

Executive Summary

1.0 Introduction

NHS Newcastle Gateshead Clinical Commissioning Group (NGCCG) is working to improve and provide more joined-up care in Newcastle and as part of this they are currently reviewing urgent care services across the city.

Between 20th November 2017 and 10th January 2018 a listening exercise took place where people's views and experiences of urgent care were gathered; this report documents the findings of this exercise.

For the purposes of the review and throughout this report urgent care is defined as:

“the range of health services available to people who need urgent advice, diagnosis and treatment quickly for needs that are not considered life threatening.”

Urgent care services are separate from A&E (Accident and Emergency) services which provide emergency care. Urgent care services include:

- How you can look after yourself (self-care)
- NHS 111 – the non-emergency telephone number for NHS services
- GP practices
- GP out of hours (for when GP practices are shut)
- Community pharmacies (or chemists)
- Walk-in centres

A variety of methods were used to engage with people including an online questionnaire, public events, social media platforms and focus groups. In total 1,220 people gave their views. Participants were broadly asked about:

- Awareness of urgent care services and their use
- Experiences of using urgent care services
- Preferences and considerations when accessing urgent care
- Expected future of urgent care services
- Suggestions for improvements to urgent care services
- Information about urgent care services

2.0 Key findings

2.1 Information and awareness

A key theme emerging across all methodologies was the confusion and lack of awareness about urgent care services amongst the general population.

- Confusion about, and poor awareness of, some urgent care services is leading to people choosing alternative provision, this in turn is increasing pressure on services already at capacity
- Clear information about urgent care services is needed including common language, what constitutes urgent care and what services are offered, when they are available and how to access them
- Information should be distributed widely in a variety of formats to have maximum impact including: Public spaces and buildings, GP practices, via

social media and websites, via mainstream media and via public health campaigns

- GP practice staff should be better able to signpost people to other urgent care services

2.2 Communication between services

- GP practice staff called for improved communication between urgent care services. This included sharing of data including access to patient records

2.3 Accessibility

2.3.1 General accessibility

- The majority of people would prefer to access urgent care services physically
- People would be generally willing to travel up to four miles to access urgent care services
- When choosing an urgent care service the quality of care they receive, being able to see the right person and being able to see someone on the same day was most important to survey respondents
- Focus group participants valued the location of the service, seeing the right person and quality of care

2.3.2 Specific accessibility needs

Accessibility of urgent care services is a major issue for people who require communication support:

- Interpreters need to be booked in advance for healthcare appointments. Therefore, people who use BSL (British Sign Language) or do not speak English sufficiently well, are unable to receive interpreting support when accessing urgent care. This limits the urgent care services they can use
- Communication barriers are particularly acute for the NHS 111 service as people with no interpreting support are unable to hold a telephone conversation. Difficulty in using the telephone also applies to people with a learning disability.
- Information about urgent care services should be available in a range of accessible formats including BSL, alternative languages and easy read
- Urgent care services do not cater well for people with disabilities or for people who may require more support. There was a call for:
 - More accessible spaces
 - Staff training to increase awareness of the needs of people with SEND and learning disabilities
 - Provision of quiet waiting spaces

2.4 Funding/resources

- GP practice staff highlighted issues with the urgent care system as a whole in relation the pressures it is under and a belief that A&E and GP practices are at capacity

- There was a call for more investment and resources in the urgent care system generally; it was felt that there was a need for more staff, a greater number of services and more walk-in centres

2.5 Service specific findings

2.5.1 Walk-in centres

- Walk-in centres were most likely to be used during the day (8am-6:30pm)
- Reasons for use were medical need, GP practice opening hours or the waiting time being too long. This points to a case for more GP appointments to be made available in GP practices or at walk-in centres
- Most users had had their medical need addressed
- GP practice staff felt that walk-in centres have a low threshold for referral to other services
- There was a call for a consistent service to be provided
- There was also a call for more walk-in centres and a suggestion to locate a centre in the north of the city (Gosforth/ Jesmond/Kenton)
- Event and meeting attendees were generally open to the idea of calling ahead to book appointments at a walk-in centre

2.5.2 Community pharmacies

- This service is well used by participants generally and those who had used the service mostly reported positive experiences
- However, there was a significant lack of understanding around what services are available at pharmacies and their ability to provide urgent care support and treatment
- Some people felt that they would not use this service if they had an urgent care need because they felt it was not suitable for urgent care
- Meeting attendees called for reduced variation in service provision

2.5.3 NHS 111

- There was good awareness of this service and experiences were predominantly positive
- However, GP practice staff suggested that the NHS 111 service frequently referred on to other services when it was perhaps unnecessary. Focus group participants supported this finding reporting personal experiences of what they deemed as unnecessary escalation to other services
- Participants had issues with the triage system having to answer too many questions and did not like the generic approach
- Some participants questioned the clinical knowledge of call handlers
- Different generations and communities use technologies differently and it was suggested by public event attendees that examining these behaviours could be insightful and improve access to this service

2.5.4 GP out-of-hours

- People who had used this service reported generally positive experiences however issues related to awareness of the service and having a long wait for a GP

2.5.5 GP practices

- Vulnerable people valued the familiarity they had with staff at their practice and the support they received from these relationships
- GP practice staff supported the proposal for a home-visiting service as it would reduce pressures on GP practices
- Concerns were raised about the home-visiting service reducing continuity of care for vulnerable patient groups
- There was a call for improved availability of urgent GP appointments

2.5.6 A&E

- Most people agreed that A&E should be used by people with life threatening conditions or serious accidents
- Those who disagreed felt that:
 - People do not know where to go so default to A&E
 - Everyone is entitled to use A&E
 - People should be able to go A&E in case their condition deteriorates

2.5.7 Self-care

- People are reluctant to self-care for a future urgent care need. Reasons for this included:
 - Not feeling qualified to diagnose/manage their own symptoms
 - Fear that a google search of symptoms will diagnose a serious illness
 - Not feeling confident to use the internet
 - Assumption that a google search would just suggest seeking medical advice
- GP practice staff suggested that people have lost the skill of self-care and therefore this is not an option available to them when they are unwell
- Increasing patient knowledge and understanding about self-care in addition to more advice via GPs and online sources would lead to people feeling more confident about managing their symptoms when appropriate