



healthwatch
York

Urgent Care Rapid Appraisal

June 2020

Acknowledgements

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Background

In June 2020 NHS Vale of York Clinical Commissioning Group wanted to understand what people already knew about 'urgent care' in the Vale of York and when they used it. In this context 'urgent care' was defined as 'conditions which are not life threatening but cannot wait until a routine appointment with your GP or other healthcare professional is available.'

Healthwatch York has used it's network of trusted organisations to obtain some rapid feedback to help supplement a broader online survey about urgent care.

What we did

In particular we wanted a snapshot of what people do if they 'have an urgent medical condition that needs treating on the same day':

- Where do people get information from?
- Where would they prefer to go?

- Who/which healthcare professional would they prefer to see?
- How they would like the appointment – for example is the use of virtual technology (video consultations) or over the phone useful. If not, why is this?
- What do they understand about the services available to them?
- What would make it easier for them/what would they prefer to happen if they had an urgent medical condition (not life-threatening, but cannot wait until a routine appointment is available)

We decided to use a ‘Rapid Appraisal’ methodology; “a less structured data collection method aimed at supplying needed information in a timely and cost-effective manner.” <Kumar, Krishna, 1993, *Rapid Appraisal Methods* World

Bank Regional and Sectoral Studies

<http://documents.worldbank.org/curated/en/888741468740959563/Rapid-appraisal-methods>>

We carried out semi-structured interviews, a small group interview and street-based research techniques.

Who did we speak to?

Covid-19 Welfare Calls service	Older, vulnerable and frail people: welfare calls list - predominantly female, White British and older age group (65-74) and with health conditions.
Young People	Door 84 Youth Club based on Lowther Street in York, providing activities for young people aged 8 – 25.

Multiple Complex Needs Network	A York based network aiming to radically improve outcomes for people who experience multiple difficulties at the same time and for whom the system’s collective response to help and support them is currently insufficient. All interviewees had had experience of addiction and subsequent ongoing health conditions and many had experience of homelessness.
Lifting Voices Up	A recently formed network in York aiming to give a voice to BAME people in York.
Street-based interviews	A snapshot of local public opinion close to Nunnery Lane in York adhering to social distancing.

We conducted 23 semi-structured interviews, a mixture of telephone and street based. We have been careful to ensure that participants have actively ‘opted-in’ to the interview and given consent for the information to be shared with us and the CCG. The information has been anonymised to protect the identity of the participants. The following report is not a comprehensive analysis of results, but a description of some of the key themes that have emerged.

What did people say?

Theme 1: Lack of access to a GP

The preferred choice of advice and urgent care for many people was their GP, many preferred 'face-to-face' appointments and for some video conferencing was not an option, but getting an appointment to speak to or see a GP within 3 weeks was often difficult.

"There are no appointments (laughs) they are like 'hen's teeth', I can go to x surgery online and book a blood test or smear test, but have to wait 3 weeks to see a doctor."

"...if you can get one <a doctor>. That would be nice wouldn't it? It's impossible!"

"It is rare that I see a doctor, I only phone up if it is necessary, but the receptionist says 'no', without any medical qualifications. They usually offer an appointment in 3 weeks time. Once I finally get to see the doctor they are fantastic."

“Appointments are so hard to get, it is hard to ring at 8am when you have children. It means I end up not getting treatment and then things get worse.”

“It is very difficult to get through on the x surgery phone-line, and when you do you are told to ring again tomorrow at 8am. Then, when you do that you are told all the appointments have gone.”

“Will I actually get through to talk to someone or have 15 minutes after I 'press one'?”

“I rang my GP at 10am and they said all the appointments had gone for the day, so ring back at 1-2pm. I arranged for a GP to call - they rang at 2 minutes to 6pm to say we can't see you, call 111!”

Some people have difficulties 'getting past' the receptionist:

“I call my doctor and leave a message with reception to ring back on the understanding that I only ring when it is urgent....getting past a 'h#t&@g' receptionist who 'takes the law into her own hands' is sometimes a problem.”

“Not having a receptionist 'like Attila the Hun'. I went in when I couldn't hear anything and the receptionist said I was shouting and got irate. She then looked down at her screen and papers so I couldn't lip read. On another occasion I did my back in and couldn't walk so I tried to get an appointment, the receptionist said 'I can fit you in on Thursday', so I staged a sit in. I said I am not moving until a doctor sees me. 3/4 hour later I was seen, but I had to stage a sit-in to get medical care!”

“I shouldn't have to use tactics. Like, I've learnt from experience not to say anything to the receptionists about why you're calling. Coz no matter what you tell them, they say it's not urgent. So I never tell them anything. That's the only way I can ever get a same day appointment.”

“It would be good if I could see a health professional on the same day. I had to fight my case on that each time. On the occasion that I wasn't able to be seen I went to urgent care at 7pm. It feels like luck as to what service you receive, not planning. The system that my GP was operating was switchboard options, and you didn't go to reception, you went to a 'triage nurse' who signposted to someone else. That worked well for me. When I'm not well physically and find it difficult to speak to someone on the phone. Being judged on clinical need, rather than having to plead my case was easier, it didn't feel as challenging mentally and much better than 'state your case at the reception desk', that isn't confidential at all!”

“Being able to get through to reception and past the receptionist to actually see someone! The response is often that there is nothing available today, but maybe something for next week, even with a respiratory condition.”

“You used to sit down in the waiting room and the doctor would carry on until s/he had seen everyone, now you need to book an appointment, they are not doing it like they used to and only allow so many phone calls on the doctor's telephone list, so you are told 'the doctors list is full, please ring back tomorrow at 8am'.”

Theme 2: A lack of continuity of care

Some people reported that they rarely saw the same doctor and that this can lead to problems in having to explain their condition several times and the occasional mix up with medical history and medication leading to serious consequences.

“I haven't got a good support system around me, I used to have one 5 years ago, but it has all changed. Now it is just zero, it is as if you don't matter anymore, especially as I get older...I'm derelict. The GPs have changed, so I don't see them anymore, there are 6 or 7 different doctors, but I only see mine now.”

“I was given the wrong tablets for my condition due to a mix up between different doctors and ended up on life support. I now only talk to one doctor that I know.”

“Practice nurses are good, but have limited knowledge. Talking to the nurse wastes time, because I could just have been put through to the doctor and I wouldn't have to repeat my symptoms.”

“Someone took my medication for neuralgia off the system, it's been horrendous going back and forwards to doctors and pharmacies.”

“...the NHS is so sectionalised now that you get pushed from pillar to post.”

“<I am> nervous about having to see a new person and having to re-establish trust.”

Theme 3 - Poor accessibility for some people

For some people travelling to a GP surgery for urgent care was difficult, especially when they are sent to a surgery outside of their local area.

Travel can also be expensive, which is an important barrier to accessing urgent care for some people.

“I have to use taxis because I don't know where everywhere is. They say you can go to Surgery x or Surgery y, but I don't know how to do that on the bus. They give you a bus route number but they don't tell you where you can find that route, or where to get off. I've got no sense of direction so the thought of getting on a bus to somewhere I don't know and trying to work it all out, it's terrifying. But taxis are very expensive. So if I don't have the cash in my purse, I can't see a doctor. I can't afford it. I just don't have the money.”

“I live close to A&E and would ring 111, but I'm not close to Surgery x, where I often get sent. Sometimes my brother-in-law can take me because I don't drive, so I use York Wheels, but this needs to be booked in advance or a taxi, and the taxi can be very expensive. I could go on the bus, but not if I had something contagious.”

“Having somewhere more accessible would be good, I don't drive and the GP surgery is 5 mins by car when a friend takes me, or 20 minutes by bus. They are always surprised when I say I can't drive! At the

moment you have to wait outside <due to Covid-19>, so my bus got there 45 minutes early last time.”

Theme 4 - A lack of knowledge about out of hours care

There is a lack of knowledge about the options for out of hours care, especially during evening and weekends. There is also some confusion about the different options for urgent care.

“There are a lot of grey areas around when the surgery is open and what time, and when you can ring. It is often not obvious whether it is something that I need same day treatment for, but there is no option to resolve that - it's not A&E, 111 would say ‘go to the doctor’, the options on the phone are ‘1 urgent’, but how urgent am I?”

“I don't know the opening hours of these services.”

“I wouldn't know who to call in the evening, or at weekends”.

“The doctor can't come out, only after surgery hours, so I have to hang on throughout the day, which is scary. ”

“I am not sure about the difference <between> the people listed above.”

Theme 5 - A lack of mental health crisis care and after care

For one in person with experience of mental health services there was a lack of emergency care and after care.

“I used to have mental health breakdowns, horrific moments, I never got any answer, I had no ability to formulate my problem and no help from anyone. It was a 'mental health emergency'...when we do get some help we are 'released back into the wild' too soon. I understand capacity issues, and respect freedom, but sometimes I think I'd rather have my leg broken as it is visible and would receive care.”

Theme 6 - Internet access and technology

For some people access to the internet and technology was not difficult and in some circumstances, especially during the Covid-19 pandemic, it was preferred. Other people, however, have no access to the internet or the equipment to enable them to access online video. Some people also may have had access, but preferred not to use online video.

“It depends upon the condition, <I> might even prefer video.”

“Happy to accept video and in some circumstances it might be preferable due to anxiety around using the phone and easier to convey information.”

“My baby son had an operation 2 weeks ago. We've had lots of video appointments in connection with that. It's worked really well. Really good. It's really efficient, especially for us as we're both working. I've been amazed how much they can do by video. The speech and language therapist has been amazing over video.”

“Definitely not video, I don't have the technology.”

‘Due to learning disability and hearing aids face-to-face is the only way that is suited.’

“If you haven't got internet access it is more challenging because that tells you which service to go to.”

“I would prefer face to face for psychiatric help. Video conferences are too distracting; it is difficult to concentrate.”

Thoughts of what could improve patient experience in relation to Urgent Care

We asked respondents what they felt could improve urgent care services. They provided us with a number of recommendations:

- “A phone line that offered appointments and that you didn't have to wait 3 weeks for an appointment would be great.”
- “Shorter queue times when on the phone to the GP.”
- “The system that my GP was operating was switchboard options, and you didn't go to reception, you went to a 'triage nurse' who signposted to someone else. That worked well for me.”
- “Being able to see/speak to a healthcare professional on the same day by some means.”
- “More appointments available.”
- “Online link with York local information if you pose a question it tells you where to go, so you can check for further symptoms and guidance on a smartphone.”

- “A monthly well publicised open surgery for reassurance, awareness and understanding to build up public awareness, so that family members and friends can effectively signpost people.”
- “I would like a care nurse to call once a month to check in with me.”
- “Easier parking at A&E as it is too expensive.”
- “More help for people with a mental health emergency'...and not to be 'released back into the wild' too soon.”

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York CVS

Healthwatch York is a York CVS project. York CVS is a social action organisation; supporting and championing York's voluntary, community and social enterprise (VCSE) sector to make positive change, challenge issues and grow new ideas for the future in order to strengthen communities.

