



Enter and View Report : Multiple Providers

Report Name: Patient Experience of Urgent Care in Bexley

Date of visits: June 2016

Acknowledgements

Healthwatch Bexley would like to thank the Erith & District Hospital and Queen Mary's Hospital, including their patients and staff, in addition to the general public, for their valuable contribution and for participating in this survey.

Disclaimer

Please note that this report relates to findings observed and data gathered through 5 Enter and View visits in June 2016. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during the visits.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to identify specific safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

1. Introduction

Urgent care is a category of walk-in clinics in a dedicated medical establishment, outside of a traditional A&E department, which is open 365 days of the year. Urgent care centres primarily treat injuries or illnesses that are non-life threatening but require immediate attention. It is a service for NHS patients whose condition is urgent enough that they cannot wait for the next GP appointment (usually within 48 hours). Staff at a UCC should include GP's, emergency nurse practitioners and receptionists (Guysandstthomasnhsuk, 2016).

It has been suggested that more people are attending Urgent Care/A&E because they cannot get appointments with their GP quickly and conveniently. The latest results from the GP Patient Survey show that 85 per cent of people were able to get an appointment to see or speak to someone at their GP practice which is down from 88 per cent in 2011. From the latest figures, of those who couldn't get an appointment or were offered an inconvenient appointment (11 per cent), around 4 per cent reported going to Urgent Care/A&E instead. To obtain timely appointments is a key concern for people accessing GP services. Moreover, data from the GP Patient Survey suggests that while there has been a slight reduction in people's ability to access their GP, there has not been a significant deterioration (The Kings fund, 2016).

There are two dedicated Urgent Care Centres (UCC) in Bexley, Erith & District Hospital and Queen Mary's Hospital. The Primary Care Foundation (2016) predicts that between 90-120 patients receive treatment on a daily basis at an UCC. Following this, it is estimated that up to 200 patients are seen and receive treatment daily at Queen Mary's. Erith & District Hospital averages at 120 per day, although sometimes as many as 160-180 patients may present (NHS Bexley CCG, 2016). Reports of patient experience at the named UCC's indicate high satisfaction rates (Bexleyccgnhsuk, 2016).

Prior to the survey and to identify any concerns which have been raised in the past, Healthwatch Bexley engaged with the CCG (Clinical Commissioning Group) and the Hurley Clinic Partnership, the Hurley Clinic Partnership being the provider of Urgent Care in Bexley. Following this, the main concern identified at Erith & District Hospital was that the x-ray facility was not available at weekends, bank holidays and after 4pm on weekdays. At Queen Mary's Hospital the conduct of the reception and nursing staff in upholding dignity and the respect of patients was of concern. Furthermore, with regard to both UCC departments, another matter that needed to be addressed was the fact that the complaints procedure and waiting times were not adequately displayed.

This report presents the findings of an Enter and View Programme into Urgent Care Centres conducted by Healthwatch Bexley June 2016. The purpose of the survey was to gain a baseline understanding of people's experiences accessing Urgent Care Centres within Bexley, to observe service users engaging with hospital staff and to capture any ideas they may have for service improvement or change. This report seeks to highlight to what reason patients choose to access an Urgent Care Centre and their experiences when doing so.

2. Methodology

This survey is based on quantitative data which was captured through a structured questionnaire, consisting of 16 questions. The questionnaire prompted respondents to 'tick' the relevant box, which most accurately reflected their experience. The questions generally related to experiences of:

- Why patients arrived at Urgent Care Centre
- Waiting times
- Awareness of NHS 111 service and complaints procedure
- Overall patient satisfaction

Generic details, such as age and gender of participants were also captured. Leaflets explaining the role of Healthwatch were offered to participants and left within the premises for future reference.

In total, 5 visits were carried out. Times were varied to gain a good coverage of weekdays, weekends, am and pm. Erith UCC was also visited at a time when the x-ray department was closed.

A total of 101 participants were spoken to, of which 97 questionnaires were filled in. Of these, 64 were obtained from Erith & District Hospital and 33 from Queen Mary's Hospital.

During the Enter and View visits, a member of staff or management was approached by a Healthwatch representative, who explained the purpose of the visit. General observations of the Urgent care centres were further made during the visit and included checks of cleanliness, information displayed, odour and bathroom facilities and general maintenance.

Every effort to obtain a representative sample of the population in Bexley was made for this survey. Interestingly, there are more women than men in Bexley (LBB, 2011), and this is further evident in the sample and women (66%) are significantly over represented in this survey.

3. Key findings

- 29% of respondents presented at UCC because they could not get a GP appointment, with 28% patients requiring treatment for injury. Others said that it was "easy to be seen" and not being registered with a GP, that made them decide to attend an UCC.
- The majority of respondents, 85%, were aware of the NHS 111 service, with 7% of respondents being referred by NHS 111.
- Over half of the respondents, 52%, felt that a GP would have been able to deal with their health concern rather than the UCC.
- The majority of respondents, 82%, did not see a waiting time displayed on the wall during their visit.

- 26% of respondents rated their health concern as fairly or very urgent.
 - 62% of respondents were “very satisfied” and 36% were “satisfied” with the level of care they received, with 91% of participants reporting their dignity and privacy being respected at all times.
 - Nearly half of the respondents, 44%, were unaware of how to make a complaint.
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4. Summary of survey

The results of this survey will be divided into two sections; a presentation of the quantitative results followed by a discussion and summary of the qualitative feedback from the questionnaires.

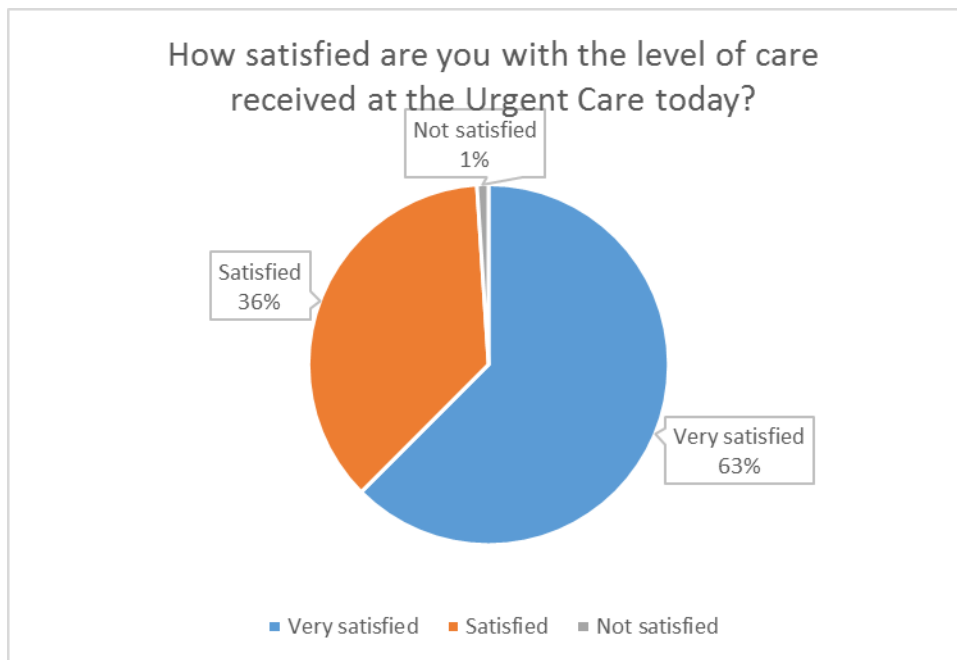
4.1 Satisfaction of Care

The questionnaire prompted the respondents to evaluate their satisfaction with the level of care received.

Overall, the results demonstrate that residents in Bexley (62%) are very satisfied with the service they receive at the UCC’s (Figure 1). The findings demonstrate that a high proportion of service users left positive feedback around the care and treatment they received whilst visiting one of the UCC’s.

Nearly half of the respondents, 44%, were unaware of a complaints procedure. These findings are consistent with previous research conducted by Healthwatch England (2014), which demonstrated that 43% of people surveyed were unaware of where to make a formal complaint around the service or care they had received. This is noteworthy as 1 in 3 people report experiencing poor care, either directly or indirectly through someone else (Healthwatch, 2014).

Figure 1.



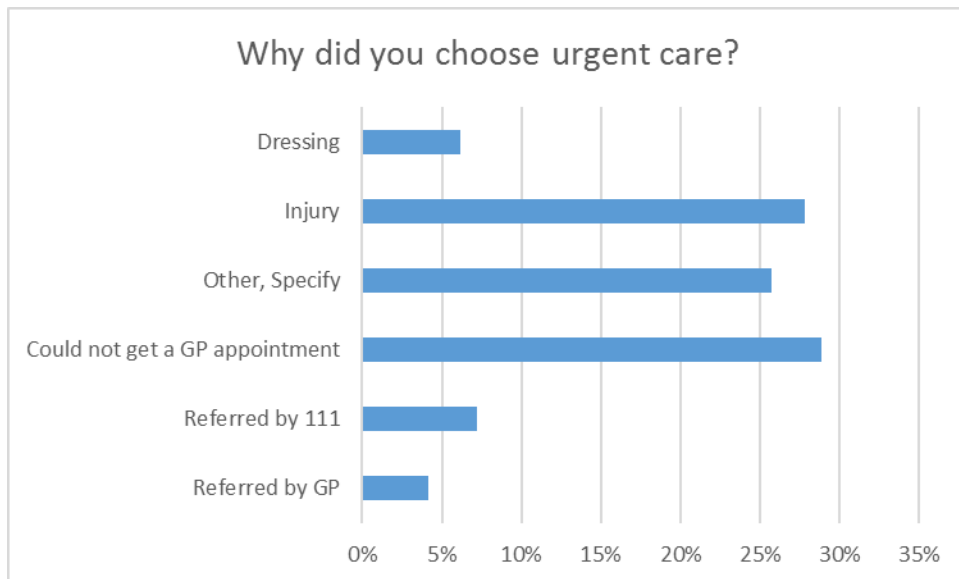
4.2 Reason for choosing Urgent Care

A significant number of respondents 29% (Figure 2) stated that their reasoning for attending the UCC was due to the fact that they could not get an appointment with their GP, this is fairly consistent with the findings of Healthwatch Bexley's (2014) comparative report of access to GP practices where 34% of respondents reported being unable to book an appointment with their GP. Given this, a significant proportion of respondents, 52%, believed that their GP could have dealt with their condition.

The majority of respondents, 85%, were aware of the NHS 111 helpline, yet only 7% reported being referred by the helpline. These findings are fairly consistent of data from England NHS UK, 2015, whereas 9% of individuals were recommended to A&E services from the helpline (Statistics, 2016).

A small minority of respondents, 6%, reported attending the UCC to have a dressing changed. This is noteworthy, as dressings should be attended to by primary care i.e. a practice nurse and is not deemed urgent (Guysandstthomasnhsuk, 2016).

Figure 2



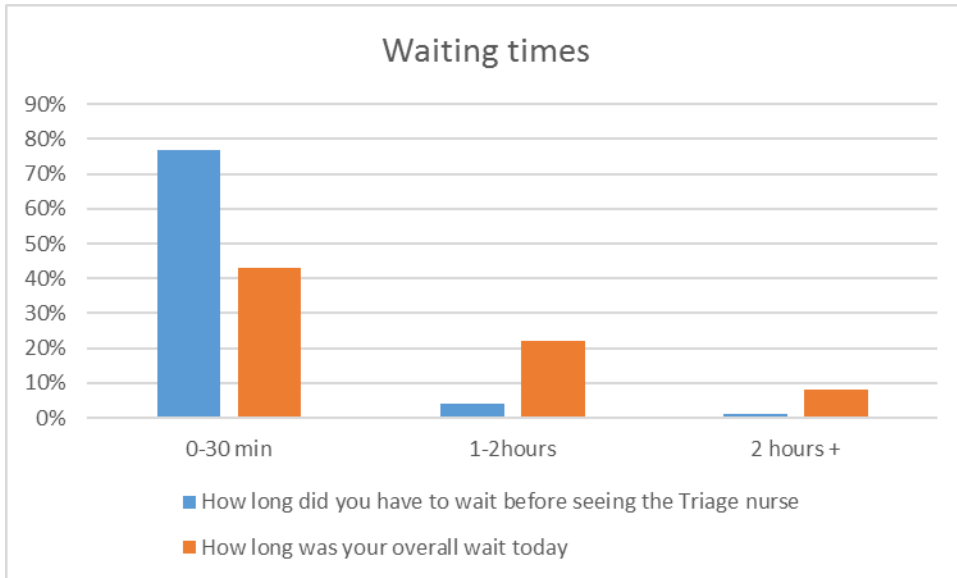
4.3 Waiting times

The questionnaire prompted the respondents to evaluate their experience of waiting times.

Over three quarters of respondents, 77% (Figure 3) reported waiting between 0-30 minutes to see a Triage nurse. Interestingly, through engagement and observation at Erith & District Hospital most patients did not see a triage nurse, only if observations were necessary. As a result, most patients primarily saw the GP as first port of call. By contrast, patients saw the triage nurse before the GP at Queen Mary's UCC.

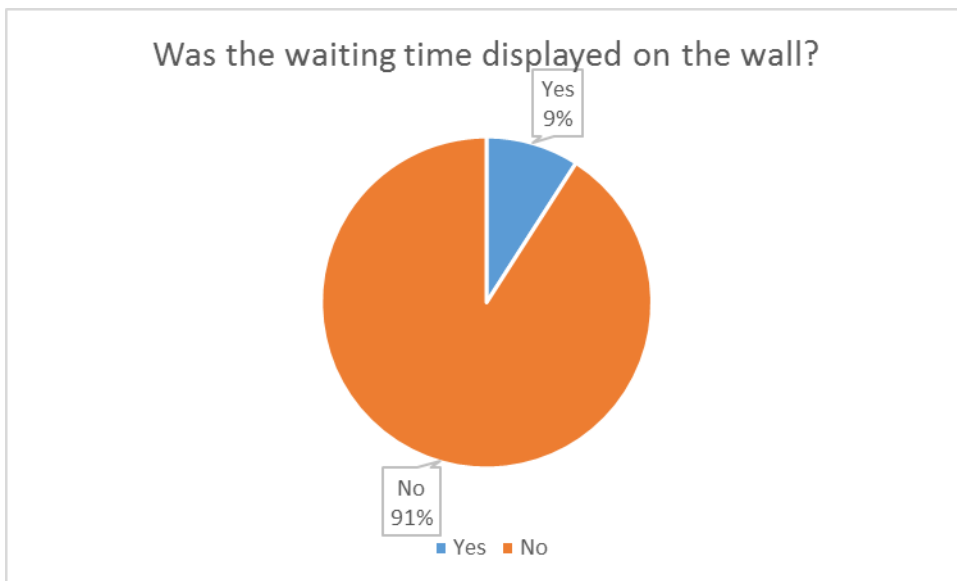
Nearly half of all respondents, 43%, reported their overall wait to be between 0-30 minutes, with 22% waiting overall between 1-2 hours. Queen Mary's did receive a few negative responses to waiting times due to parking issues. Furthermore, respondents suggested a waiting time should have been clearly displayed so a decision could be made before payment. In comparison, Erith UCC received no negative responses as waiting times were deemed to be very acceptable. However, Erith UCC did have a display board behind the reception desk that could be utilised.

Figure 3



A significant proportion of respondents 91% (Figure 5) did not see any waiting times clearly displayed in either UCC's, this was also observed by AR's.

Figure 4



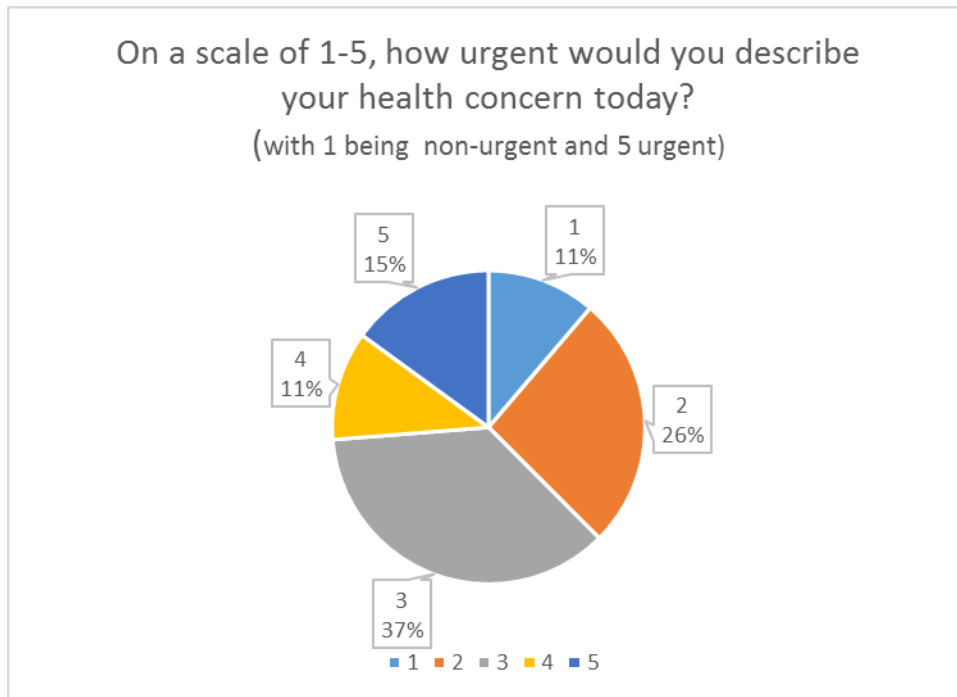
4.4 Rating of health concern

A small proportion of respondents, 15% (Figure 4), rated their health concern as urgent, with 11% rating their health concern as fairly urgent. What is more, this does raise concerns

of varying conditions, as 74% could possibly be classed as mid-low range urgency or non-urgent.

A small minority of respondents, 6%, reported attending the UCC to have a dressing changed. This is noteworthy as dressings should be attended to by primary care i.e. a practice nurse, it is not deemed as urgent (Guysandstthomasnhsuk, 2016).

Figure 5



5. Discussion

The questionnaire provided the opportunity for respondents to reflect on their experiences and suggest any improvements or change they would like to see at the UCC's. Four principal themes derived from the qualitative analysis:

- Why patients attend an Urgent Care Centre
- Waiting times
- Awareness of NHS 111 and complaints procedure
- Overall patient satisfaction

5.1 Why patients attend an Urgent Care Centre

Inappropriate use of urgent care for non-urgent conditions is a growing problem that has significant economic and healthcare consequences (Biomedcentralcom, 2016). Individuals may be using Urgent Care centre as a regular alternative to the GP due to lack of available appointments, convenience or dissatisfaction with GP and a more prompt diagnosis and treatment one respondent cited "Better service than GP". Due to 28 respondents being

unable to get an appointment with their GP, this was the main reason for attending the UCC, respondents citing “needed medical assistance. GP closed”, “GP couldn’t see me for 2-3 weeks”. Furthermore, the lack of GP appointments available at the weekend is a concern as medical assistance is not just a necessity during the working week. One respondent cited “I could have been seen by my GP within a week and saved a 2hr wait for me and the strain on the Urgent Care unit. Doesn’t make sense to me and my GP is useless’. Not surprisingly, this could be problematic if patients only attend UCC and not their GP, as may not receive preventative care services and if suffering from a chronic medical condition, may not receive adequate care (Biomedcentralcom, 2016). Moreover, it is predicted by the Primary Care Foundation that on average 90-120 patients receive treatment daily at an UCC. In comparison, figures from the Hurley group demonstrate that Queen Mary’s can double that figure, with up to 200 patients presenting on a daily basis. Erith UCC is at the top end of the scale, averaging 120 patients per day, yet some days averaging between 160-180. This is a matter for consideration and possibly relates to the lack of available GP appointments.

5.2 Waiting times

In general, Erith UCC had shorter waiting times than Queen Marys (1 respondent only waited 5 minutes) and there were instances at Erith UCC where a patient would go straight into see the GP with no triage. What is more, after observations and engaging with patients it seemed a triage nurse was only seen if observations/tests were necessary. Yet, at Queen Mary’s the triage nurse was always seen before a GP.

The Primary Care Foundation (2016) suggests there is sufficient evidence that a rapid see and treat process is safer than a system involving triage. Triage is most often used to compensate for delays caused by poor capacity planning and there is no evidence that an assessment and triage service can improve utilization and outcomes. A rapid see and treat can avoid the need for repeat queuing and could be seen to be more sustainable in a UCC, triage works well in A&E when there is a need to prioritise. The evidence of this study suggests shorter waiting times with see and treat process as carried out at Erith UCC. Queen Mary’s uses the triage process and generally has longer waiting times.

There is a real danger that an assumption is made that the assessed patient is safe to wait, when, in reality the condition of some patients can change rapidly. There is also a view that if everyone is assessed, patients can be directed to the most appropriate endpoint. However, the evidence suggests most patients will make the right choice themselves and if the service is available they will use it.

In addition, evidence shows that the feature patients value most is rapid access with minimal steps, nor do they like to be assessed and then put to the back of a long queue in the waiting room (Henry clay, 2016).

5.3 Awareness of NHS 111 and the complaints procedure

A significant proportion of patients are unaware of where and how to make a formal complaint around the service and care they receive. It is of utmost importance that people are aware of an internal or external complaints procedure if having experienced poor care, either directly or through someone else.

Furthermore, it could be suggested that if there is a higher level of awareness of the NHS 111 service, this may give individuals the opportunity to discuss the conditions that can be treated at their local UCC based on the clinical assessment system (Primary Care Foundation, 2016). Moreover, they can also be directed to the service which is right for their concern. This in turn will potentially assist them in receiving the right care and may decrease delay and clinical risk.

5.4 Overall patient satisfaction

The questionnaire included questions relating to respondents experiences of the staff at the UCC's. The questions related to what extent respondents found the staff welcoming to include 'eye contact and smiling', staff friendly and helpful', 'good at listening', and 'respectful of confidentiality'. A high proportion of respondents stated all the latter were adhered too and a good service was being provided with dignity and privacy being respected at both centres. A phenomenological, qualitative study on staff perceptions on patient motives for attending GP-led urgent care centres in London (Bmjcom, 2016) found that depending on if attendances at the UCC were considered urgent by staff, it would depend on how this would influence staff attitudes towards service users. A phenomenological approach is concerned with the study of subjective experience and takes into account an individual's perspective, which can provide more of an understanding of another's motivations and actions. Their solution to this was to educate services users in self-management. It could be suggested that a lack of understanding could be a cause of service user dissatisfaction at Queen Mary's UCC, which was one of the main concerns identified beforehand. It becomes apparent in this study when asking of health rating, only 12 respondents regarded their condition as urgent. Maybe a clear rating system would help to combat this problem.

The overall opinion of respondents was that staff were friendly and willing to engage, AR's found this to be a good representation.

To compare the 2 UCC's, one of the main differences seem to be the atmosphere created by both. Erith had a community hospital feel, it is smaller, brighter (better lighting and decor) and from observations more peaceful and patients seemed more willing to engage with each other. In comparison, Queen Mary's seem to project more of a clinical feel, observations showed that patients were rarely engaging with each other and decor and lighting were quite dim. What is more, both UCC's looked tired and in need of a makeover.

5.5 Additional feedback

Interestingly, Queen Mary's had a television on site which was not switched on. No television was apparent at Erith UCC. Furthermore, Queen Mary's has a large refreshment stand, but no refreshment stand at Erith UCC, it should be noted Queen Mary's UCC is part of the mainstream hospital and the refreshment does not just cater for the UCC.

One of the main concerns brought to light was the x-ray department is closed bank holidays, weekends and after 4pm weekdays. It was noted by an AR that at 3.55pm a patient was sent for x-ray. One patient came after 4pm with a wrist injury, due to an injury that may have needed an x-ray which could not be carried out on the premises as the department was closed, the patient chose to see the GP anyway and did not need an x-ray. It could be suggested that restricting the period of time the x-ray department is open for could vary

treatment available to the individual, especially if transportation is an issue (Primarycarefoundationcouk, 2016). The x-ray services at Erith UCC are supplied by Dartford & Gravesham NHS Trust.

Erith UCC did have the most positive feedback with respondents citing “The best ... in London it is at least a 4 hour wait”, “Perfect” and “try to sort problems out and give good advice”. However, Queen Mary’s feedback was less positive with respondents citing ‘More doctors and staff are needed’ and ‘...could not get parked’.

It is interesting that 50 respondents considered their health concern on a scale of 1-5 to be 3 or over, which leaves 47 respondents believing that their condition is not urgent. Not surprisingly, attempts to define what is or isn’t urgent can be unhelpful and confusing and individuals tend to make good judgements about how to access care and will make their own mind up about whether something is urgent based on their understanding of their own health and the local healthcare system (Henry Clay, 2016). Following this, it should be addressed that urgent care should be more defined, as the perception is different for each individual.

Leaflets of how to make a complaint were not adequately displayed in either UCC, this is a matter of concern as only 37 respondents were aware of how to make a complaint.

6. Conclusion

The results presented within this report suggest the majority of residents in Bexley are satisfied with the service they receive from the two Urgent Care Centres. However, the future use of urgent care has a risk of having many unmet needs for individuals, such as a lack of preventative care and long term health conditions, due to attending Urgent Care instead of the GP. Certain qualities are attractive to patients, prompt diagnosis and treatment and not needing an appointment, flexible hours/opening times. It seems there is a need to understand the motivations behind why patients seek care, which is imperative in order to attempt to shift patients back to GP non-urgent conditions that do not seek immediate attention, yet GP appointments need to be made more readily available.

Further research could attempt to ask how long respondents had waited with their condition before attempting to seek assistance and whether care has been delayed due to lack of available GP appointments. Furthermore, to ask more specific questions on why an individual has attended a UCC, to include reasons such as flexible hours compared to GP, location was convenient, no appointment necessary and same day test results.

Primary concern should build care around the patient not existing service. Prompt care is good care and likely to achieve better clinical outcomes (Henry clay, 2016).

7. Recommendations

The report findings serve to highlight some areas for improvement. Furthermore, helpful suggestions by service users are taken into account to make the experience even better for individuals at the Urgent Care Centres. This section is split in order to make recommendations for the CCG and The Hurley Group.

Hurley Clinic Partnership

- To clearly display waiting times so service users are kept informed of the potential timescale of wait. One service user suggested a wallboard showing position in queue.
- Both centres could benefit from being updated, a general makeover.
- Erith UCC could benefit from a refreshment stand.
- To monitor the inappropriate use of urgent care i.e. dressings.
- To display clearly the NHS 111 helpline and its benefits.
- To provide information leaflets in the waiting area for patients who would like to make a complaint about the service.
- To utilise the television available at Queen Mary's UCC. To consider whether a TV would be beneficial to Erith UCC.

Clinical Commissioning Group

- Availability of GP appointments
- To consider extending the hours of the x-ray facility at Erith UCC.
- To consider an urgent care scale rating that is publicly available.
- To build awareness of NHS 111 helpline.
- To consider a 'see and treat' process rather than 'triage' at Queen Mary's UCC.

8. Next steps

The findings of this survey will provide Healthwatch Bexley with baseline information, from which measurement of improvements can be made through additional surveys and outreach activities.

The recommendations set out in the report, in addition to the recommendations for each Urgent Care Centre, will be followed up through ongoing public engagement coupled with additional surveys. The findings of the Enter and View visits, along with the recommendations of this report will further be monitored through the London Borough of Bexley's Performance Framework, which provides a holistic framework for the Borough, which includes improving health and wellbeing for the residents of Bexley.

Commissioner and Service Provider Feedback

The report has been sent to Bexley CCG and Hurley group to check for any factual inaccuracies. The Hurley Group stated the following:

1. Complaints leaflets are on display at both sites and these are checked weekly.
2. Waiting times are not displayed as an unpredictable service and waiting times change so frequently. Also, there are different waiting times for different Clinicians, so a person waiting to see a Doctor would have a different time to the Nurse Practitioner. Again, this may be different for a dressing change.

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