

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.

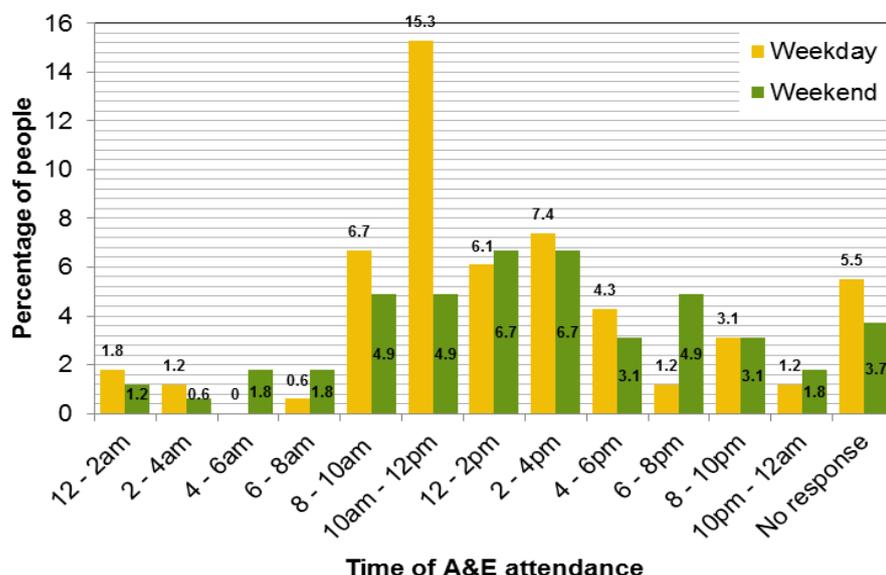
After reviewing the data during the process, the project team faced a realisation of risks detailed in the Project Initiation Document and the phased approach to engagement provided a solution. Accessing participants was an issue throughout the project and phased approach allowed more time to engage 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.

