

# What Happened After the Urgent Care Report?

December 2014

# Making GP Practices more accessible

The urgent care survey made it very apparent that people were concerned about how long it took to get an appointment at their local GP surgery. Since the report, **Healthwatch has promoted the use of telephone appointments through the magazine, social media and events, as well as raising the topic with our local area team.** Alongside our work in this area, the option of booking appointments online is now a mandatory part of the new GP contracts that were released this year. This provides different options for appointments and appointment booking, which could reduce pressure on services. Other things we did to improve GP practices include:

A local charity raised the possibility of creating a 'help card' which discretely tells others that a person has low literacy levels. The CCG has now created this card in partnership with a local charity.

Following our recommendations, The CCG agreed to do more promotion about how they can help people with travel costs. Many people on lower incomes are not aware that they can often claim travel costs back

The GP section of the urgent care report was sent to all local practices, and we wrote articles about how to tell your GP practice what you think of it. This was discussed at the Patient Participation Group Network meeting

Healthwatch continues to receive a high amount of calls about GP practices. The most common themes of the last year have been issues with referrals, staff attitude and diagnostics.



Brighton and Hove has received around £1.8 million pounds from the Prime Minister's Challenge Fund to improve access to healthcare. Selected GP Practices will increase their opening hours to 8am-8pm in the week, and open for 6 hours on Saturdays and Sundays. These practices will also use a wider range of face-to-face, telephone and online communications. Patients could be directed to a nurse practitioner, a pharmacist, a GP or a community navigator, depending on their needs. The pilot project is due to start in September 2014, and run until March 2015

# Making sure you know where to go (GP Out of Hours)

One of the main recommendations of the Urgent Care Report was to make people more aware of all the different options available to them when they feel unwell, to allow them to choose care that is appropriate. After the report Healthwatch decided to **call all of our local GP practices and visit their websites, to find out what information they are giving** to redirect patients when practices are closed.

Just **13%** of practice answerphones and **34%** of websites called included any information about the pop-up clinics available around the city during the winter and spring

**17%** of surgeries we investigated appeared to have no surgery website available for their patients to view. Of these 9 surgeries, 7 claimed to provide online appointment booking and/or online repeat prescriptions on their NHS Choices page

**90%** of answerphones and **70%** of practice websites included some information about NHS 111, often amongst other out of hours numbers

Results for each practice were sent to them individually, along with some hints and tips on how to improve the quality of information on the answerphone and through websites. Many practices thanked Healthwatch for this practical information, and have **improved how they manage their out of hours messages as a result of this follow-up project**. The results were also given to our local Clinical Commissioning Group and NHS England, who looked in more detail at the GP surgeries we found that did not have websites.

Aside from this work, **there are now conversations about how to improve the signage for the out of hours GP** based in Royal Sussex County Hospital.

# Creating a safe and comfortable A&E

When we looked at what people thought of the emergency department, we found that a lot of people felt that the waiting room could feel a lot more comfortable and safe for patients. Their thoughts on how a new waiting room might look like will be shared with the hospital in detail when they form a re-design group for the new space. In the meantime, the hospital has **increased its cleaning rotas**, and agreed to look into **increasing its security presence over the weekend** for the waiting room.

**‘Waiting times in A&E have yet to improve’**

The hospital has also made arrangements for volunteers to be present in the waiting room, to chat to patients, ensure their comfort and inform them about waiting times. **Healthwatch helped the hospital to look for volunteers** to fulfil this role.

Healthwatch continues to hear a lot about the emergency department at Royal Sussex County, most commonly in relation to access to information, the quality of treatment and staff attitudes. Since the report there has been a large Care Quality Commission investigation into the hospital<sup>1</sup>, and there continues to be media coverage of the hospital exceeding 4 hour targets for waiting in A&E<sup>2</sup>.



The ‘Better Care Fund’ will allow the council and the CCG to improve how health and social care is bought together for some of the city’s most vulnerable residents. With better coordination between services, it is hoped that there will be fewer unnecessary visits to hospital for the frailest people in the city. The funding was announced in June 2013, and the pilot is running in some GP surgeries at the moment, with the full project starting in 2015.

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<sup>1</sup> For the latest CQC inspection in full see <http://tinyurl.com/mypewfd>

<sup>2</sup> Examples of 2014 Argus Articles <http://tinyurl.com/p35nten>, <http://tinyurl.com/lokzopm>

# Making a national difference to NHS111

One thing that concerned Healthwatch was that many of the people who took part in the urgent care survey were unaware of NHS111. This was particularly true for people with English as a second language. In response to this, **Healthwatch B&H promoted the service through the magazine, social media and events, and did some specific promotion of NHS111 leaflets in other languages.** The Clinical Commissioning Group agreed to make sure that all promotion reassured people that the number was free to call and accessible, as some believed this was not the case.

The report was presented to the city-wide health forum in December 2013. This allowed people and services to ask questions about the report and what the next steps would be

Our findings on NHS111 and other information about patient transport were discussed at the Ambulance Trust's yearly engagement meeting

Your thoughts on how urgent care should respond to demand were brought to the Urgent Care Programme Board and discussed alongside their thoughts and strategies.

Some broader issues, like lack of funding and medically trained staff at NHS111, were not ones that we could address locally, as they were nationally set. We fed all of our data on NHS111 to Healthwatch England, who used our information along with other local Healthwatches to **influence national policy.** Our local service now includes **more medically trained staff and additional phone operatives** to help develop a better service. We now receive far less negative feedback about the service.



When the urgent care report was first released, the local Clinical Commissioning Group also initiated their 'We could be heroes' campaign. It was a publicity campaign aimed at informing the public about all the different options available for a non-urgent medical problem, instead of going to the emergency department. The campaign also celebrated people who make the right choices and get their medical problems treated appropriately. The campaign is still ongoing, and was designed to reduce pressure on A&E in the winter months.

# Creating a more welcoming walk-in centre

The Urgent Care Report found that Brighton Station Health Centre (or ‘the walk-in centre’ as it is locally known) had a number of key issues. Some groups, such as gypsies and travellers or people with learning disabilities, felt that the centre was sometimes inaccessible to them, and had experienced rudeness by staff there. Our report prompted **talks between the Clinical Commissioning Group and the service manager about training to improve this situation.**

During the last year, the walk-in centre has instituted a ticketing system, where **patients will be told how long they can expect to wait when they go to reception.**

Some people were unhappy with the location of the centre, as it is on a hill with limited bus services to allow disabled access. We were informed that the contract for the service will end in 2015, and the responsibility for it will go back to the Clinical Commissioning Group. At this time, **there will be a review (which will include Healthwatch) of the building’s accessibility.**

We continue to receive a low amount of intelligence (positive or negative) regarding Brighton Station Health Centre. This could indicate that further campaigning could be done so that more people can become aware of its services and use it as appropriate.



To help people out during tricky periods like the Christmas break, we produce an easy to read guide which explains where to go if you are unlucky enough to get ill in the Christmas period. This includes opening times for late night pharmacies, emergency dentists and other useful services.

# Helping pharmacists to stay on the same page

The pharmacy community in our area responded positively to our recommendations. There were concerns that some pharmacists were unaware of the NHS111 service and so were inappropriately referring their patients to other services. Following our report, the Clinical Commissioning Group **wrote an article in the community pharmacy newsletter which informed pharmacists about the NHS111 service.**

Our local pharmacists were also encouraged to **make information visible about what services a pharmacist can provide**, and to **let people know how long they can expect to wait for their prescription** when they arrive at the pharmacy. These issues were explained to contractors, and were **discussed formally at the contractors' meeting and the local pharmaceutical committee.**

Through the Urgent Care Report we found that not many people were aware that we have late night pharmacies available in Brighton and Hove, or where they are located. Healthwatch **promoted the late night pharmacies through its magazine and social media**, and our local area team has **improved the way it distributes its information about the late night pharmacies.** A range of **community websites was also circulated** to our local pharmacies to help them signpost patients to other services.

Healthwatch continues to receive and monitor intelligence about pharmacies in Brighton and Hove.



Shortly after the urgent care report was released, we arranged an event with the Care Quality Commission where members of the public could find out about our report, prioritise which recommendations we should respond to first, and talk directly to commissioners about issues that concern them. The event was a great success.

# Finding our way around children's A&E

The Urgent Care Report showed that people visiting the Royal Alexandra Children's Hospital told us that there wasn't any food and drink available in the waiting room. When we asked the hospital, they let us know that they did have vending machines, a cafeteria and water fountains available. We thought that when people come to children's A&E, they could be very worried, tired or disorientated, and could be failing to notice these things as a result. After the Urgent Care Report, **the hospital agreed to put up signs to show patients and their carers where the nearest places are to get food and drink.**

When we looked at parking, there were similar problems. People were telling Healthwatch that they would like there to be a drop off zone so that taxis could pick people up or a second person could drop off the emergency before parking the car, even though this was already provided<sup>3</sup>. To improve knowledge of the services available, Healthwatch **promoted the parking options for the children's and adults' A&E through our social media channels, and through our magazine.** Healthwatch hears minimal negative information about the children's hospital through its helpline and all other intelligence networks.

## Understanding Emergency Dentistry

The emergency dental service was helpful in explaining some of the wider issues around the points we raised with them. They explained that to convey all the information they needed to, the answerphone message for emergency dentistry was a little bit longer than they would like. **The service is currently reviewing this to see how they could make it shorter and clearer.** They also explained the logistical difficulties involved in allowing people to leave messages on the line, and how in the past this has led to delays within the service.

Because only a small number of people use emergency dentistry services, Healthwatch has not received any information on the service from patients or carers since the Urgent Care Report.

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<sup>3</sup> For full information about parking at The Royal Alexandra Children please see their website <http://tinyurl.com/pt8ukll>