

**Urgent Care Pre-Consultation Engagement Feedback**

Discussion and questions put to members of the Patient Neighbourhood Group meetings.

1. **What do you understand by the term 'Urgent Care'? Have you ever had to contact a health service in Tameside & Glossop urgently? If yes, which service did you contact?**

**Feedback:**

- Urgent Care was described as any of the following, demanding an ambulance, unplanned need, care needed to prevent more urgent treatment needed. This could be delivered in primary care, in A&E or at the hospital or other settings e.g. Walk In Centres or GTD out of hours.
- Urgent Care is down to patient perception of care required to meet needs.
- If a patient has a chronic need the patient is best placed to decide if urgent care is required and where this can be met.
- Would probably use A&E if for a member of the family.
- A&E and hospital services are for more serious urgent cases and other urgent non serious cases should be accessible in community walk in centres etc.

2. **Accessing Urgent Care Services**

**What is important to you when accessing urgent health care? How do you prioritise the factors affecting your choice? If there is more than one option to choose from when accessing urgent health care services, what factors affect your choice of service / provider?**

**Feedback:**

- The way we access services depends on the circumstance and judgement call at the time.
- What treatment someone thinks they need and how easy it is to get to a service are key factors. Some patients in Glossop felt they are less likely to travel to Tameside Hospital when Stepping Hill is closer.
- Trust and confidence in the skills of the person treating them was seen as important with bad publicity and reputation cited as reasons for not using services.
- The way people use their local health services, as well as out of hours' emergency services, depends to some extent on how they feel about their GP. Where people feel that they are being criticised for their lifestyle choices, particularly relating to smoking, diet, alcohol and exercise there is evidence that they avoid regular contact with their GP and wait until a point of crisis before accessing health services.
- The use of additional services such as NHS 111, and out of hours was perceived to be low, as does people's confidence in using them.
- Often advised to use A&E especially if for a child.
- Some people said that they use A&E because 'gatekeepers' on reception at their GP practice made it difficult to get an appointment. There was a lot of discussion about people going to A&E because they were unable to get access to their GP when they needed it.

- Accessing the Walk In Centre in Ashton from Glossop (i.e. transport to and from) and the standard of service received once there were significant topics of discussion as to why people would choose to use A&E.
- People described when they had been to the WIC then had been sent to A&E - they said that they now go straight to A&E instead.
- Difficulty of getting to Ashton – number and frequency of buses, cost of taxis and parking.
- The challenges of getting from Glossop to Ashton if you need urgent care were raised as the same range of services isn't available in Glossop.
- A&E is not the best place to be sent with MH issue but no provision in Glossop for people experiencing a mental health crisis.
- Support around mental health and learning disability in urgent care could be improved. Some people feedback that A&E staff did not allow parents to support adults with a LD during consultations.
- There was a lot of discussion about waiting times at A&E especially about the waiting times after they had been seen by the triage nurse. An explanation about the processes taking place in A&E would help people understand why things take so long.
- Patients are not always aware where they can go and how quickly they will be seen.
- Practices and front line services need to know how to signpost patients to ensure their need is met and consider access to services e.g. extended access hub and what hours they are open this is widely known. If the need is related to a specific condition the patient is the best person to decide what needs to happen and when.
- The majority of people said that communication with the general public was key to ensuring that people understood the services available and how they could access them. Some of the suggestions include: information on the radio, leaflets through each door, public broadcasting and more information being given out at the GPs.
- Having volunteers based in the hospital who can help out including giving out information about services available in the community.
- Is there value in putting up a list in A&E to refer people elsewhere and gives examples of costs to services e.g. the antibiotic advert.
- Do patients need a mobile phone app that enables them to navigate the services / system?

### 3. Expectations of Urgent Care

**What do you expect from services when you have an urgent care need? What do you think is currently working well in urgent care in Tameside & Glossop? How can we improve urgent care in the future?**

#### **Feedback:**

- Positive feedback about pharmacists often able to gain some urgent non serious advice from pharmacists and find the private consultation area good.
- Positive experience of out of hours service although initially unaware it existed needs more publicity – limited awareness of OOH.
- Weekends and 'out of hours' service needed. More inclined to use local services and not go to A&E. Help to stop the stress of going to A&E.
- Many people would rather be seen locally than go to hospital if appropriate.
- NHS 111 – Felt not enough publicity.

- Wanted staff to be more approachable. It was felt that the people providing the care need to be appropriately skilled both in the treatment itself and also in dealing with the individual/their carers and family who may be vulnerable, have difficulty understanding or just be scared.
- Separate paediatric unit. Ensure that there is a service and different waiting room for children in the evenings.
- Want consistency – to see the same practitioner
- Want those treating to have access to clinical notes.
- Need to improve access to mental health support outside of the hospital.
- A Learning Disability liaison or link person to support the parent and the patient. The role could look at the wider picture, social, emotional and psychological.
- Improve accessible to hard of hearing patients.
- Need to reduce the fact people have to keep repeating their story
- Have a system (consent) which allows family to represent other family members during medical appointments
- Adopt a more holistic approach to health. Able to access a range of voluntary groups/services and support groups
- More integrated service between social services and GPs and social prescribing.
- Walk in Centre 7 days a week (6) (staffed by GP surgeries working together)
- A seamless provision across Glossop and Tameside
- Should include one stop information and advice about local services
- Information points in GP surgeries
- Effective prescription service
- Improved public transport links to hospitals
- Queries about confidence in health services delivered within the community rather than going to hospital. Would be confident if knowledgeable about what services are available locally. If they had a good triage system.
- George Street clinic is a wonderful resource but currently underutilised.

### Local Design Group Feedback

A stakeholder group was convened involving representatives of the following groups to discuss the model of a single point of walk in access at the hospital and Neighbourhood Care Hubs where appointments could be booked.

Organisation/Representing	Type of Organisation / Representing
T&G ICFT Council of Governors	Veteran
Hyde Bangladesh Welfare Association	Bangladeshi Community Group
Infinity Initiatives	Support homelessness, substance instance, financial and debt problems, isolations, loneliness, anti-social behaviour victims and perpetrators
Anthony Seddon Centre	Peer-led community mental health project
Greystone Housing Group	Homelessness
Change, Grow, Live	Provides help and support to adults, children, young people and families. Services cover a

	wide variety of areas including health and wellbeing, substance use, mental health, criminal justice, domestic abuse and homelessness.
Adullam Homes	
Glossop Practice Neighbourhood Group	GP Registered Patients
Stroke.org	Support for people who have had a stroke and their family and carers.

The group considered what the difference was between Routine, Urgent and Emergency needs and where they would go for help.

<b>Routine:</b>	<b>Urgent:</b>	<b>Emergency:</b>
<ul style="list-style-type: none"> <li>• GP</li> <li>• Pharmacy</li> <li>• Community Hub (Rossendale)</li> <li>• Manchester</li> <li>• Nurse (and Practitioner)</li> <li>• Pop up</li> <li>• The hospital for a routine appointment</li> </ul>	<ul style="list-style-type: none"> <li>• GP</li> <li>• Walk-In- Centre</li> <li>• A&amp;E</li> <li>• Would ring 111 if unsure whether urgent or an emergency</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• A&amp;E</li> <li>• Police</li> <li>• GP Practice</li> <li>• Depends on the emergency, e.g. Mental health issues are better dealt with at the Sanctuary</li> <li>• WIC for urgent prescription</li> </ul>

Factors that would influence choice were:- opening times, access, convenience, distance, waiting times and past experience. People said, if there are no GP appointments they would go to the WIC and if A&E was full they would go to the WIC.

A range of scenarios for urgent care were discussed all of which included:-

- A single walk access location at the hospital seven days a week.
- Appointments that could be booked through the GP, Out of Hours and eventually NHS 111 at the hospital site.
- Appointments that could be booked through the GP, Out of Hours and eventually NHS 111 at a hub in the neighbourhoods.

The scenarios differed in the number of neighbourhoods that would have hubs where appointments could be booked and the times that the appointments could be booked.

People were asked to consider a range of factors such as coverage across 7 days, acceptability to patients, transport and staffing.

The following key points were raised:-

The scenarios that had consistent opening times across the hubs were preferred as it was felt that different opening times would be confusing.

It was felt that if it were confusing people would just walk in to the hospital or ring 999

Consistency in the type of appointments at different sites was seen as beneficial. Having less sites to ensure this was seen by some as important.

Being able to book appointments in more neighbourhoods was seen as good as it reduced the need for people to travel out of their local areas but the scenarios with all neighbourhoods having sites were seen potentially costly and difficult to staff especially if they all had weekend access.

Having no weekend access apart from at the hospital site was seen as less useful and high risk of people walking into the service at the hospital.

Being able to book appointments at the weekend was thought to be important.

The hospital as the walk in site was seen as positive as the hospital was well known and people would be triaged to the best service on the same site.

The arrangements will need to be clearly and consistently communicated with good public education so people know what is available.

Several groups suggested that a staged approach to implementation would be useful to ensure services worked well before extending across multiple sites.

<b>General comments from the Group:</b>
<ul style="list-style-type: none"><li>• What is the point of having more hubs, it would be a nightmare! The simpler the better.</li><li>• Concentrate on getting it right with 2 or 3; you can then expand if needed.</li><li>• We don't need more than 3, happy with 2, but 3 would be good if open 7 days a week, and if we can afford to staff and manage effectively.</li><li>• Think of travel and parking.</li><li>• With all scenarios there would need to have enough resources for the hubs, and all would need to provide some form of emergency care</li></ul>
<ul style="list-style-type: none"><li>• Three locations – 2 hubs and the hospital with consistent access covering am and pm at weekends was preferred option. Less confusion, more available treatment options.</li><li>• Improved access – travel. Easy access is important.</li><li>• Better access to treat in one place (Specialist care) rather than being re-referred.</li><li>• More options = diluted offer</li></ul>
<ul style="list-style-type: none"><li>• Would public transport infrastructure change? Bus routes matter when locating hubs.</li><li>• Make sure services will work before implementing all sites</li><li>• Need information about best place to go/service to access. Different surgeries have different waiting times for appointments.</li><li>• Need more education to inform people where there should go. Promotion of services</li></ul>