

# The 'Big Conversation'

## Transforming Urgent Care Services

### Engagement Report – August 2018



## Contents Page

1. <a href="#"><u>Executive Summary</u></a>	<a href="#"><u>3</u></a>
2. <a href="#"><u>Introduction</u></a>	<a href="#"><u>8</u></a>
3. <a href="#"><u>Engagement Process</u></a>	<a href="#"><u>10</u></a>
4. <a href="#"><u>Insights form local people</u></a>	<a href="#"><u>16</u></a>
5. <a href="#"><u>Key themes from survey</u></a>	<a href="#"><u>26</u></a>
6. <a href="#"><u>Feedback from current and potential future providers</u></a>	<a href="#"><u>36</u></a>

## 1. Executive Summary

NHS East Berkshire Clinical Commissioning Group held a 'Big Conversation' about urgent care services from 21 May – 6 August 2018. The purpose of this conversation was to understand from local people their experiences of urgent care and what matters to them when they have an urgent care need. The aim of this report is to provide the CCG with the findings of the 'Big Conversation' that will inform options for the future of urgent care.

We have kept records of all our activities during this period which can be found in the appendices to this document. The body of this report focusses on the main messages we have heard from local people.

As part of the 'Big Conversation' we had face to face conversations with people at public meetings, we visited community groups/ events, ran online 'Cover It Live' events and as part of the second phase ran a survey. In total we reached 2316 people - 5% of the CCG's population.

The 'Big Conversation' with patients and local people has provided the following key findings.

### 1.1 How do people decide which urgent care service to use?

Everyone's perception of urgent care is different and people will therefore make different choices.

People have told us where they go for advice on an urgent care need depends on the situation, and what time of day it is.

Most people wanted to see their GP first if they had an urgent care need in the daytime. However due to the difficulties of getting a GP appointment people use other urgent care services instead. 53% of survey respondents would contact their GP in the first instance and 49% said they would try an urgent care centre, 46% would try to contact NHS 111 if they couldn't get a response from other sources. Some of the community groups we have spoken to said they would contact services like NHS 111 and visit Urgent Care Centres, however for some language is a barrier.

Other factors which determine where people go include access to services and parking or wherever has the shortest wait.

84% of survey respondents said staff being able to help was very important, followed by the confidence that you would be treated the same day (76%) and availability out of hours (59%).

We know from previous engagement exercises we have done that patients find it difficult to know where to go for urgent care or advice. The people we have spoken to both face to face and the survey respondents have echoed this and said the system is confusing. There is inconsistency in what urgent care centres offer locally, they are all called different things which often confuse patients. They also told us there are too many points of entry and often end up being redirected from one service to another.

## **1.2 What are the benefits/downsides to using websites and apps for urgent care?**

People felt that apps and technology like Skype/Facetime could be useful, particularly if you had to show something to a clinician e.g. a rash. Live chat could also be useful, but these shouldn't replace other methods of contact i.e. face to face.

People have also told us that apps would be useful for booking/cancelling appointments, to check waiting times and to signpost patients where they could go.

Most people we spoke to would not feel comfortable or confident with using apps/websites. Face to face advice is the preferred method, as it gives people confidence and reassurance. Too much information on the internet is not a good thing. 'Dr Google' makes people feel more nervous and anxious.

Community groups told us there would be language barriers with using apps.

In many of the face to face conversations we had with older people, we heard that apps/online advice would not be appropriate for them if they had an urgent care need, but their assumption was that they would appeal to younger people. However, the two youth groups we visited in Slough told us apps are not easily accessible for advice, e.g. you have to unlock your phone to go to the app to access advice. They also told us they wouldn't trust an app, it removes professionalism as they want to see someone face to face.

In the survey we wanted to test this further and gave people a range of options of how they could access advice if they had an urgent care need and asked respondents how they would feel about using them. 24% of survey respondents said they would try an app if they couldn't get a response from other sources (other sources included a telephone call to NHS 111 or your GP practice, visiting an NHS site, or asking family or friends). 23% would try a live text chat and 27% would try video call e.g. Skype if they couldn't get a response from other sources.

We know that people would prefer to see their GP if they had an urgent care need, however they find it difficult to get a GP appointment so we asked how people would feel if they were offered a telephone consultation or online consultation at their GP practice. 59% of survey respondents favoured a telephone consultation if it was offered by their GP practice. 33% of respondents said they would be very likely to use an online consultation.

The overwhelming message was that although apps/online advice might suit some people, they should only be an option and never replace face to face interaction.

## **1.3 How would people feel about seeing another member of the general practice team such as a paramedic or pharmacist?**

People understand there is a strain on GPs and have told us they would support a multidisciplinary approach, however people need confidence and trust in their skills, knowledge and qualifications.

This was also backed by the survey where 65% of survey respondents are happy to see someone other than their GP. However they need confidence that the person they speak to is able/qualified to help with their issue, that the healthcare professional will listen and give

advice, and be able to prescribe. Otherwise patients will still have to see their GP, and they need to be seen on the same day. Access to medical records is also important.

32 survey respondents told us they wouldn't be happy if a member of the reception staff were to triage and decide who they should see. The people we spoke to face to face also said the same thing.

#### **1.4 Experiences of urgent care services**

The people we spoke to during the public meetings and when visiting community groups/events had used a range of urgent care services.

There was a mix of good experiences but also things that people felt could be improved.

##### **1.4.1 Brants Bridge, Bracknell**

People told us they are seen quickly, it is a good service to use when you can't see your GP, communication is good, parking is free and they do x-rays.

Things that could be improved include using more of the estate and offering more services e.g. onsite pharmacy, staff having access to patient records, an appointment system and to be told waiting time, staff attitude as sometimes patients felt that staff made them feel they shouldn't be there, transport links (especially for people in Sandhurst).

##### **1.4.2 Walk in Centre, Slough**

People told us it's a good service to have.

However, waiting times are too long, they need access to patient records, the triage system means you can wait for 2-3 hours and then be told to go to A&E, there is a need for more services e.g. pharmacy and x-rays, more staff, parking charges are too high and translators are required as language is a barrier.

##### **1.4.3 St Mark's, Maidenhead**

People told us they value the service and don't want to lose it as it's a central location with good transport links and they do x-rays. However people would like it to be open longer, offer more services e.g. stitching and paediatrics, and have access to patient records.

##### **1.4.4 NHS 111**

There was variable experience of NHS 111. People told us it has improved over the years, is efficient and available at all hours.

However there were mixed feelings about the service as people told us it depends on the person at the other end of the phone, waiting time for call back is too long, the questions they ask are too long which can make people feel more anxious, there needs to be more signposting, and more translators. People have also told us there needs to be more education around 111 to dispel horror stories.

## 1.5 Access to mental health

An overarching and recurrent theme around urgent care service provision was around mental health. Urgent care services need to be able to deal with both physical and emotional issues as being sent from one service to another only increases the problem.

People told us there needs to be more education, training and understanding amongst health professionals about how to deal with a patient who may be in a mental health crisis.

## 1.6 Grouping services together

The people we spoke to at the public meetings and community groups were largely supportive of grouping services together and having one stop hub models.

The services people would like to have grouped together are:

- health and social care
- within a GP practice setting people told us they would like access to paediatric services, x-rays, plaster, blood tests, physiotherapy, pharmacy, ECG and other diagnostics
- mental health and counselling services offered in a non-healthcare environment e.g. a mental health crisis service

Services need to be available for longer hours.

Bring advice/tips and signposting together in one place so it's easy to get information.

There was concern amongst those we spoke to that the existing Urgent Care Services would close, local people value their urgent care walk in service.

There was concern raised about grouping services, as more centralisation may limit people's access to services e.g. due to transport. Services shouldn't be more than a bus ride or short taxi ride away.

People told us the best locations for services would be:

**Maidenhead:** St Mark's. People in Maidenhead said the worst place for them would be Ascot.

**Bracknell:** Brants Bridge, Great Hollands (good transport links), Skimped Hill (has more buses per hour than Brants Bridge), Jennets Park (suggested by the parent group in Great Hollands as there is nothing currently in the area.)

**Slough:** has to be central so all patients can easily access the services. Alternatively, there should be something in each area of Slough e.g East, West, Langley etc

**Windsor:** King Edward

**Sandhurst** - should be no further than a journey to Frimley/ within 6 miles, Yately Health Hub would be good in terms of distance but not sure about public transport. In Sandhurst, people made the point that CCGs should work across county borders to find the most accessible place for the population. Some people in Sandhurst told us that they didn't know

where Bracknell Brant's Bridge was or they didn't have access to transport so they would go to Frimley Emergency Department if they couldn't be seen by their GP.

### 1.7 Summary of conclusions

- 'Urgent care' means different things to different people.
- The current urgent care centres we have locally are all called different things, opening times are all different as well as the services they offer. We need to do more communication about what services are available locally and when/what/where these can be accessed.
- Patients would prefer to see their GP first before accessing any other service, as they have built up a relationship with their GP and they feel the GP understands and knows them. However, they have told us they are happy to speak to other healthcare professionals, but they need confidence that the person they are seen by is the most appropriate person for their need and has the skills/qualifications to see them. To help increase confidence and awareness there needs to be more education about the range of healthcare professionals and what they can help with. They also want the reassurance they will be seen the same day, but also that the person can prescribe so that they don't then need to see their GP.
- During the day people will most likely try to get a GP appointment, however out of hours they want access to a system that has fewer front doors but where they would be directed to the right place the first time and give them quick access so they don't have to go to A&E.
- People have told us they would support more clinical triage. However they need confidence in the person who will be triaging.
- Healthcare staff need to access to medical records in order for patients to have confidence that the health professional understands their problem. Confidence and trust in the person treating them will stop patients feeling they need to go back to see their GP for a second opinion.
- Apps/website/video calls would be utilised but should never replace face to face advice. There is a place for apps as people told us they should be utilised more locally for booking/cancelling appointments, signposting to services that are available and what they can offer.
- People are supportive of grouping services together, but there is concern that a central place may disadvantage some people having access due to things like transport.
- With the current urgent care services on offer, people would like the estates to be utilised by having access to more services e.g. x-rays, pharmacy, stitching, and paediatrics so they don't need to be directed to the Emergency Department.

**The CCG is grateful to so many partners in practices, patient groups and the statutory, voluntary and community sectors, that encouraged people take part in the 'Big Conversation'.**



## 1. Introduction

East Berkshire CCG has an opportunity to re-design the way that urgent care services are delivered in the future. Our aim is to work with local people to design changes that make sense for the patients, communities and the tax payer. We therefore launched the 'Big Conversation' on urgent care services in May 2018 to seek the views of local people on existing urgent care services and what is important to them when they have an urgent care need.

We have taken the advice of the Consultation Institute, have worked with local partners and followed NHS advice to ensure our public conversations on these issues follows best practice.

The Conversation ran over two phases.

Phase 1 - From 21 May – 19 July 2018, the CCG launched its first phase of the 'Big Conversation' having face to face conversations with local people at public meetings and community groups/ events about what matters to them if they have an urgent health need or concern.

We worked closely with our local partners, including practices, local authorities, Healthwatch and voluntary sector organisations, recognising that they have access to networks and groups that we may not normally work with.

Phase 1 was supported by an ['Issues Paper'](#) which set out the context for the conversation and what we wanted to talk with people about. A Virtual Patient Panel worked with us before the launch of the 'Issues Paper' to the wider population, to ensure it was clear and accessible. Local clinicians and Healthwatch were also involved in the design of the Issues Paper through the Programme Board.

We targeted our approach to the conversations, recognising that some groups in the population make more use of urgent care services than the rest of the population. It was therefore particularly important to hear their views and we visited community groups and events to do this. However we also wanted to give the wider population the opportunity to have their say as anyone could have a need to access urgent care. We have kept records of all our activities during this period, which can be found in the appendices to this document.

We visited 19 community groups/ events and ran 9 public events. In total we reached 538 people through face to face engagement.

To help develop options of what urgent care services could look like in the future, we wanted to hear from local people about the following:

- How do you decide which urgent care services to use and why? If you had an issue that you felt was urgent what would you do?
- What do you think the benefits and/ or downsides are to using websites or an app for advice about urgent care?
- 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?
- What was good about your experience?
- What could have been better about your experience?  
What is working well in GP services that we can build on?
- How would you feel about services being grouped together? What type of services would it make sense to have together?
- Where might be the best/ worst locations if services were grouped together?

The second phase of the 'Big Conversation' ran from 10 July – 6 August 2018 via a survey. The survey was designed to test out with local people some of the things we had heard from the first phase of public conversations and reach a wider audience – particularly those of working age, who we understand are less likely to attend meetings. A Virtual Patient Panel worked with us before the launch of the survey to the wider population, to ensure it was clear and accessible. Local clinicians and Healthwatch were also involved in the design through the Programme Board. In total we have reached 1778 people through this survey.

We kept records of all our activities during this period which can be found in the appendices to this document. The body of this report focuses on the main messages we have heard from local people.

## 2. The engagement process

The first phase of local conversations ran from 21 May – 19 July 2018. We engaged with a total of 538 patients and members of the public.

For the second phase of the ‘Big Conversation’ we launched a survey, which ran from 10 July – 6 August 2018, it was completed by 1778 people.

We attended the CCG GP members meetings, where we spoke to 114 members.

We also hosted a provider event which was attended by 34 people.

We have a ‘Virtual Patient Panel’ which has 28 members. This Panel was asked to comment on the Issues Paper and the survey before they were released to the public.

The engagement process was designed to gather the views and experiences of local people via a series of public conversations which were set in the context of an Issues Paper. The paper can be viewed on our website: <https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/05/Issues-Paper.pdf>

Bulletins to update interested parties were produced at key points in the process (see [Appendix 8](#)).

The methods used to gather views of local people and stakeholders were:

### 2.1 Face to face public meetings

We decided to run meetings open to anyone who wanted to attend from our local population as anyone could need an urgent care service at any time. It was therefore not as easy to target discussions with specific populations as we could have done if the engagement was to support a specific pathway or service.

We know that the population’s needs and issues are different in each of our localities, and therefore we had conversations in each of our localities. The schedule of public meetings is set out below:

Date	Time	Venue	Attendees
31 May 2018	1-3pm	Sandhurst	30
4 June 2018	6.30-8.30pm	SportsAble, Braywick Road, Maidenhead, SL6 1BN	13
12 June 2018	2-4pm	Arbour Park, Stoke Road, Slough, SL2 5AY	14
15 June 2018	1-3pm	Bracknell Open Learning Centre, Rectory Lane, Bracknell, RG12 7GR	7
15 June 2018	1-3pm	Norden Farm Centre for the Arts, Altwood Road, Maidenhead SL6 4PF	7
19 June 2018	2.30-4.30pm	Lynwood Care Centre, Lynwood Village, Rise Road, Sunninghill, Berkshire, SL5 0FG	6
29 June 2018	1-3pm	The Old Court, St Leonard’s Road, Windsor, SL4 3BL	4
3 July 2018	7-9pm	Weekes Drive Community Centre,	8

		Tamarisk Way, Slough, SL1 2YN	
19 July 2018	6.30-8.30pm	Easthampstead Baptist Church, South Hill Road, Bracknell, RG12 7NS	16

The format of these meetings was a short presentation giving context of the conversation and then over an hour of world café style conversations.

The nine public meetings were attended by a total of 105 people.

We asked attendees to complete an Equality and Diversity Monitoring form. In total we had 67 completed forms from all of the public meetings. The responses can be viewed in [Appendix 1](#).

## 2.2 Discussions with community groups

We recognised that public meetings do not appeal to everyone, particularly the groups we traditionally do not engage with. We undertook an analysis of the population to understand which groups of people use urgent care services more or less than average and therefore could be most likely affected by any changes. The analytics can be found in [Appendix 2](#) to this report.

We also wanted to specifically talk to people with young families, as the Emergency Department analytics shows us that there were peak times when young children aged 0-9 and 10-19 were being taken to an urgent care service but did not receive any treatment or investigation, suggesting that they probably did not need to be seen in an urgent care setting. You can see this analysis at [Appendix 2](#).

We also made a proactive effort to engage with sections of the population we seldom hear from e.g. the Nepali community and young people. The groups/places we visited were:

### 2.2.1 Bracknell

Group	Target audience	Number of people spoken to
Great Hollands Parent Toddler Group	Parents of young children	9
Forest End Parent Toddler Group	Parents of young children	12
Sandhurst Nepalese Community Group	Ethnic group	38
Polish Saturday School, Holly Spring Junior School Bracknell	Ethnic Group	15
Bracknell and Ascot Patient Assembly	Practice patient representative group	21

### 2.2.2 Slough

<b>Group</b>	<b>Target audience</b>	<b>Number of people spoken to</b>
Slough Youth Parliament	Young people	12
Aik Saath (Youth Group)	Young people	36
Rise and Shine Asian Women's group	Ethnic group	32
Stoke Poges Mosque	Ethnic group	26
Asian Carers Women's group	Ethnic group	9
Slough Somali Integration Service Community Event with Thames Valley Police	Ethnic group	12
Khalsa Academy Sikh School Summer Family Fun Day event	Ethnic group	20
Holy Family School Family Fun Day event	Ethnic group	20
Meet and Mingle Family Fun Day event	Ethnic group	32

### 2.2.3 Windsor and Maidenhead

<b>Group</b>	<b>Target audience</b>	<b>Number of people spoken to</b>
St Peter's Church lunch club Maidenhead	Older people Parents of young children	20
Dementia carers group Maidenhead	Carers	8
All Saints Church Dedworth	Carers Parents	12
Muslim Prayer facility	Ethnic group	1
Maidenhead Carers Group	Carers	22
Windsor, Ascot and Maidenhead Patient Network Group	Practice patient representative group	11
Parent Carer Forum Royal Borough of Windsor and Maidenhead – June 2018	Parents Carers	38

The total number of people we spoke to at the various community groups, detailed above, was 406.

The format of the conversation was different with community groups in comparison to the public meetings. We were attending other people's meetings and in general had less time to have discussions. The same themes were covered but the flow was more conversational and because of this we asked questions in a different way to the public meetings. Some of the sessions were delivered in alternative languages.

Due to the nature of these events it was problematic to hand out equalities surveys but the target audiences are listed above.

### **2.3 Online discussion forums**

To ensure local people had the opportunity to have their say, we arranged two online 'Cover It Live' sessions for those who might not be able to attend our face to face meetings. This allowed us to ask people questions online and generate a discussion. These were evening sessions, on the following days:

- 21 June, from 7-8.30pm
- 27 June, from 7-8.30pm

Analytics from the 'Cover It Live' events shows we had 178 page views (total number of times people accessed the link and landed on the page). The total number of people that spoke to us online was 27: 13 on the 21 June and 14 on the 27 June.

We were not able to gather any equality information from people during the sessions.

### **2.4 Survey**

The CCG ran a survey on 10 July – 6 August.

The survey was designed to give local people an idea of some of the things that had already been fed back to us and test those views on a wider scale and reach a wider audience, particularly those of working age.

In total 1778 people completed the survey.

The CCG had the survey translated into a number of languages, these included Nepalese, Somali, Hindi, Punjabi, Urdu and Polish. A poster was also created to advertise in the languages that other formats of the survey were available.

There was one request for a paper copy of the survey.

### **2.5 Current and potential future provider meetings**

Current and potential future providers of urgent care services were also asked for their experience of what could make urgent care services work more effectively in the future. This was attended by 34 people from a variety of organisations on 13 June. Details of the organisations represented can be found in [Appendix 3](#).

We ran a provider event on 13 June. 34 people attended the event.

### **2.6 Local authority engagement**

The three local Scrutiny and Health and Wellbeing Boards were kept up to date on the process via a combination of presentations at meetings and the Bulletins. The Issues Paper has also been shared with them.

The local MP's for Slough, Bracknell Forest and the Royal Borough of Windsor and Maidenhead were also briefed and information was shared with them.

The engagement process was also discussed with the Health and Wellbeing Alliance of the ICS, which comprises of mainly locally elected members.

## 2.7 GP member engagement

The CCG runs monthly GP member meetings. Attendees include lead GPs from each practice and practice managers.

We provided a presentation update at each of the locality members meetings, as well as asking them for their thoughts and ideas on how we could engage with patients in the best way. The details of these meetings can be found in [Appendix 3](#).

Details and updates were also sent out via the CCG GP Weekly Bulletin encouraging practices to share the details with their patients.

## 2.8 Publicity and promotion of the 'Big Conversation'

The 'Big Conversation' phase one and the survey were promoted through the following media and channels:

- CCG website - a dedicated page including a video clip with the Chair of the CCG explaining what we are trying to achieve and the Issues Paper
- East Berkshire CCG Facebook and Twitter accounts, and partner organisation social media accounts
- CCG stakeholder newsletter
- Press releases sent to the local media
- Local Facebook groups
- Direct emails to the CCG stakeholder distribution list
- Direct emails to local community groups via Slough Council for Voluntary Services, WAM Get Involved and Bracknell Involve distribution lists
- Attended the following meetings to promote the 'Big Conversation':
  - One Borough Meeting – June 2018 with 18 attendees (Royal Borough of Windsor and Maidenhead Local Authority meeting)
  - Bracknell Forest Council Community Cohesion Group – June 2018 with 13 attendees
  - Slough Thames Valley Police Independent Advisory Group (IAG) – June 2018
  - Slough PRG group - June 2018 (Patient group representatives from GP surgeries in Slough)
  - Bracknell Patient Assembly – June 2018 (Patient group representatives from GP surgeries in Slough)
  - Windsor, Ascot and Maidenhead Patient Network Group – June 2018 (Patient group representatives from GP surgeries in Slough)
- Partner websites
- GP practices were sent copies of the poster to put up in surgeries, as well as press release to share on their websites
- Posters were posted and delivered to:
  - Pharmacies
  - Libraries

- Health Centres
- Local shops
- Community Centres
- Parish Council Offices
- Two radio interviews with BBC Radio Berkshire
- For the survey, GP practices sent out a text message to registered patients with a mobile phone

We also issued regular briefings to keep local people, elected members, staff, partners and providers up to date on the progress.

The bulletins and examples of promotion activity can be found in [Appendix 8](#).



### 3. Insights from local people

The detail of what people told us at each of these events can be found in [Appendix 4](#) and [Appendix 5](#).

Themes from conversations at public meetings, 'Cover it Live' sessions and community groups are set out below under the headings we used in the Issues Paper.

#### 3.1 We know from talking to patients that they often find it difficult to know where to go for urgent care or advice. We wanted to understand how people decide which urgent care services to use and why.

Major themes in these discussions were that:

- Everyone has a different perception of what urgent care means and will therefore make different choices
- The system is confusing and there is a lack of knowledge of where to go, what services are on offer at each location, how they can be accessed and what they can advise and support with. It was felt by the groups we visited that there needs to be more education about services. Three young people at the Slough Integration event told us they were not even aware of NHS 111 until they heard about it on the TV a couple of weeks before.

*“Slough Walk in Centre, Bracknell Urgent Care Centre...here is the problem they are types of Urgent Care Centres but called different things – no wonder people are confused about what they do and offer”*

- People told us that the first place they would go to for an urgent care need in the day time is their GP. However due to the difficulties in getting appointments, people use other urgent care services instead. Specifically, ethnic community groups we spoke to told us they would try to get an appointment with their GP first. They do access services such as NHS 111 and the Urgent Care Centres across East Berkshire, however for some language is a big barrier for them accessing these services.

*The Sandhurst Nepalese community told us:*

*“We rely on family to help us access services because of language. However, because a lot of the younger people work and have families it's a struggle.*

*The group also told us that they don't have many services nearby to access other than their GP and Frimley A&E. The group hadn't heard of Brants Bridge and wouldn't know how to get there.”*

When speaking to the parents at the Polish Saturday School, they told us:

*“Services like NHS 111 is only good if you speak English. There is a large Polish population in Bracknell that do not speak English and they have no knowledge of the services that are available”*

The Somali community told us they would call their GP during the day if they had an urgent care need, and if they couldn't get an appointment they would wait till the next day and call back. If they had an urgent care need when the GP was closed then they would go to A&E.

- Most of the people we spoke to were not aware that their GP practice offered extended access appointments.
- Some people we spoke to were happy to get advice and support from their pharmacist. One person said:

*"I try to avoid the GP as they are so overworked, so I use the pharmacy instead"*

- A number of people felt that there isn't enough education on the role of pharmacists and they are seen as 'pill people' - good for checking your medications and discussing side effects. However some people said that pharmacists just tell them to go to see their GP.

These are some of the other things people told us about why they go where:

- Access to transport determines where people go
  - Some people in Sandhurst told us that they didn't know where Brants Bridge was or they didn't have access to transport so they would go to Frimley Emergency Department if they couldn't be seen by their GP and they had an urgent care need
- Go where there is parking
- Go to whichever Urgent Care Centre has the shortest wait time
- A number of people told us they would avoid A&E as they don't want to sit and wait for a long time
- Parents in Bracknell told us they would call NHS 111 or go to Brants Bridge during the day and evenings.
- Young people told us they would use services such as Child and Adolescent Mental Health Services, New Horizons, St John's for support in a mental health need or crisis.
- It depends on the time of day, you use your common sense

We also heard that:

- We should start charging people that use the Emergency Department inappropriately
- There needs to be more publicity of NHS 111 as people have very mixed experiences. Since the service has changed there hasn't been enough publicity to try to dispel some of the horror stories and highlight the new improved service
- Receptionists in GP practices need more training on the range of services available so they can sign post effectively
- Online sources of support should be available to find out where to go and try to self-medicate

**3.2 We want to help patients identify and access services that are most suitable to their level of need. We asked people what they thought were the benefits and/or downsides to using websites and apps for urgent care.**

People felt that:

- Skype/face-time could be useful, particularly if you had to show something to a clinician e.g. a rash
- Live chat could be useful – but shouldn't replace other methods of contact i.e. face to face
- Extension to 111 service online would be good

Most people didn't feel comfortable or confident enough with the idea of using apps/websites to access advice about urgent care. People said to us:

- Face to face gives a patient confidence and helps to stop the worry which is important with urgent care. Apps replace the physical reassurance from having someone to talk to whether it be face to face or over the phone.
- Would they be quick enough? Could you trust an app?
- If you have an urgent care need would an app be the first thing you thought of?
- Technological knowledge and confidence varies person by person – not everyone knows how to use a computer or phone
- Too much information on the internet is not a good thing. 'Dr Google' makes people feel more nervous and anxious and think they have everything.
- Community groups said that there would be language barriers to using apps

In many of the conversations we had with older people, we heard that apps/online advice would not be appropriate for them if they had an urgent care need, but their assumption was that they would appeal to younger people. However, the two youth groups we visited in Slough told us:

- If you have an urgent care need then apps are not easily accessible for advice, e.g. you have to unlock it go to the app to be able to access advice.
- Could just use Google
- Wouldn't trust an app
- Removes professionalism – you want to see someone
- Storage issues on phone to download apps
- Data issues – what if I have no data and need advice?
- Video call with a doctor would be good

People suggested that apps/ online methods could be useful if:

- They could signpost to local services
- For booking/cancelling appointments, checking waiting times, advising on what you should expect before visit / surgery etc
- Checking your medication and being able to order repeat prescriptions
- For people with long term conditions to manage their conditions e.g. by being able to load blood pressure readings and the GP accessing this information

The overwhelming message was that although apps and online advice might suit some people in some circumstances, they should only be an option and never replace the opportunity for face to face interaction.

**3.3 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. We asked people how they would feel about seeing another member of the general practice team such as a paramedic or pharmacist or speaking to a doctor other than their own GP.**

People understand that there is a strain on GPs and have told us they would support a wider multi-disciplinary approach, however people need confidence and trust in their skills knowledge and qualifications.

People also told us:

- There was support for triage systems in general practice, similar to those in Frimley. Again people would require the confidence that the triage staff were properly qualified.
- If reception staff were to offer an appointment with another healthcare professional then reception staff would need to be trained on different roles and be able to communicate how these roles can support patients. If this were the case, people would be happier to see other professionals and not a GP.
- Having access to a range of specialists so you don't become reliant on one person would be a benefit
- Other professionals need to be able to issue prescriptions otherwise there will always be a default to the GP
- For some it depends on the situation e.g. those with long term conditions said they would rather see their GP for consistency.
- That patient notes need to be shared so that you don't have to keep repeating your story.

*"I am always told my records are available for the doctors to see, but then half the appointment is taken with them catching up."*

There was some recognition that services such as the Adult Integrated Respiratory Service for people with COPD provide care in the home so you don't have to go to your GP if you have an urgent care need.

People generally felt confident in seeing a paramedic.

*"I would not mind seeing a paramedic or a pharmacist if they were available. When my Dad was very ill, the paramedics were absolutely brilliant and I wanted to keep one in a cupboard at home to keep me calm!"*

People had varied experiences about seeking advice from pharmacists. Generally they would be happy to see a pharmacist if it was with regards to a medications query, but not for an urgent need or new diagnosis. There was a suggestion that pharmacists and other members of the team should be given an accreditation to deliver urgent care so that people could trust their advice in an urgent situation.

Patients at a GP practice where there are Clinical Pharmacists had some positive feedback:

*“Having a clinical pharmacist in my GP practice means I don’t have to wait around trying to get an appointment with the GP. The pharmacist takes time to review my medications and I have a longer appointment with the pharmacist, not a 10 minute one problem appointment.”*

*“Clinical pharmacists in general practice help educate patients and support them in managing their healthcare. It supports people to live their lives as best they can and helps prevent more serious illness.”*

Notwithstanding all of the above, there were some people who felt no-one else apart from a GP could meet their needs. Some felt “they wouldn’t be able to help in most cases” with their issue.

*“I go to the GP to see a GP”*

With regard to speaking to a doctor other than your own GP we heard that people are keen to see someone who is experienced and with the right attitude – doesn’t have to be your own GP. The most important thing is that they are seen and that the GP engages with the patient.

*“I am never see my named GP. I find it impossible to get an appointment so it’s okay to be seen by another GP as long as I get seen”*

Some told us they find talking to a doctor who doesn’t know them quite stressful if it’s a matter that their own doctor would have known more about.

*“You build a relationship with your GP and they know your history and can react to your emotions, and therefore it’s important to see your own GP.”*

*“My own doctor knows everything about me and I would have to tell someone new my issues – so no”*

Asian Carers Women’s Group – Slough

### **3.4 We asked people what they would do if a health care professional assessed them and said their care need was not ‘urgent’ and could be managed the next day.**

We heard that:

- Some would accept this, as long as they could be seen the next day. From experience people said the lack of GP appointments means that in most cases they would not be seen the next day so they would go to an Urgent Care Centre instead.
- Others would make their own judgement, and if they felt they needed to speak to someone they would go to an Urgent Care Centre.
- Some would feel relieved.
- People would be more likely to listen and not feel they needed to go to A&E if the health professional did not just tell them that their need was not urgent, but also gave advice.

A key message was that it depended on whether they trusted the person who gave them the advice.

**3.5 We wanted to better understand people’s experience of urgent care services. We asked people to tell us about their experience if they had used NHS 111, a walk in centre, a minor injury unit or an urgent care centre.**

There was a range of experience which is set out below by service.

**Brants Bridge, Bracknell**

<b>What is good</b>	<b>What is not so good/ ideas for improvement</b>
You are seen quickly	If they had an onsite pharmacy
Good communication	Timings of service its only 8-8
Short waiting times	The building seems to be underused. More use should be made of the estate and offer more services
Good parking and it’s free	Speed and urgency of services to support patients’ needs e.g. a patient <ul style="list-style-type: none"> <li>• who is deaf</li> <li>• that speaks a foreign language</li> <li>• that requires support in a mental health crisis</li> </ul>
They do x-rays	Not having to repeat your medical history – access to patient records
You are seen when you don’t have a GP appointment	Transport to Brants Bridge for patients in Sandhurst
Good transport links with Bracknell	Can’t go to Brants Bridge for x-rays as GPs cannot refer
	You don’t receive a follow up when you have been told you will
	An appointment system
	Parents told us staff can sometimes make you feel like you shouldn’t be there but with children you panic, especially first time parents, and you need reassurance
	Healthcare staff don’t listen to patients
	Waiting times – it would be good to get an estimate time you will be seen

**St Mark’s, Maidenhead**

<b>What is good</b>	<b>What is not so good/ ideas for improvement</b>
It’s in a central location	Timing of service – only open till 8pm
Good transport links	Not having to repeat your medical history – access to patient records
They do x-rays	Limited in their services; could offer more e.g. stitching (not just gluing, so you don’t have to go to A&E), x-rays, radiographer, paediatrics
People in Maidenhead value the service St	Offer paediatric services

Mark's offer and they don't want to lose it	
Staff are good	Name St Mark's Urgent Care Centre, people assume you need an appointment and not aware it is a walk in service
	Could be open longer

### Walk in Centre, Slough

What is good	What is not so good/ ideas for improvement
Good service to have	Waiting times are long
	Not having to repeat your medical history – access to patient records
	Should have a triage as you can wait for up to 2 or 3 hours and then be told to go to A&E for X-rays
	Need to offer more services including a pharmacist
	Should be able to book appointments
	Triage system
	More staff
	Parking charges are too high
	Operating hours should be extended
	Translators are required as language is a barrier
	Connections between services need to improve, especially CAMHS services

### NHS 111

What is good	What is not so good/ ideas for improvement
Has improved over the years	NHS 111 can be confusing – need better information, e.g. a patient had tooth pain, was referred to out of hours and then told it should be an emergency dentist
They talk through symptoms and provide advice to help self-care	Waiting time for a call back from a clinician is too long. (up to 6 hours not good when you have an urgent need; causes more stress and anxiety)
Provide right care at the right time e.g. by sending out paramedics	Questions are too long/ too many questions
Available all hours	More signposting
Efficient	Need more education on 111 to dispel horror stories
Depends on the person at the other end of the phone. There are mixed reviews about NHS 111	If clinicians did more home visits after a call to NHS 111. Not all patients can easily get to out of hours. One person said they called NHS 111 and the GP wouldn't come out after an initial call, the patient's condition escalated and was then rushed to A&E in an



	emergency.
	Access for people who speak different languages

*“Called NHS 111 on Saturday for young child, they made an appointment at Brants Bridge – was seen straight away. Was better than going to GP”*

Parent from Bracknell

*“Have called NHS 111 for asthma, accidents bumped heads, and suspected meningitis and cannot recommend the service highly enough”*

Parent from Bracknell

*“I felt suicidal and called NHS 111 – they were good and were able to talk me out of it. They calmed me down and were able to get me help”*

Young person from Aik Saath group in Slough

*“I was having an asthma attack and because I can’t speak English well my daughter was talking to them, but NHS 111 insisted on talking to me – I could not breathe or speak English, so it was very traumatic”*

Rise and Shine Group in Slough

### 3.6 Extended access appointments

A lot of people we spoke to had not had an experience of the extended access service. Most people didn’t know these appointments were available, and they had not been told about these by their GP practice. People told us they felt GP reception staff need to be trained to offer these appointments.

Many carers, parents and those who work said they would definitely use these appointments if they felt they had the opportunity.

There was confusion over the extended access appointments and out of hours appointments.

A patient in Ascot told us not many people know where Boundary House is (location for extended hours) and it is poorly lit making access to the building in winter and at night difficult. A suggestion was made that it would be better to have the services all in one place at Brants Bridge.

Patients in Slough felt having four locations was good, but only if GP reception staff advertised these more.

### 3.7 Mental Health

An overarching and recurrent theme around urgent care service provision was around mental health. People felt the current urgent care services are not well equipped for people

in a mental health crisis. Urgent care services need to be able to deal with both physical and mental issues as being sent from one service to another only adds to the problem, making the patient experience worse.

There was feedback that there should be more education, training and understanding amongst health professionals about how to deal with a patient who may be in a mental health crisis.

### 3.8 We asked what is working well in GP practices that could be built on.

The people we spoke to were registered with a number of practices and we heard a wide variety of feedback from people.

What is good	What is not so good/ ideas for improvement
Being able to have blood tests at your practice	Hard to get an appointment – not easy and lack of availability
Of those who have had an Extended Access appointment, they said they would well especially for carers or those who work	Communication – practices need to keep patients better informed. Services or things within the practice change but no one communicates this e.g. booking online appointments
Booking appointments online, prescriptions online	Extended Access appointments are not being advertised or offered to patients. Reception staff are the gateway to appointments but it's hard to get past them.
Birch Hill is good for mental health support	Practices need to be more consistent – use the practices that work well as examples of good practice
Education evenings work well and it would be good to have more	
There is a variety of expertise, e.g. clinical pharmacists, paramedics	

GPs always provide medication, e.g. paracetamol or antibiotics, but don't give advice on how you can better manage your condition e.g. self-care and prevention.

*“Medication and paracetamol is not always the answer”*

Slough Youth Parliament

### 3.9 We want to offer the best care possible within the resources we have so we asked people about how they would feel about services being grouped together and where might be the best/worst locations

*“Wouldn't it be lovely to go to one place and everything is there if you needed it”*

The people we spoke to were largely supportive of grouping services together and suggested:

- One stop hub models as it would be handy to have services in one place
- Grouping health and social care together would be positive
- Grouping together GP practices, paediatric services, x-rays, plaster, blood tests, physio, pharmacy, ECG and other diagnostics
- Some people raised concern about grouping services if it meant centralising things as they might have to travel further. They said that services need to be local for people with good transport links
- X-ray services need to be available in the community and be open for longer and not just office hours
- Mental health and counselling services should be offered outside of the GP practice in a central location e.g. a mental health crisis service
- Community services that pick up while you are on the CAMHS waiting list would be good
- Have mental health specialists/psychiatrists in schools
- Bring advice/tips and signposting together in one place so it's easy to get information
- Offer more befriending services in the community
- Eastcote community centre was cited as an example

People felt the best locations for services would be:

**Maidenhead:** St Mark's. People in Maidenhead said the worst place for them would be Ascot.

**Bracknell:** Brants Bridge, Great Hollands (good transport links), Skimped Hill (has more buses per hour than Brants Bridge), Jennets Park (suggested by the parent group in Great Hollands as there is nothing currently in the area.)

**Slough:** has to be central so all patients can easily access the services. Alternatively, there should be something in each area of Slough e.g East, West, Langley etc

**Windsor:** King Edward

**Sandhurst** - should be no further than a journey to Frimley/ within 6 miles, Yately Health Hub would be good in terms of distance but not sure about public transport. In Sandhurst, people made the point that CCGs should work across county borders to find the most accessible place for the population. Some people in Sandhurst told us that they didn't know where Bracknell Brant's Bridge was or they didn't have access to transport so they would go to Frimley Emergency Department if they couldn't be seen by their GP.

Generally people said that services need to easily accessible, parking available and that they shouldn't be more than a bus ride or short taxi ride away.

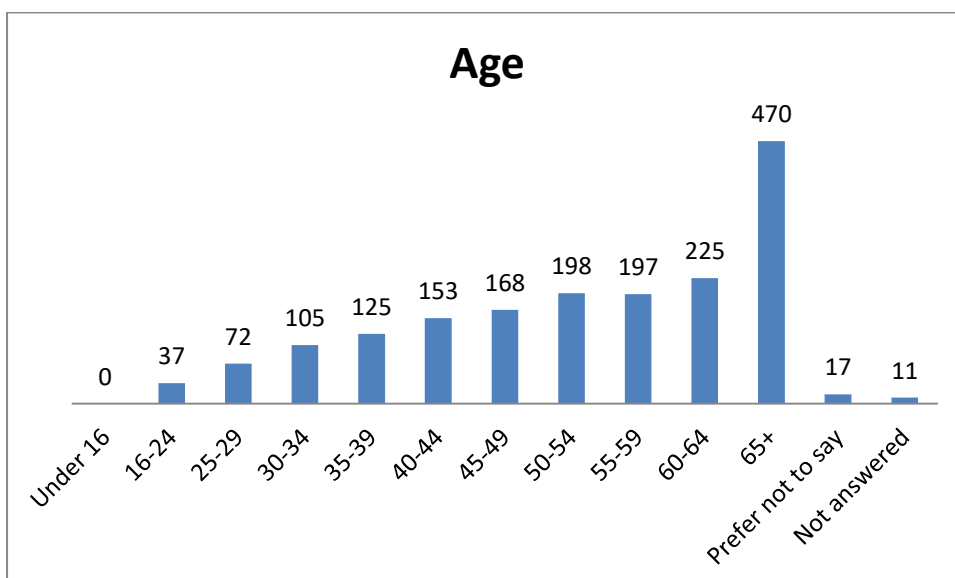
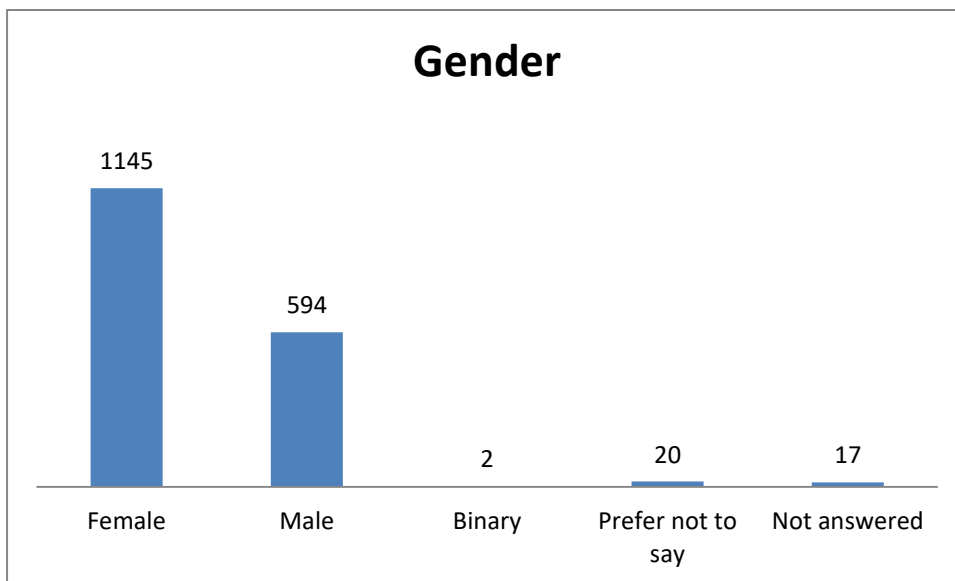
There was concern amongst those we spoke to that the existing Urgent Care Services would close, local people value their urgent care walk in service.

## 4. The survey

The purpose of the survey was two-fold. Firstly to elicit further information as a follow on from the conversations we had with people and secondly to reach people of working age who we had heard found it difficult to attend meetings.

1778 people completed the survey, which ran from 10 July – 6 August.

In line with our Equality and Diversity duties we asked respondents to complete some demographic information, so that we could understand which parts of the population we had heard from. This proved much easier to collect via survey than it had done with face to face engagement. The full set of demographic information is at [Appendix 6](#). Below is a summary.



The survey attracted a greater response from people of working age than the group conversations that we held.

Of the 1778 responses, 1126 identified themselves as English, 335 identified themselves as British. Other ethnicities people identified themselves as were:

- Scottish (31)
- Welsh (31)
- Irish (25)
- African (15)
- Caribbean (14)

178 identified themselves as having a disability.

578 respondents identified themselves as a primary carer for a child, someone with a disability or an older person. A further 121 people identified themselves as a secondary carers.

We asked respondents for the first 3 or 4 characters of their postcode so we could identify which area they lived in.

- 42% (736) of respondents live in Bracknell
- 20% (339) of respondents live in Maidenhead
- 11% (196) of respondents live in Ascot
- 9% (148) of respondents live in Slough
- 8% (134) of respondents live in Sandhurst
- 3% (53) of respondents live in Windsor

We also had responses from at least 5 people in each of the following areas: Camberley/ Guildford, Crowthorne, Marlow/ Bourne End, Reading, Virginia Water, Windlesham and Wraybury.

The response rates were higher in Bracknell than in any other geographical area. [Appendix 7](#) illustrates all of the promotion and publicity which was carried throughout the conversation and survey phase.

## 5. Responses to survey questions

### 5.1 Services used in last 12 months

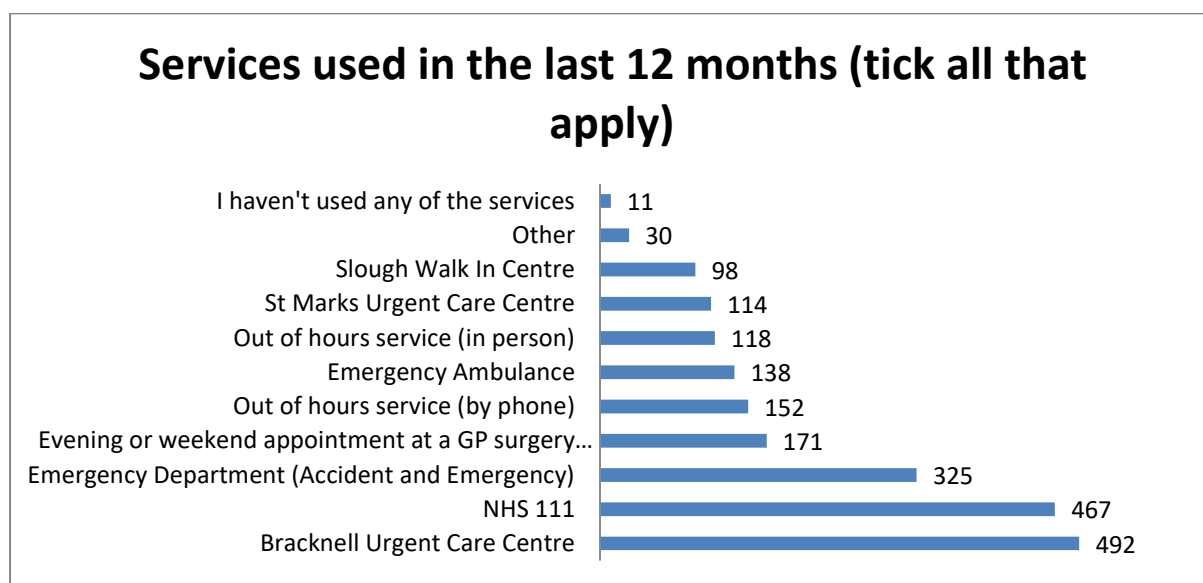
To understand more about people's recent experiences, we asked if they had used any of the urgent care services in the last 12 months. 968 (55%) out of 1778 people had recently used an urgent care service.

The 808 respondents that selected 'No' were directed to question 8, as the first set of questions focused on recent experiences of urgent care services.

**5.1.1 Which of the following services have you used in the last 12 months? Please tick all that apply.**

We wanted to know more about what services people have accessed in the last 12 months. We asked respondents to tick all of the services they have used in the last 12 months.

Of the 968 people that had used an urgent care service, these are the services they had used:



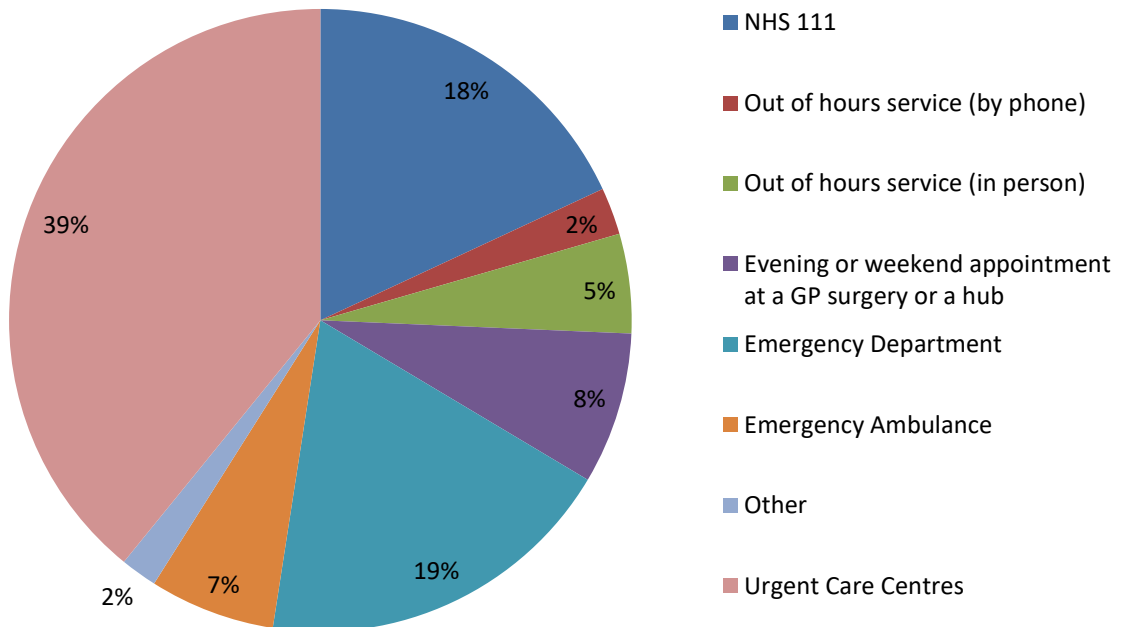
**5.1.2 If you ticked more than one service, which was the most recent service you used?**

To understand more about experiences of urgent care, we asked respondents which was the most recent urgent care service they had used.

There were 737 responses to this question.

The graph below shows the percentage of all of the services recently accessed. We have grouped the three Urgent Care Centres together. Of the 39% that had used an Urgent Care Centre recently (68% had used Brants Bridge), 16% had used Slough Walk in Centre, 16% had used St Mark's).

## Recent urgent care service used in the last 12 months



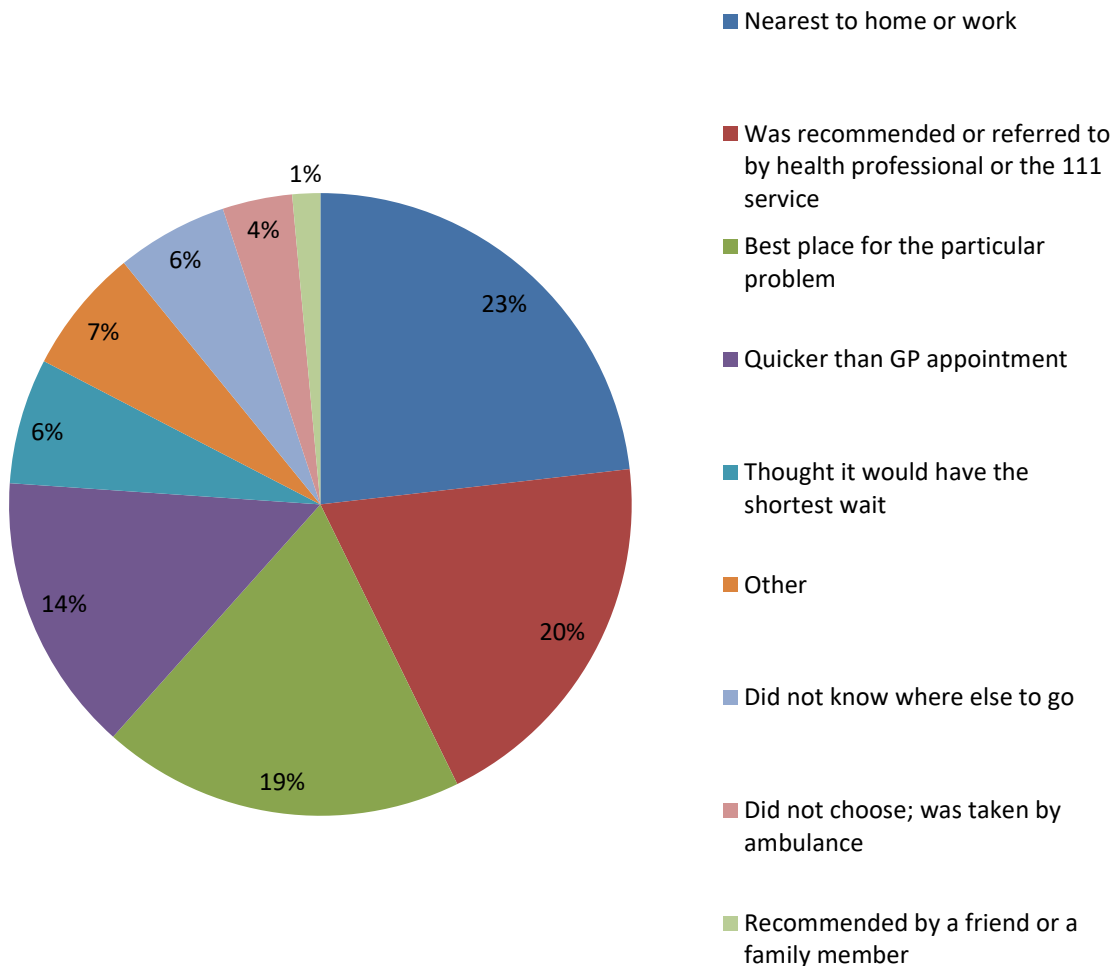
- 5 people said they had accessed multiple services for the same issue for example:
  - Called 111 which led to out of hours appointment
  - Called 111 referred to out of hours and they referred to Emergency Department (Frimley)
- 9 people said that they had accessed another service.

### 5.1.3 Thinking about your most recent experience of urgent care service (as ticked in the previous question), please tell us why you chose this particular service.

We then asked why people chose a particular service. A total of 950 people responded, respondents could tick one or more of the options presented. The graph below shows the % of each option based on the 950 responses.



## Thinking about your recent experience, please tell us why you chose this service?



94 comments were left to this question, people said:

Reason	Total
Bank holiday/weekend/early morning/evening	29
Referred by service	10
Couldn't get GP appointment	9
GP was closed	9
GP told me to go	8
Appropriate place to go	6
Emergency	6
Needed advice ASAP	4

Booked appointment	3
Didn't want to burden GP	2
Didn't want to go to A&E	2
Was away from home	2
Convenient time	1
Couldn't wait for 111 to call me back	1
Used it before	1
Wanted second opinion	1

#### 5.1.4 What was good about the service?

We asked an open question about what was good about the service they had used. In total 912 people commented about their recent experience. Things that people found good (all of the % below are based on the 912 people that commented):

- Speed of service 46% (the table below shows recent services used)

Service	Total	%
Bracknell Urgent Care Centre	107	36%
NHS 111	52	27%
Emergency Department	50	26%
Out of hours service (in person)	23	12%
St Marks Urgent Care Centre	21	11%
Emergency Ambulance	13	7%
Evening or weekend appointment at a GP surgery or a hub	12	6%
Slough Walk In Centre	11	6%
Out of hours service (by phone)	6	3%
Other	5	3%

- Professional/Experienced/Helpful Staff 30%
- Efficient treatment 14%

All other comments can be found in [Appendix 7](#).

#### 5.1.5 What could be improved?

We asked an open question about what could be improved. There were 788 responses to this question. This is what people told us could be improved about their recent experience.

(The below % are based on the 788 people that commented)

- Nothing (57%)
- Waiting time (20%)
- Healthcare staff having better knowledge/understanding of problem (17%)
- Attitude of staff (10%)

All other comments can be found in [Appendix 7](#).

## 5.2 Making decisions around urgent care

Previously people tell us they are confused by the range of urgent care options available, as well as not knowing what these services offer, where they are and when they operate.

The below set of questions were asked to find out more about what services people would use if they have an urgent care need/concern and how patients would prefer to access urgent care services.

### 5.2.1 Below are listed some ways of finding information about what to do if you had an urgent health need. Please tick, against each, how you feel about using them.

We provided different options of how you can seek advice if you had an urgent care need and asked people to tick against each option how they felt about using them. This is what people told us:

1778 people responded and this is what they told us:

- 53% would think of contacting their GP in the first instance
- 33% would call NHS 111 first, 46% would try this if they couldn't get a response from other sources
- 28% would try an urgent treatment centre first, 49% would try this if they couldn't get a response from other sources
- 19% would Google or use another online search engine
- 17% Ask a family member or a friend
- 7% would use an app
- 4% would video call e.g. Skype
- 4% would use live chat

397 people added open text comments. Below are the main areas where people commented:

- It depends on the situation (11%)
- 111 negative comments (10%)
- Access to GP appointment (10%)
- Better communication on range of services available (9%)

“I like to think I am capable of using the most appropriate route for urgent healthcare needs if they occur. A lot depends on the time of day/night and severity of the injury/symptoms, as these factors would be central in my decision making process.”

“I am not keen on using 111....! I don't have good experience with them! They have to use this boring unrelated set of questions and they are very rigid about it!”

“Just make doctors more available. Three weeks' wait or more to see a GP is NOT ACCEPTABLE. It really isn't rocket science.”

[Appendix 7](#) provides details of all comments received.

### 5.2.2 If you chose to contact the NHS via telephone or online first before being seen in person, what would be important to you about the service?

We wanted to know what would be important to people if they were to access advice via telephone or online. We provided some options using what we had already heard from the conversations in the first phase.

The results show that speed of response and being directed to the right service were the most important to people.

The other options varied in how important people felt they were.

<b>Being directed to the right service to treat you</b>	
Very important/Important	97%
<b>Speed of response</b>	
Very important/Important	96%
<b>Having access to a variety of professionals</b>	
Very important/important	88%
<b>Having access to your records</b>	
Very important/Important	83%
<b>Dealing with your special requirements/language needs</b>	
Very important/important	51%

There were 191 additional comments. The highest numbers of comments were about:

- staff need to be knowledgeable, medically trained and not follow scripts
- services need to direct patients to the right place first time
- access to medical records
- staff need to communicate clearly, as well as listen to patients

### 5.2.3 What would you do if you had an urgent care need? Please choose in order of preference (1st, 2nd and 3rd choice).

We asked respondents to rate what service they would use if they had an urgent care need.

908 people out of 1778 said they would try to get a GP appointment first, followed by calling NHS 111 (329), and then going to an urgent care centre (264).

There were 147 additional comments:

43 people commented that the choice they make depends on what the issue was and 22 said it depends on what time of day it is indicating that some people have knowledge about services and make their own decisions. It is not possible to suggest from the survey whether health care professionals would regard these as the optimum choices.

#### **5.2.4 If you had to visit somewhere for your urgent care need what would be most important to you?**

In terms of making a decision about where to visit, the most important consideration was that the staff would be able to help (84% said very important), followed by confidence that you would be treated in the same day (76%) and then availability out of office hours (59%). This was closely followed by whether the service had access to a range of professionals (57%).

Lesser but not insignificant considerations of the options given were:

- 49% whether it has a range of services
- 48% How close it was to home or work
- 42% whether there was parking
- 39% length of time you have to wait
- 33% be able to book a time slot
- 13% whether you could access it on public transport

Significant 'other' comments related to the attitude, competence and confidence of staff.

#### **5.2.5 If you were expecting to see a doctor for urgent care, but you were redirected to see one of the following health professionals, where it was appropriate to your level of need, how happy would you feel? (E.g. if you tried to book a GP appointment and the receptionist says that a nurse, community pharmacist or paramedic is the best person to help)**

During the first phase of the conversation we asked people how they would feel about being redirected to seeing someone other than their GP. From these conversations people understand that there is a strain on GPs and have told us we need to make them more aware of what other healthcare professionals can do and increase confidence and trust in their skills, knowledge and qualifications.

We asked survey respondents how they felt about seeing another healthcare professional instead of their GP and they told us:

89% would be happy to see a paramedic or nurse as long as they get seen and the person could help with their particular need, 81% would be happy to see a physiotherapist and 75% would be happy to see a pharmacist.

Additional comments in relation to the scenario in the question, which was if you tried to book a GP appointment and the receptionist says that a nurse, community pharmacist or paramedic is the best person to help, 32 people said they wouldn't be happy with a receptionist deciding on who they should see and questioned whether receptionists would be qualified to make this decision.

### 5.2.6 How likely would you be to use the following appointments at your GP if they were available?

We wanted to know how people would feel about accessing GP appointments in other ways if they were available. 87% selected said they were very likely/likely to take up a telephone consultation, 62% selected very likely/likely to take up an online consultation.

We asked all respondents if they had anything else to add at the end of the survey. Respondents told us telephone and online consultations would be okay but if it was appropriate.

*“Think technology having access to GP records and being able to have Skype appointment would work for some but not all.”*

Others commented face to face support and advice was important:

*“Online consultation would be very impersonal. The medical practitioner would not be able to 'hear' how the patient feels and could be difficult for the patient to express their concerns, issues, anxiety etc.”*

Other comments included lack of GP appointments, more communication and education needed for patients on the range of services available and what they offer.

A full breakdown of all of the survey question responses can be found in [Appendix 7](#).

## 6. Feedback from current and potential future providers

Current and potential future providers of urgent care services were also asked for their experience of what could make urgent care services work more effectively in the future at an event attended by 34 people from a variety of organisations on 13 June. Details of the organisations can be found in [Appendix 3](#). A different set of questions were posed at the engagement event. The questions and answers are set out below.

### 6.1 How can the pressure be better alleviated?

- Educating the public and changing their mind-set and behaviours
  - Education Emergency Department is not a 'one stop shop'
  - Self-care and prevention to better manage conditions
  - Query patients journey to signpost/redirect patient to appropriate services NHS 111/ urgent care centres
  - Promote the events of registering with primary care
- Review 'free access' to services
- Increase telephone capacity in general practice
- Parents with young children
  - Offer post school paediatrics service
  - Support young mothers who want face to face advice
  - Paeds- school nursing and health visitor education, to increase support and confidence
- Help manage the walk in patients who choose to sit and wait in ED/UCCs
- Develop a new model of care – Risk management, continuity of care, build trust. This would develop urgent care into a more transactional model
- Help manage differences in care due to differential access to the full patient record

### 6.2 How can patients with a low level need be better managed?

- Increased management in the community (although difficulties in workforce)
- Prevent unnecessary patients attending ED – while some are discharged straight away, some are admitted due to the 4 hour wait
- Develop a stream in services specifically to see patients with multiple conditions
- Develop a service for children with mild ailments – these are children whose parents should be calling for advice, but are not using 111, or who default to ED attendance due to convenience
- Increase basic investigations and services available in UCC and ambulatory care e.g. x-rays, repeat prescriptions
- Increase throughput of frail / elderly to BHFT services (e.g. falls service) rather than ED, where their attendance is unnecessary
- Develop a listening service and other non-traditional roles to manage low level concern / issues
- Reduce the multiple single points of access currently



### 6.3 How can IT better manage patient care and support services?

- 1:1 patient facing care is the gold standard
- Increased use of Skype and other platforms for consultations. However, these only save the patient travel and are not beneficial in terms of time / access/ used for second opinions
- Health and social care use different platforms across organisations currently, with multiple IG issues – these need resolving before more widespread use
- A messaging service where patients can leave general health queries may be useful
- Text reminders for patients
- Community centre booths
- Telephone consultations with a range of professionals, not just the GP
- Provide online diagnostics
- Increase direct booking between services
- Inreach to nursing and residential care homes
- Expand the SCAS tech kit into care homes

### 6.4 How can workforce pressures be better managed? What collaborative opportunities are there?

- Increase numbers of healthcare staff in practices e.g. paramedics, nurse practitioners
- Fire & rescue service – Falls assessment, home assessments for unsafe conditions (e.g. clutter), fire alarm checks and identification of frail patients
- Community based geriatricians or GPs with special interest
- Utilise community hubs. Do we have the staff to manage them?
- Upskill care / support workers and HCAs, employ them in rotational posts across services with mentorship, although some concern regarding responsibility in the community falling to GPs who don't have capacity
- Develop a patient health plan in the community, overseen by their GP
- Increase partnership working across community, primary and secondary care
- System workforce planning
- Work permit across the system (passport) to identify staff skills and enable cross-organisational working
- Economies of scale in general practices
- Use extended teams – community centres and volunteers
- Support services to say no – will require a concerted effort and co-location of a variety of professionals
- Charging for DNAs List how much services cost and how many wasted appointments there have been
- Improving diagnostic access within community
- System wide agreement on workforce plan
- Development of 'provider alliances' to support retention of workforce and career paths
- Blend service barriers to reduce / remove false internal competition; focus on a workforce
- One locum market – valued locally, with a particular focus on social care



We also ran a survey for NHS staff and other health and care professionals. This paper will be updated once the survey comes to a close and we analyse the responses.