1032	1059	937	961	784	778	945	999	1153	836	1005	1152
2014/15	1031	1026	1019	965	827	873	1143	1195	1241	991	956	1145
12/13 to 13/14	8.6%	3.6%	-2.1%	-3.5%	-5.7%	-6.6%	-2.1%	-12.7%	-7.9%	1.8%	17.4%	2.8%
13/14 to 14/15	-0.1%	-3.1%	8.8%	0.4%	5.5%	12.2%	21.0%	19.6%	7.6%	18.5%	-4.9%	-0.6%

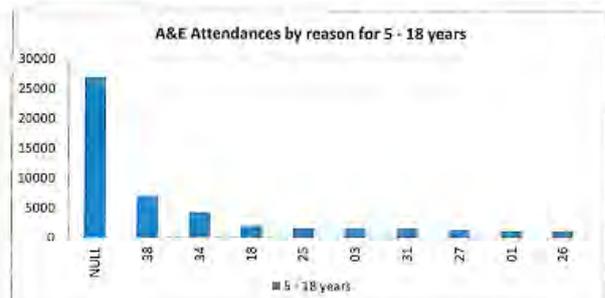
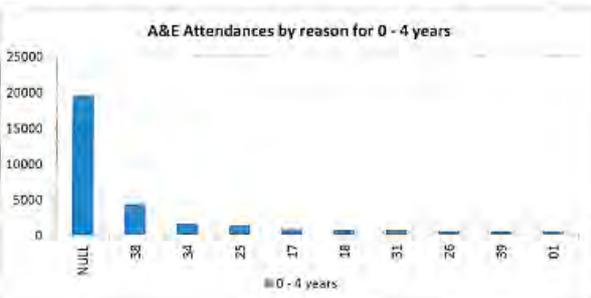
Aged 5 - 18	April	May	June	July	August	September	October	November	December	January	February	March
2012/13	1469	1779	1531	1726	1372	1628	1688	1673	1608	1282	1503	1760
2013/14	1615	1674	1811	1713	1349	1576	1629	1660	1385	1405	1571	1871
2014/15	1475	1819	1900	1665	1295	1679	1797	1631	1600	1717	1520	1999
12/13 to 13/14	9.9%	-5.9%	18.3%	-0.8%	-1.7%	-3.2%	-3.5%	-0.8%	-13.9%	9.6%	4.5%	6.3%
13/14 to 14/15	-8.7%	8.7%	4.9%	-2.8%	-4.0%	6.5%	10.3%	-1.7%	15.5%	22.2%	-3.2%	6.8%



Multiple Attenders by month (for Newcastle as a whole)

Multiple Atts. is the number of patients who have attended A&E more than once during the calendar month. Total patients is the number of patients who have attended A&E in that calendar month.

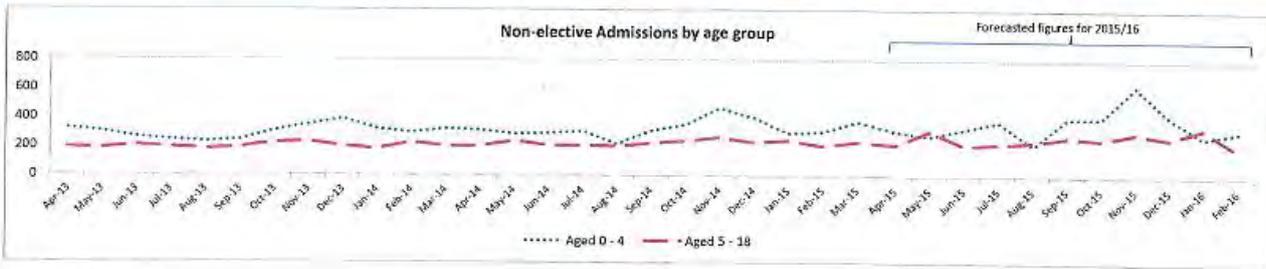
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Multiple Atts	147	185	207	173	147	178	219	177	209	204	157	217
Total patients	2337	2627	2691	2428	1964	2341	2699	2626	2602	2479	2295	2900
% multiple at.	6.3%	7.1%	7.7%	7.1%	7.5%	7.6%	8.1%	6.7%	8.0%	8.2%	6.8%	7.5%



KEY FOR ABOVE CHARTS:

- | | | |
|---|---------------------------------------|---|
| 1. Laceration | 14. Poisoning (including overdose) | 27. Urological conditions (including cystitis) |
| 2. Contusion/abrasion | 15. Near drowning | 28. Obstetric conditions |
| 3. Soft tissue inflammation | 16. Visceral injury | 29. Gynaecological conditions |
| 4. Head injury | 17. Infectious disease | 30. Diabetes and other endocrinological conditions |
| 5. Dislocation/fracture/joint injury/amputation | 18. Local infection | 31. Dermatological conditions |
| 6. Sprain/ligament injury | 19. Septicaemia | 32. Allergy (including anaphylaxis) |
| 7. Muscle/tendon injury | 20. Cardiac conditions | 33. Facio-maxillary conditions |
| 8. Nerve injury | 21. Cerebro-vascular conditions | 34. ENT conditions |
| 9. Vascular injury | 22. Other vascular conditions | 35. Psychiatric conditions |
| 10. Burns and scalds | 23. Haematological conditions | 36. Ophthalmological conditions |
| 11. Electric shock | 24. Central Nervous System conditions | 37. Social problem (inc. chronic alcoholism & homelessness) |
| 12. Foreign body | 25. Respiratory conditions | 38. Diagnosis not classifiable |
| 13. Bites/stings | 26. Gastrointestinal conditions | 39. Nothing abnormal detected |

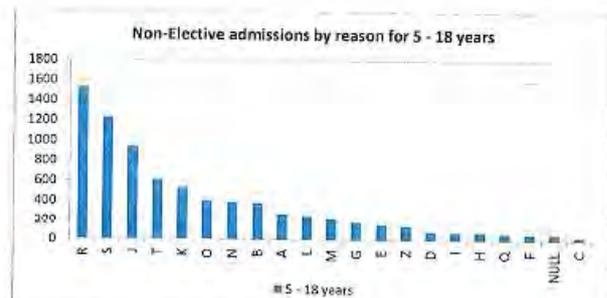
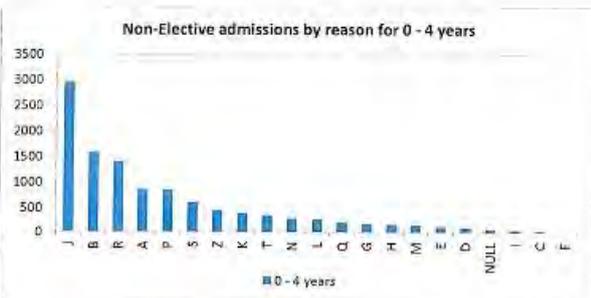
Admissions



Non-elective Admissions

0 - 4 years	April	May	June	July	August	September	October	November	December	January	February	March
2012/13	310	305	268	267	240	248	297	346	327	261	246	348
2013/14	318	296	262	246	228	241	305	347	389	318	294	321
2014/15	313	286	292	304	219	311	350	465	400	294	303	370
12/13 to 13/14	2.6%	-3.0%	-2.2%	-7.9%	-5.0%	-2.8%	2.7%	0.3%	19.0%	21.8%	19.5%	-7.8%
13/14 to 14/15	-1.6%	-3.4%	11.5%	23.6%	-3.9%	29.0%	14.6%	34.0%	2.8%	-7.5%	3.1%	15.3%
15/16 forecast	308	276	325	376	210	401	402	623	411	272	312	426

5 - 18 years	April	May	June	July	August	September	October	November	December	January	February	March
2012/13	202	230	206	228	177	213	217	209	200	193	229	202
2013/14	190	183	206	198	178	190	226	232	201	181	227	204
2014/15	204	240	209	210	205	227	241	264	231	247	207	234
12/13 to 13/14	-5.9%	-20.4%	0.0%	-13.2%	0.6%	-10.8%	4.1%	11.0%	0.5%	-6.2%	-0.9%	1.0%
13/14 to 14/15	7.4%	31.1%	1.5%	6.1%	15.7%	19.5%	6.6%	13.8%	14.9%	36.5%	-8.8%	14.7%
15/16 forecast	219	315	212	223	238	271	257	300	265	337	189	268



KEY FOR ABOVE CHARTS	
A - Certain infectious and parasitic diseases	K - Diseases of the digestive system
B - Certain infectious and parasitic diseases	L - Diseases of the skin and subcutaneous tissue
C - Neoplasms	M - Diseases of the musculoskeletal system and connective tissue
D - Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	N - Diseases of the genitourinary system
E - Endocrine, nutritional and metabolic diseases	O - Pregnancy, childbirth and the puerperium
F - Mental and behavioural disorders	P - Certain conditions originating in the perinatal period
G - Diseases of the nervous system	Q - Congenital malformations, deformations & chromosomal abnormalities
H - Diseases of the ear, adnexa and mastoid process	R - Symptoms, signs and abnormal clinical and laboratory findings, NEC
I - Diseases of the circulatory system	S - Injury, poisoning and certain other consequences of external causes
J - Diseases of the respiratory system	T - Injury, poisoning and certain other consequences of external causes
	V - External causes of morbidity and mortality
	Z - Persons encountering health services for examination and investigation