

Appendix 4: Feedback from conversations at public meetings

The language e.g. A&E/Emergency Department is reported as used by the individual, we have not changed their use of language.

Sandhurst Town Hall

31 May 2018

30 attendees

We know from talking to patients that they often find it difficult to know where to go for urgent care or advice.

How do you decide which urgent care services to use and why?

- Depends on time of day and on situation/issue
 - **During the day:**
 - GP in hours, Brants Bridge or A&E if GP closed
 - Ring local GP first (majority), if you can't get an appointment go to Brants Bridge as you know you will be seen – this includes at weekends
 - **If out of hours:**
 - Go to A&E
 - Would also use OOHs
- Some tried Brants Bridge first and then had to go to A&E (Frimley)
- Go to FP, as BB not helpful
- Phone NHS 111 to be directed (one table knew this and would use this)

NHS111:

- Only a few would consider NHS 111 (horror stories not helpful)
- Limited knowledge of NHS 111 process to access OOHs
- If at night ring 111 (good experience)
- 111 (helpful when an emergency) not quick if less urgent
- 111 if you feel it can be dealt with over the phone otherwise go to A&E

Pharmacy:

- Some use local pharmacy – they are helpful and good for checking about taking different meds
- Would not use pharmacists – need to be clear what they can and can't help with

Other points:

- Would be useful to have nurses to triage at surgeries
- Would welcome clarity on services available when and where

If you had an issue that you felt was urgent what would you do?

- GP, BB, OOHs or FP
- Daytime – GP

- BB not always good experience – Many people in Sandhurst may not know about BB
- Weekends – BB/OOHs
- Limited use of 111
- Difficult if you don't have transport
- Ambulance needs to be given the correct information
- Depends on problem to know what to do
- People need to know about services to make decision
- Need to publicise what 111 can do for people when they need urgent care
- Would look online then work out what to do – it's confusing as the intro isn't there, you have to interpret the terminology. Don't know way round the system if you don't use it properly

Additional comment: What do we mean by urgent?

- Different perceptions of what is urgent from one person to another,
- Importance of educating the public
- It all about knowledge of the system
- Need education around the UC and what's available
- Need to understand what we mean by 'urgent' people have different views - need examples of situations as not sure what is meant by urgent
- People use pharmacists for advice on meds/side effects. Would be good to have pharmacists routinely checking patients prescriptions

What do you think the benefits and/ or downsides are to using websites or an app for advice about urgent care?

- It's a question of time – you want something done now will an app be quick enough?
- Yes as long as they work and help answer the urgent issues
- Clear signposting and clarity of definitions
- Apps/website would need to ask the right qs to get the right answers – less risky with a phone
- Live chat is useful
- Would these have the right level of local knowledge needed?
- Easier to pick up the phone than use computer in an urgent situations
- Will miss the physical reassurance from having a phone call – NHS 111 needs to work properly
- Misses the importance of the doctor seeing you / face to face is the best
- People value reassurance – not a computer giving an appointment
- Face to face gives confidence and helps stop the worry
- Depends on the person
- Happy to talk on the phone for certain situations
- Technology related to age and comfort with using
- Would use an NHS 111 type app
- Probably popular with younger people
- Extension 111 would be good
- Like having a person at the other end
- Apps/websites can be confusing so they need to be done really well and be consistent
- Need someone sat behind an app like live chat
- Older generation would struggle to use app /would trust the telephone

We want people to have access to the right advice at the right time. Some of the ideas we have for this involve increasing the number of professionals in the general practice team e.g. community pharmacists, paramedics and mental health practitioners.

If you were asked to see another member of the general practice team such as a paramedic or pharmacist how would you feel about this?

If you spoke to a doctor other than your own GP what would make you feel confident in taking advice from them?

If a health care professional assessed you and said your care need was not 'urgent' and could be managed the next day, what would you do?

- Pharmacists:
 - Desire for pharmacists to be able to amend medications more easily.
 - Confusion about role of community pharmacist, pharmacists in a dispensing practice and clinical PHs in practice giving advice and treatment
- There needs to be a 'one stop shop'
- Links to community based services e.g. physio
- Interest in increase in nurse prescribers
- Concern about digital access for people unable/lacking confidence in PC skills
- "We want people to be able to access the right advice at the right time" You have to plan to be ill
- Penalty (fine) for people who miss appointments
- Education about services e.g. range of care available at Brants Bridge
- Concern about travel to access Brants Bridge
- Have access to health advisor who can inform about social services, help fill forms – could be telephone
- East Cote community centre example – Health advisor able to act as patient co-ordinator in accessing services
- Use of volunteers and informed patients that have been through a similar experience
- Support for Sunday access
- Support for hubs but within reasonable public transport and links
- Limited availability at weekends
- Brants Bridge difficult to access due to transport
- Re introduction of health visitors
- Accommodation – size of estates and availability of resources
- Would surgeries be open for longer hours? Will practices be open for care, or would patients go elsewhere?
- Support staff are they available?
- Needs gov to focus on housing, wages to attract staff in contribution to accommodation costs
- Awareness of changing GP expectations – moving away from partner roles
- Wages to attract staff and reduce locum spend against permanent roles
- People think of GP, Hospital /999
- Support for increased clinical resource in 111
- Digital access a barrier for some
- Support particularly avoiding 'being referred on and referred on'
- Rather see a specialist rather than 2 or 3 people
- Avoiding getting tunnelled into a particular service

- Support for specialist patient notes as long as the information gets them to the right place. Concern that a 'flag' might not capture the reason why the patient is making contact at the that time
- Listen to the patient ringing 111 and why they are making the call
- Suggestion that GP is the last port of call – they should have been identified and linked to the right professional/place before that
- Patients don't necessarily recognise skills of wider workforce. Pharmacies seen as 'pill people'
- Patients expectations need to change e.g. particular sex of clinician
- NHS has to start saying 'No' be willing to accept more complaints from patients being told they shouldn't access some services for certain care
- Support for a wider MDT approach
- Recognition of the input that paramedic and pharmacist can make
- Support for booked appointment into pharmacy, but concern about community pharmacy provision
- Space in both local practices but lack of staffing make some of the rooms unused – strong support for using the space more effectively
- Focus on increasing nurse training placements
- Use of Brants Bridge 'Acceptable' and 'Not acceptable' where patient went from GP Practice – Brants Bridge – Frimley. Initial GP contact was with receptionist who told patient to go to BB
- Services out of hospital at specific practices, e.g. chiropodist at one practice, therapy at another

We want to offer the best care we can within the resources we have:

How would you feel about services being grouped together?

- Grouping is good **as long as** the services are local and accessible (mobility and public transport). Needs good free parking
- Patient education would be required so that people know what service is where and the times they are available
- People also need to understand which service is the quickest for their need.
- It will be the patient ultimately who makes the decision about what is an emergency and what is urgent.
- Some people are less likely to dial 111 and more likely to dial 999
- It would help if you could get to see a GP early about urgent care. GP is often the first port of call and they need to be accessible
- Pharmacists are easy to get to for advice
- Need access to 24 hour urgent care and advice on the same day

Where might be the best/ worst locations if services were grouped together?

- Somewhere with parking and access to public transport
- Should be no further than Frimley/ within 6 miles
- You ought to work across county borders to find the most accessible place for the population
- Yately health hub would be good in terms of distance but not sure about public transport
- Great Hollands would be really good re access on public transport but there are new developments planned for the area which might make access more difficult in the future
- Using local surgeries would be good but we know premises would have to be developed to do this
- Accessibility is more of an issue for services you use frequently such as GPs and less for services you use less frequently. Still need local urgent care services though
- Places need to be accessible at different times of the day e.g, if they are near a school this can give problems at drop off and pick up time

What type of services would it make sense to have together?

- X-ray, ultrasound, fracture clinic, phlebotomy with ability to get results, physio, eyes, children's expertise
- Drs, nurses and paramedics – not necessarily all but could be one or a combination of these. Do we really need a GP?
- Pharmacist to dispense medicines.
- Mental health - Crisis café
- Specialist input would be very useful e.g. diabetes and respiratory experts. This could be remote advice using telecare unless equipment is required for diagnosis or treatment
- If you have to go to A and E after this should not increase your overall waiting time

We would like to better understand people's experiences of urgent care services.

If you have used NHS 111, a Walk in-Centre, Minor Injury Unit or Urgent Care Centre in the last 12 months:

What was good about your experience?

- You get an appointment to be seen
- Use Brants Bridge as can't get GP appointments
- Use Brants Bridge as couldn't get GP appointment – timing and diagnosis was critical – and they are able to x-ray
- NHS 111 has improved over the years:
 - contact is good – but can depend who you speak to
 - they talk through symptoms provide advice to help self-care
 - provide right care at the right time e.g. by sending out paramedics
 - available all hours
- Slough Walk in Centre good experience
- Frimley hospital excellent and get seen

What could have been better about your experience?

- No – current system works
- NHS 111 can be confusing – need better information knowledge and sharing:
 - Patient had tooth pain was referred to out of hours and then told it should be an emergency dentist
- Services are all confusing and you don't know where you are supposed to go
- Need internal record sharing
- NHS 111 – not a good experience took 8 hours to get a call back and was then told to go to A&E
- If Brants Bridge had a pharmacy – become a one-stop shop
- Timings of services – only 8-8
- Speed an urgency of services to support patients' needs e.g. a patient
 - who is deaf
 - that speaks a foreign language
 - that requires support in a mental health crisis
- Not having to repeat your medical history – access to patient records

Has anything stopped you from using NHS 111, Walk in Centre, Minor Injury Unit or Urgent Care Centre in the past? If so, please tell why.

- Brants Bridge because transport is poor and Sandhurst people don't know where that is so they go to Frimley
- Mental health – more understanding amongst professionals
- Lack of knowledge about NHS 111 – is it local clinicians? Can they see your notes?
- Hours of Urgent Care services Brants Bridge service – 8am – 8pm
- Interpreters needed at 111 to provide a speedier service – language barriers, hearing/visual impairments

What is working well in GP services that we can build on?

- GP bloods on site
- Extended hours – mixed opinions some say its good, others said surgeries need to know what surgeries are using extended hours. Need better communication of appointment and how to book these appointments
- Advertising – keep people/patients informed – things change but no one communicates this e.g. being able to book appointments online
- Ease and availability of booking and getting appointments – not only having to see your GP but be able to see anyone – GPs and patients need to be flexible some patients only insist on seeing a particular GP others are happy to be seen by anyone as long as they are seen
- Patients are happy to see other GPs at their surgery but they need to be told about this and be triaged in like at Brants Bridge
- East cote model works very well – hub model which is good within GP practices.
- Mental Health/Children's services – more needs to be available
- Surgery encourages you to practice first rather than 111 but if you have an urgent need you can't get an appointment on the day at your surgery – system failure
- Information sharing or records – extended access?

Other comments:

- Knowledge, information and signposting of what services are accessible needs to improve especially to help support carers
- NHS 111 be part of the education service – take it to schools
- Urgent care doesn't make sense to patients – need to use plain English – Everyday on the day service
- Staff shortages – Gov need to look at recruitment
- GP demand needs to adapt to population
- New technology – skype interpreters

Community Partnership Forum, Maidenhead

4 June 2018

13 attendees

We know from talking to patients that they often find it difficult to know where to go for urgent care or advice.

How do you decide which urgent care services to use and why?

- People felt they were informed enough to know where to go
- Need to set foundations for appropriate route of care
- Some people don't want to bother their GP
- People with communication barriers would find it difficult
- Professionals need more education around the local area
- Cultural issues could be a barrier
- Wording of the system is unclear and confusing – urgent care/ walk in

We want people to have access to the right advice at the right time. Some of the ideas we have for this involve increasing the number of professionals in the general practice team e.g. community pharmacists, paramedics and mental health practitioners.

If you were asked to see another member of the general practice team such as a paramedic or pharmacist how would you feel about this?

- People need to understand how roles have been broadened and understand in a wider context for them to feel comfortable
- Some people don't mind who they see as long as they can help with the issue at the time
- It would be ok if you have confidence in the professional you see
- Comms out to people when a new product is launched
- Experience to date hasn't been good, so I would mind.
- Others have had a good experience.

If you spoke to a doctor other than your own GP what would make you feel confident in taking advice from them?

- Providing up to date information
- To get appropriate person who provides right advice and is able to use equipment correctly e.g. a defibrillator

If a health care professional assessed you and said your care need was not 'urgent' and could be managed the next day, what would you do?

- Everyone's definition of urgent is different
- Confident if it was a paramedic

Other comments:

Has to be part of the bigger picture /system we all have a key part to play as you could enter the system at any point

We would like to understand peoples experiences of urgent care services

- A and E at Frimley experience is variable
 - Comments about long waits, poor environment, particularly the toilets and no ability to get a drink if you are on your own and not well enough to get one. Two people talked about this
 - Another comment that it is a great service

- Experience from one person that they had to have dressings changed after they had been to A and E and were advised to go to their GP who then told them to go to the Walk In centre where they were told that WIC was not the right place for dressings.
- Brants Bridge UCC – two people had experienced good triage here
- Need to promote that Brants Bridge can be accessed across borders
- One person said that they had been sign posted to the correct service by the reception staff which was really helpful.
- Out of hours is good
- One person said that on the day access is good at their practice in Bracknell and triage works well. A similar experience was recounted about on the day access in Cookham.

How would you feel about services being grouped together?

- It is important to have consistency of services and to be able to explain these to people. The standards should be the same whichever service you go to.
- There should be clear processes for particular conditions and these should be the same whichever service you go to (from a patient with a long term condition)
- There need to be flags in individuals notes about their special needs or long term conditions. Information needs to be shared between various professionals
- People need to be confident that their case is being held appropriately e.g. if they have called 111 and are waiting for a call back.

Types of services:

- There needs to be a facility for blood taking and analysis at the various urgent care entry points
- Specialist dementia support
- 111 equivalent for mental health – an urgent care telephone line to include social care
- There needs to be a facility for booking appointments for X-Ray and consistency in the type of X-rays and offered and the times that they are offered.
- Need paediatric/ specialist input into an urgent care facility
- Doppler and ultrasound scanning would be useful.
- Did not discuss best and worst locations – difficult as people were from different areas

Arbor Park, Slough

12 June

14 attendees

Understanding what urgent care services people might use if they had an urgent care need

- What service you use depends on time/day and issue you have
 - Lack of availability of on the day GP appointments means people do not go via their GP and instead go to UCC, WIC or Frimley as they know they will be seen. During the day people will use GP, UCC, WIC, MIU
- Out of hours – people will use OOHs or A&E

- System is confusing. Lack of knowledge of local services and what they offer to be able to make decisions

Use of technology websites/apps for urgent care advice

- Depends on situation
- Timing – is an app quick enough?
- Accessibility and ease of use - apps/websites can be confusing so they need to be done really well and be consistent
- Need confidence that they will work, e.g. ask the right questions and help answer the urgent issues, and they need to have the right level of local knowledge needed
- Live chat could be useful. Need someone sat behind an app for reassurance
- NHS 111 online needs to work properly and the right comms needs to be done to give the confidence to users
- There is still a preference for traditional phone and face to face – these should not be replaced:
 - Phone is less risky - Easier to pick up the phone and get the reassurance rather than use computer in an urgent situations
 - Face to face is always better and gives confidence and helps to stop worry.
 - People value reassurance – not a computer giving an appointment
- Technological knowledge and confidence - depends on the person – younger people more comfortable with using it than the elderly. The elderly would trust a telephone conversation

We want to offer the best care we can within the resources we have.

How would you feel about services being grouped together?

- Going to someone known to them with history of patient
- Preference is for the service to be local; a taxi ride away
- Walk-in is the first choice rather than GP. This is due to a better, more immediate appointment
- Education and communication on how to help themselves is key to preventing access to any medical services. Could there be a slogan to help people remember “talk before walk” = 111
- Expertise is also important if patient has a condition
- Bracknell Urgent Care is very good. St Marks is not highly rated
- There is a worry that services will be hard to get to/or expensive. A concern that Slough may lose access to Slough walk in centre
- Mental health services in Prospect Park now it has been moved is not local and worrying
- Crisis team does not have a good reputation
- A community centre Mental Health service locally, before it gets to crisis point, would be preferred (Hope college has done well)
- Counselling Services in GP is not the best place. It was felt an advice and support service separately would be better for mental health
- Some would prefer a “one stop shop” = health hub – health, social care and voluntary sector in one place
- Brants Bridge has a great environment, quick service, free parking, coffee shop

- Suggested a wellbeing centre in Slough town centre location, especially as redevelopment afoot. High Street community. A petition? For Slough residents
- Parking payments – walk in cheaper than other health sites and transport to and from can be an issue (frequency of buses). Wexham Park Hospital offer a weekly permit which is cheaper

Where might be the best/worst locations if services were grouped together?

- Transport links for a central location are not sufficient for patient to get into Slough Centre. There was a suggestion for a shuttle service
- Worries that people who can't get to central Slough will go to A&E instead
- Fears that health hubs would isolate people
- Hubs do not work but there should be local hubs to cover smaller areas
- One Stop Shops are good but you need to know what is wrong with you. One Stop Shops are usually specialised services
- Don't change what is working as this will have a knock on effect to A&E and GPs

What type of services would it make sense to have together?

- X-Ray, ECG and diagnostic services should be under one roof
- Some surgeries don't offer the same services i.e. phlebotomy and it means long waiting times at hospitals
- There are 3 surgeries in a ¼ mile that won't join. Resources need to be used more effectively
- Holistic models for prevention

Bracknell Open Learning Centre

15 June 2018

7 attendees

We want to offer the best care we can within the resources we have

How would you feel about services being grouped together?

- Communication and education to use right services
- Mis-information – using Google to diagnose
- Support to people going to A&E from Care Homes
- Use of UTC for treatment
- Perspective on Brants Bridge. Some may "overuse" when they should go to their GP first. Need to access by bus
- Need to keep GP practices on the estates
- Flexibility about consultations for carers – important making appointments in advance
- Want to see own GP for a LTC
- Needs diagnostic facilities
- Location, ease of access, public transport, parking

Where might be the best/worst locations if services were grouped together?

- Access primary importance. Public transport
- Use of GP for urgent care – particularly when far from UTC or acute A&E
- People learn through experience
- What do people consider is urgent. Varies so needs triaging
- Collapsing/falling – is this 999 or 111

What type of services would it make sense to have together?

- Urgent care, duty doctor
- People need to drive here to see a doctor, otherwise need taxi
- Vo. Case scheme but not same day
- Time factor – how long will we have to wait
- Positive views of Brants Bridge from those that have used it
- Brants Bridge could be enhanced with more diagnostics
- Public transport. Is a circular route, or route to centre
- To get to Frimley need to go via Meadows. Not good if an emergency!
- Taxi £35+ to Frimley
- Brants Bridge do x-rays but not the follow up. Need to do at Brants Bridge.
- Brants Bridge need plaster room to fix fractures
- Could consider putting UTC in/near sit – but not moving Brants Bridge

We know from talking to patients that they often find it difficult to know where to go to for urgent care or advice

How do you decide which urgent care services to use and why

Sandhurst

- Transport issues
- Quickest and cheapest route by taxi – Frimley for OOH and other urgent care
- Preference for “Circular” provision around services based on travel time
- 111 positive experience but “long and involved”
- Lack of digital use in elderly population eg. Lack of e-mail. Some use 999 as first port of call
- Query about discharges and how patients are allocated rehab in community hospitals
- Lack of knowledge about urgent care centres
- Differing experience of pharmacy
- Case of suspected appendicitis – GP → Brants Bridge → Frimley but good experience
- Some doubt about clinical competency of pharmacy
- 111 concern about wrong advice/length of waiting
- Sunday access for pharmacy – more information about local services being made available in each centre
- Concern that call handlers are not clinically trained and are just following a series of questions
- GP practice – some acceptance to see a range of clinicians but depends on feeling “Comfortable” with the clinician

- No use of online services and not keen on accessing healthcare digitally
- 111 – Use for work purposes to support when requiring more support
- Community psych nurse, home treatment team
- Positive experience of 111 personally
- Brants Bridge – positive experience except once when plastering had to be done elsewhere. Do they have a plaster room at BB? Poor experience of having only part of the service available
- Accessing primary care in the morning and waiting for a long call back can be frustrating
- Happy for a range of HCPs to contact them back, not just the GP, if it is prompt
- Digital – impediment in terms of access to equipment
- Following advice if told case is “not urgent” it would depend on who was giving the advice and confidence in that person.

Primary Care

- Good GP and reception staff
- Always would go to the GP first
- Telephone consultation positive
- Happy to use a range of staff

Limited digital use

- “Try to avoid the GP as they are overworked” so use pharmacy instead
- Confident in the reception staff
- Reception staff skills have improved

111

- Positive
- 111 → GP call → paramedic on scheme but good experience
- Negative but a while ago. Over weekend GP called back but brusque response
- Since you’ve updated it, it has been a lot better

Brants Bridge

- Difficulty in parking sometimes but very positive experience
- Some issues with public transport, having to go into town and back out. No direct route. Issue for young mothers and elderly.

If you have used NHS 111, a walk-in centre, minor injury unit or urgent care centre – we would like to know about your experience

What was good about your experience

Urgent Care Centre

- Good communication
- BUCC very good and referred to hospital from there
- UC – used a couple of times – been brilliant/amazing – seen immediately

- Medication given in an emergency (forgotten)
- Used as walk in and had appointments. Fast service, people nice
- Parking can be an issue
- New inexperienced staff

111

- 111 felt cared for , really good
- Side effects of medication – quick response, good advice

What could have been better about your experience

Urgent Care Centre

- Have had wrong advice from 111
- Questions are ambiguous – not always clear
- More signposting
- Better definition
- One number for triage
- Brants Bridge is not as accessible to patients in Sandhurst particularly if you don't have transport
- Long waits at Brants Bridge
- Don't get to speak to a clinician

Has anything stopped you from using NHS 111, Walk in Centre, Minor Injury Unit or Urgent Care Centre in the past? If so, please tell us why

- Probably wouldn't dial 111
- Have been to the GP instead of urgent care (cut finger)

What is working well in GP services that we can build on?

- Great GP – working in silos
- Specialist clinicians – investment in staff and services

Other ideas

- TV adverts (older generation tend to dial 999 rather than 111)
- Urgent Care centre should be 24 hour
- Urgent Care centre should be able to plaster
- Social Media
- Educating the country – different generations/different ways
- Brants Bridge parking
- EMIS (or similar) working well and efficient
- Share your care working well
- Conversation on document – quite lengthy perhaps not best for engaging public
- Sandhurst warfarin testing – currently have to take a full blood sample – hospital can do a simpler finger prick test
- Experiences of residential home patients very different to the experience of others
- OOH – home visit provision concerns, couldn't access notes. GP had to come out on the Monday
- Needs to be good communication about any changes

GP

- Urgent calls not always taken as seriously – present at the surgery
- Appointments: if there are none on the day appointments you can wait to see the duty doctor

Norden Farm, Maidenhead

15 June 2018

7 attendees

How would you feel about services being grouped together ?

- As a young Mum St Marks is central but can't prescribe anti-biotics for Under 2's.
- It is difficult to find out what they can and can't do for paediatrics at St Marks
- St Marks is limited at what they can do ie. a hole in the hand for three days would be sent to WPH
- St Marks is valued but has it's limitations
- Communication problem – we don't know what the limitations are
- If it was 24/7 it would take the pressure off A&E
- St Mark's is the first port of call
- St Marks is the right place as has good transport links
- Worst location would be Ascot for Maidenhead residents who have no car
- We need to be mindful of transport links
- St Marks had no access to ICE for blood testing
- Would like a one stop shop at the surgery for blood testing
- Need to educate people that they don't always need to see a doctor
- Confident that someone will be able to do the right thing for you at the surgery
- St Marks is good at taking blood when GP surgeries can't

What types of services would you want to have?

- X-Ray, blood tests, prescribing
- Pharmacists could do more – they can see if someone has an infection
- Could nurse practitioners keep a supply of meds and prescribe

How do you decide what urgent care services to use and why?

- Time of day and where you are and your ability to get somewhere
- NHS111 sometimes they have asked if I can get to say High Wycombe, Bracknell or St Marks. It is good to have a choice depending on how long the wait is
- St Marks don't see paediatrics. I googled and can't find out easily what services are available for paediatrics
- Not all surgeries have a nurse on duty all the time
- If I broke a bone I would prefer to go to St Marks than A&E
- It would be good if a nurse was available all the time to see people without an appointment
- A nurse could sit all day with no appointments. Perhaps cluster around a group of practices. We can do it here but you need a person who is skilled enough to do it
- For stitches would prefer a central hub

On Line – What are the benefits for using apps or websites?

- Too much information is not a good thing
- What about information that tells you where to go – options
- 111 skype or facetime may be useful
- Teleconsultation
- GP speaks to patient on the phone rather than going into the practice
- People with chronic conditions – monitor vital signs
- Elderly won't want to learn new technology
- 'Very happy with a robot'

If you have used 111, urgent care centre etc. what is your experience, what is good, what could have been better, has anyone stopped you from using it?

- Drainage bag problem – no equipment at the walk in centre to deal with it. Can advise you only
- What do you mean by urgent care?
- General feedback on WPH was excellent
- 111 tummy problem. Contacted GP surgery – good communication between services

What is working well in your GP surgery and what do you like that we can build on?

- We need to communicate what our services are
- Option with booking at St Marks OOH
- Happy to see a paramedic or mental health practitioner but would want there to be proper supervision so there is someone to ask if they are not sure or want a second opinion
- No-one knows everything about everything

If you spoke to a doctor who isn't your usual GP would you feel confident?

- Depends on his attitude
- If he listened
- Keen to see someone with the right attitude who can help you – doesn't have to be your own GP

If you rang 111 and they said care was not urgent and could be managed the next day, how would you feel?

- Example with baby – said they would call back in 24 hours. Outcome was went to GP the next day – one of
- Only if you don't feel dismissed
- If you feel you are getting worried ie sepsis only yourself can tell you this

Summary

- Information is not consistent
- Communication on what is available is not good. Information needs to be put out there
- Attitude of staff important

- Suggested we charge if someone goes to A&E when inappropriate
- Support for people with dementia - you can't leave them at A&E is a problem. Same issue at GP surgery and St Marks/KEVII – allow a carer to stay with them
- Really important to get across that respect is a two-way thing
- People make places not places make people
- Feel I can access care if I need to but big issue is paediatric care and knowing where I can go
- Brants Bridge should be shouting much louder for paediatrics. Would like something like that at Maidenhead. People want to know that one centre is different from another.

Lynwood Care Centre, Ascot

19 June

6 Attendees

Several people used Brants Bridge when problems were not severe enough for A&E, have option if it's a physical problem then go to BB if it's a mental health problem then they have separate pathways i.e. crisis team. No training given to staff to deal with anyone at BB for anyone with a MH problem. Any new centre/service we put in place needs to be able to deal with both physical and mental issues as being sent from one to another only adds to the problem and makes the service given seem worse.

Issue around the building at Brants Bridge seems to be underused as patients only go into one small area for urgent care centre, from the outside gives perception that the whole building is not used especially at weekends when other services/providers are not open.

GP extended hours service not at Brants Bridge but at boundary house would be a better idea to have it all on one place. Boundary house poorly lit sometimes especially winter months, not all users aware of where service is.

Older residents want to be able to see their GP if they have certain problems no one else. Perception from residents that you can't ring and speak to your GP for an appointment on the day as the GPs don't want to create a waiting list, can book online if registered on the day.

Concerns with mayor building development coming into the area, where will the people who live there go for a GP as surgeries are already stretched. Don't want several practices coming together to make a new GP centre older residents want to see their GP, a new joint hub might be ok with younger people who are ok to see different GPs all the time.

Extended GP changes with who uses service in areas of Bracknell some surgeries promote the service some don't

Low usage of evening and weekend appointments – could be due to location of afterhours in boundary house and elderly residents not able to go out alone. Have heard that it's a good service from users but no signage to service. Users 35-55 (working age) not actively offered at the surgery.

Brants bridge ideal location for any new services we are offering as parking is free.

Need to make sure that all locations of urgent care centres/services offer the same in all locations. As currently St Marks and walk in don't have paediatrics services but Brants Bridge does under 5. These services also need to be widely advertised either online or via mail/notice boards.

X-ray services need to be advertised as some users have found Brants Bridge will do legs but not hip. Users are unsure where to go so end up going straight to A&E as they feel they will be wasting time having to be sent there anyway.

Overall NHS 111 works very well, either they call you back or have been referred to other services. NHS 111 makes you feel you're not having your time wasted they are doing the running round for you. Navigated to correct place and time to be there, need to get information out to others, if had a good experience tell others if not tell us. Old views on 111 changed used to be some random person on street now more professional, clinical knowledge on issues not just reading off a script.

GP surgery use triage from doctors call patients back go through symptoms if issue they book appointment, need to use in all GP surgeries no need to talk to receptionist who doesn't know about medicine speak to someone who knows their stuff. Issue is this takes a GPs time out from seeing patients in surgery. Works well as long as call back is within reasonable timeframe (30 minutes) not left waiting for hours. This service only works for those not working or able to get to practices on the day if calls made in the morning and travelling to work they would then need to get back or find someone to take them there.

All patients to be told that they need to call GP at first instance if in normal working hours if unsure or where to go and 111 if outside gp opening hours. Surgery/ 111 can redirect patients if need be to A&E or urgent care centres etc. would need to ensure that reception staff are trained in where to go/what to do.

Patients find issues getting through to GP in early morning especially Mondays

Procedures are available in surgeries but not widely advertised, some services under used i.e. nurse appointments

Emergency eye casualty not widely known service, only knew of service as wife had been to KEVII eye clinic and saw sign. Taken in on a Saturday not long wait great service. Questioned if 111 referred to this service or if GP's did.

Negative case of using 111 neighbour had been to doctors 3 times got told nothing wrong, called 111 got told to go back to doctor called 999 got admitted to hospital for several days. Lady believes she should have gone straight to A&E, as a result she is now scared to go to GP in case they get anything wrong. Negative story effects users/friends/family. If she was to have a concern on the day likely to call 999 regardless of symptoms etc. Doctors in area she has no trust in even though she's only used once and not had a problem.

Worried about local services offered as new to area, receptionist attitude is main reason, told at main reception that they were unable to help with patient transport to hospital after doctor suggested getting x-ray. If receptionist doesn't care will the doctor?

Scared to get ill in case she needs to see a doctor and they won't perform a home visit. Even though never actually needed/requested a home visit.

Anything new needs to have advertising of what services are available in different areas across the CCG patch. If different services are available in Slough/Bracknell/Ascot etc

Look at where local services are placed and needs of those around or who might use the service. Routine appointments if needed transport need to be able to offer a service that's either local or can have transport available.

Need to have a balance of how people are going to get to service. If GP's will come to them or if they will have services that are local to users. Eg near retirement villages no buses available on route or in central location.

Use phone contact, iplato to reach users to inform them of services and other reminders etc. information on 111 routinely 3/6 months so that if new to the area and just registered they are aware of urgent care centres/GP surgery services etc. understand that some people may miss out if they don't have a phone but these will be minority and there are other ways of contacting these people.

Idea of using econsult as no age limit as long as confident using service, also no need for users to leave house good if not mobile.

Old Court Fire Station, Windsor

29 June 2018

4 Attendees

At this meeting we went through the presentation and had a group discussion around the questions.

How people access urgent care:

- Young person would Google where to
- Elderly would use emergency services if they had urgent care need
- Where you go depends on the person and situation e.g. someone go through a mental health crisis will use the emergency services
- Hard to know where to go as there seems to be a lot of pressure put on you not to use services
- Parent said – always use 111. The questions are too long and there is a long period of time between calling and getting an appointment
- More education on the services available in schools needed
- Homeless community doesn't want to go to hospital and sometimes they need to go
- Waiting times put people off accessing services especially if they are vulnerable

How do people feel about seeing someone other than your own GP or another healthcare professional

- Would be great
- Depends on the situation
- Get people used to it not having to be a GP
- Perception is things will only get done if you see a GP
- If you could have a triage service in practices that would be good
- Experiences count if you had one bad experience seeing another professional you won't want to see that person again
- People like continuity and seeing same person. They don't want to repeat their story.
- Anxiety is on the rise and seeing the same person is important
- Title of healthcare professionals is important. You always want to speak to the boss if you want something done – same with your GP
- Confidence in the person you are speaking to. The manner of how healthcare professionals speak to you is very important. If messages are communicated well then patients will listen to the advice.

There was a discussion around what could be improved in general practice:

- Clinical systems need flags on patients e.g. vulnerable adult, patient has autism, patient has an addiction, that way the receptionist should try to accommodate this person being seen.
- Waiting times can be utilised better e.g. while a patient is waiting you can upload what it is you are there for so the GP can see it
- Improve online services e.g. be able to access results
- GP appointment allocation if you don't get through by 8 o'clock there will be no chance you can get seen that day
- Have more facilities in waiting rooms e.g. blood pressure machines

Using apps/website to access advice:

- Skye would be good as you can see someone face to face
- Technology to monitor long term conditions

Experiences of using urgent care services:

- Names of the urgent care centres are confusing they all need to be called the same thing. Didn't know St Marks was a walk in service.
- They all need to offer the same services and be open the same time
- Need a walk in centre in Windsor as there isn't one
- Urgent care sounds someone needs to be referred to a service

Services being grouped in the community:

- Utilise services like Red Cross, St John's Ambulance more
- Need local hubs for accessibility
- 'Wouldn't it be lovely to go to one place and everything that you need is there'
- Travel needs to be considered
- Can we have more people out in the community what do home visits?

Weekes Drive, Slough

3 July 2018

8 Attendees

Comments from the group:

- Depends on the nature of illness
- Depends on time
- Would try to see GP otherwise call 111 or Slough Walk in Centre
- Community pharmacist at my practice is good – they sit with you longer than a 10 minute GP appointment
- Urgent care means different things to people
- Didn't know Slough had an Urgent Care Centre – Misunderstanding amongst PPG groups some have said the Walk in Centre is shut.

- 111 need to communicate with A&E when they are refereeing patients – feeling of getting seen quicker if you use an ambulance.
- Pharmacist to advise on some illness and also prescribe standard medication. Save the need to see a doctor if had the medicine before or is standard prescription (antibiotics etc.)
- Communications around what services are available and when you should use them. A&E, Walk in centres – What is classed as urgent – Call 111 if not sure.
- Older people won't use modern technology youngster would pounce on the use of technology to get a diagnosis. Too much information is not always a good thing. Some people don't have access to the internet or phones with apps. Apps would take too long to load/use.
- 999 has experienced people on the phone who know what they are doing.
- Waiting room has too many posters; people don't look at them, TV on wall with moving images/videos people take this in more.
- Advertise training sessions/ urgent care sessions that can be provided to save people going to A&E when there is no need.
- Easy access to services – different opening times so more people can attend. Evenings/weekends
- Ok to see anyone within the surgery, nurse can tell more than a GP. Nurse can pass onto GP if case is urgent or they can't issue a prescription.
- "A Dr is a Dr". There is no difference in seeing any GP they have all done the same training.
- Doctor needs to read up on patient before their appointment to save you having to go through a long list of previous issues etc. this is why some people want to continue to see the same GP as there is no need to waste your appointment time going over old stuff.
- No problem being told that issue isn't urgent, wouldn't book appointments online as they are never available and by the time you have looked the phone appointments have also gone.
- Pharmacies should say if items are available without prescriptions, some items are cheaper than paying for the prescription- if using a free prescription some people may still wish to pay cheaper prices for things such as paracetamol to save the NHS money. Doctors shouldn't be able to prescribe things that are available in shops/pharmacies.
- Eye casualty, paediatrics, x-ray in same building so it would take the strain off Wexham x-ray etc. central location for a new hub – Upton is a better location in slough as it's off the high street. Does have a parking problem but this will be an issue wherever it goes.
- Bus is not suitable to use when ill
- Wherever the hub goes it's not going to suit everyone
- New unit needs to have good parking and also for communications to go out to all public to say what can and can't be treated there to save people having to go to multiple places to end up at A&E as they are the only ones who can deal with the issue. Lots of time wasting and money being spent on seeing people who shouldn't be there.
- Shouldn't have to see a GP to be referred. Online system?
- A&E and the walk in centre should be linked. One doesn't know what the others doing. People are being told to go from the walk in centre Slough to A&E and then having to wait again to be seen as A&E are not aware.
- Walk in centre Slough is excellent service and always seen even if the wait is long at times.
- Had to go to A&E when walk in centre couldn't get a splinter out as they don't have the resources. Advertisement of services would have been better as would have gone straight there and saved the hours waiting.
- Nothing has stopped me using urgent care services available – just haven't needed to use them.
- Complex case management- same DR on regular basis, phone no to see DR if needed.

- Ramp at Farnham Road needs to be better – cant access on my mobility scooter
- More nurses in GP surgeries – these appointments then need to be advertised /offered so that they are used.
- Other members of the team to deal with different issues to save the need to use a doctor. deals with medicine queries
- Receptionist improved at Farnham road surgery, need to make sure that all receptionists are trained the same way across the CCG and are all aware of what services are available and when. One practice giving different information to another.
- Blood tests always on time at Farnham Road
- Extended access appointments are moving from Langley – where would people in Colnbrook go? Hard to get to other places in Slough from Colnbrook at least two bus rides away
- Extended access works well why are we taking it down from 4 locations to 1?

Easthampstead Baptist Church Bracknell

19 July 2018 – 18.30 – 20.30

16 Attendees

We know from talking to patients that they often find it difficult to know where to go for urgent care or advice.

How do you decide which urgent care services to use and why?

- Depends on the nature of illness
- Depends on time – if it is weekend I would not go to the GP
- What would you do if you have no one to take you or have someone with you?
- We were not sure if my mum was having a stroke or something else so called NHS111 first
- You have to have faith in services

If you had an issue that you felt was urgent what would you do?

- I would go to Brants Bridge
- Difficulty getting there for people who are not mobile
- Need to know public transport routes to get there
- You don't always have to see a GP, as a nurse or pharmacist could also help
- If you are not happy with the first response you could try something else
- We should charge people who DNA at appointments

What do you think the benefits and/ or downsides are to using websites or an app for advice about urgent care?

- Not everyone understands Apps
- Depends how confident you are using websites
- Depends on the speed of my internet

- Apps & Websites cannot take into account the personal touch – so what a person looks like, or sounds like
- Not being able to describe symptoms verbally may cause another set of problems
- Not everyone can afford to buy internet access
- Skype / Facetime could be an option
- I am too old to understand
- App would be useful for the following things: Waiting times, What should be expected before visit / surgery etc, to book or cancel appointments
- Lack of knowledge could be dangerous, just as too much reliance on what the internet tells you
- People with disabilities could struggle

If you have used NHS 111, a walk in centre, Minor Injury Unit or Urgent Care centre - we would like to know about your experience:

What was good about your experience?

- Brants Bridge Good experiences
- Brants Bridge - Prompt, polite, tell you who is who.
- NHS111 Good experience, efficient
- Using things like the lift can be difficult if you are not feeling well
- I would never use NHS111 again
- I tweaked my answers with as I didn't want an ambulance
- NHS111 supported me very well on the first occasion (5 Years ago) but recently I had a very bad experience
- Depends on the person at the other end of the phone
- I would rather they ask as many questions as needed to get me the right support
- Parking is free

What could have been better about your experience?

- Pharmacy could be useful to have at Brants Bridge
- Leaflets of where to go and when would be good
- GP would not come out after initial call to 111 then my condition escalated and I was rushed in as an emergency
- (SCAS work) Brants Bridge will not take patients after 6pm & they will ask if the patient is able to get home themselves before agreeing to take them
- Why is BB only open till 8pm

Has anything stopped you from using NHS 111, Walk In Centre, Minor Injury Unit or Urgent Care Centre in the past? If so, please tell us why.

- We can't go to Brants Bridge for X-Rays as GPs cannot refer
- We need to make better use of the resources we have
- NHS is not joined up
- If you have no transport it is very difficult to get to Brants Bridge, however better than Ascot
- Too many questions
- Out of area experience with pharmacist who failed to recognise symptoms of shingles

What is working well in GP services that we can build on?

- Difficulty when patients cannot get to OOH doctors
- Birch Hill good for Mental Health support
- Need far more Doctors and Nurses
- Useful to have education evenings
- Emails to GP to get prescriptions
- GP Online is great
- Appointment system is bad
- There has to be a variety of expertise

We want people to have access to the right advice at the right time. Some of the ideas we have for this involve increasing the number of professionals in the general practice team e.g. community pharmacists, paramedics and mental health practitioners.

- If you were asked to see another member of the general practice team such as a paramedic or pharmacist how would you feel about this?
- Positive experience
- Would feel happy to see
- I would want to know what skill they have
- Would they have access to my information / records?
- Pharmacy – varied experience depends on pharmacist

If you spoke to a doctor other than your own GP what would make you feel confident in taking advice from them?

- I don't care as long as whoever sees me knows how to help me
- Most don't seem to see a particular GP
- Communication is key, I need to know I am being listened to
- Would want to see own GP if long term condition
- Vital that whoever sees me can see my notes

If a health care professional assessed you and said your care need was not 'urgent' and could be managed the next day, what would you do?

- I would feel relieved
- I would need to be assured that I would be able to get that appointment the next day
- Need to have faith in their judgment
- It's about being given time
- Am I really being listened to?

We want to offer the best care we can within the resources we have.

How would you feel about services being grouped together?

- As long as they are accessible
- Timely intervention
- Need to be clear about what is provided
- Front door / Reception staff need to be clear about the services on offer
- There is a need for consistency

- Issues re transport
- Infrastructure needs to be in place

Where might be the best/ worst locations if services were grouped together?

- I would want the services to be near my home
- Skimped Hill have more buses per hour than Brants Bridge
- Parking will need to be taken into consideration
- Transport volunteers – good for pre-booked appointments

What type of services would it make sense to have together?

- Put the most commonly used services together
- Physio at minor injuries unit
- Plaster service – not helpful when no co-located at Brants Bridge
- X-Ray only in office hours – needs to be open over other time periods too