



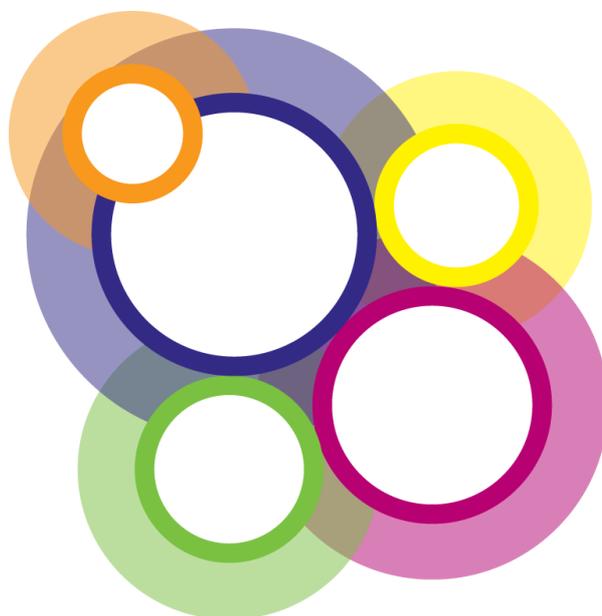
North of England  
Commissioning Support

Partners in improving local health

# Engagement activity report: Sunderland Urgent Care

*For NHS Sunderland CCG*

DRAFT



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## Executive Summary

NHS Sunderland Clinical Commissioning Group (CCG) has a requirement to develop a robust level of knowledge and understanding on public perception of urgent care. Public engagement and market research within Sunderland has provided the following key findings in order to provide a basis to support further consultation around any future, potential changes.

### Key findings:

Urgent care currently:

- In general, in the last six months, the GP or practice nurse was used the most. However, participants with a Long Term Condition (LTC) were more likely to use the following services - GP or practice nurse, a hospital doctor or nurse, pharmacy, A&E, the GP OOHs, NHS 111 and the health visitor, community nurse or district nurse. 26-35 and 46-55 year olds are also most likely to use the health visitor, community nurse or district nurse (on-street and online/postal).
- Two-thirds of participants do treat themselves for minor ailments, although men and participants with a LTC are more likely to indicate that they don't do so (online/postal). Two key reasons for participants with a LTC and/or disability not caring for themselves: confidence and lack of equipment at home to monitor their condition. Women were likely to cite money as a reason for not looking after themselves (on-street).
- If a participant has a LTC they are more likely to choose to see their local doctors service during normal working hours if they have an urgent care need. They are also, more likely to get an appointment on the same day. Their reasons for choosing the services are more likely to be due to using the service before and feeling comfortable with it, as well as location. They are also most likely to choose this service in the future (on-street and online/postal).
- In general, location of service is important, with most strongly agreeing that urgent care should be close to home or their community (on-street and online/postal).
- Males are more likely to strongly disagree with it being their own responsibility to look after their own health needs and they are significantly more likely to use an urgent care centre more frequently over a six-month period.
- In the future, males are significantly more likely to make their way to A&E (online/postal). Future research could look at why males are more likely to make their way to A&E and why their behaviour has changed.
- Gender influences the use of services as males are least likely to understand the roles of the various services in the area. However, males are more likely to trust the advice of healthcare professionals in comparison to females (online/postal).
- Only attending the A&E if they have an emergency or life threatening condition is also important to most participants (single participants are most likely to disagree),

with most also strongly believing that this department is not used as it should be. A reason suggested for this is due to the lack of access to other services (on-street and online/postal) as well as the knowledge they will definitely be seen at A&E (Sunderland Health Forum).

- If participants need medical help fast but it's not a medical emergency or they think they need to go to A&E or an NHS urgent care service, they will either call NHS 111 or visit an urgent care centre. Participants with a disability, LTC or over 75 years old were most likely to attend A&E if urgent care was unavailable (on-street and online/postal).
- Participants are more likely to make their way to the A&E than use GP OOHs or the GP extended hours (online/postal).
- In general, non-urgent care is viewed as pharmacies and local doctor services during normal working hours. Urgent care is viewed as GP OOHs, urgent care centres, NHS 111 and the extended hours services. Although, 46-55 year olds viewed the extended hours services as non-urgent and over 75 year olds viewed local doctor services during normal working hours as urgent care. There's lots of confusion surrounding services with many still not understanding which service to use and when, however, nearly half of participants do feel that they know what to do if they have an urgent care need (online/postal, Sunderland Health Forum, Focus Groups).
- Ability to access medical history/notes is important when receiving advice, diagnosis or treatment, although this is less important to males (online/postal).
- The time it takes to receive treatment or advice provided mixed responses with some participants citing the time-scales as good, and others citing it as poor. However, getting treatment or advice as soon as possible is important with the majority of participants citing this as a reason for choosing the service they chose. Furthermore, time scales have been cited as a reason for participants accessing other services, rather than their GP (Facebook, online/postal, Focus Groups).
- Mixed responses are cited over accessing the same standard of urgent care day or night, with 26-35 year olds more likely to suggest that access is not the same (online/postal).

#### Suggestions for improvements to urgent care:

- Participants with a LTC are significantly less likely to feel confident that they can look after their own minor health needs with participants strongly agreeing that getting guidance and support from an NHS professional and/or someone who had the same concerns/problem/condition as themselves would increase their confidence about caring for their own health (on-street and online/postal).
- Fees – Suggestions have been made to charge fees for either attending the **A&E** unnecessarily, or for non-attendance at GP appointments (Sunderland Health Forum).

- In order to improve urgent and emergency services it has been suggested that more staff are required, and existing staff (GPs and nurses) need further training. It has also been suggested that there is a need for further education/communication on what constitutes urgent and emergency care. Understanding is required on the function, opening hours, and available appointments within urgent care. Clarity over the distinction of urgent care and walk-in centres is required as well as a need to remove the jargon (online/postal, Sunderland Health Forum, Focus Groups).
- There should be a single point (sign-posting) of contact that directs people to the most appropriate service when they need urgent care (single participants are most likely to disagree),
- Participants believe that they should be able to access advice, diagnosis or get treatment from whichever healthcare professional they choose (single participants are most likely to strongly disagree) (online/postal, Focus Groups).
- Participants feel that they need access to the pharmacist rather than the pharmacist's assistant. Although, according to the focus groups they are perceived favourably as they can help people take medication as well as check whether medications can be taken together (online/postal, Focus Groups).
- Opening other services longer, and easier access could prevent unnecessary visits to A&E (on-street).
- Improve speed and accessibility of services (Focus Groups).
- Attitude of staff – participants suggest that it's important GPs and nurses show respect, care and compassion to patients (Facebook, Sunderland Health Forum).
- NHS 111 needs to be "less scripted", with the staff educated and qualified (Focus Groups, Sunderland Health Forum).
- GP's receptionists to not act as gatekeepers with clearer and easier booking/appointment system (Focus Groups, Sunderland Health Forum).

## Introduction

NHS Sunderland Clinical Commissioning Group (CCG) are responsible for planning, developing and commissioning NHS healthcare and health services so that people living in Sunderland have access to the best possible care within the resources available. The CCG want to deliver the vision of 'Better Health for Sunderland.'

Sunderland CCG are reviewing urgent care provision in Sunderland to make sure that people have access to the best possible patient care. To do this, we need to use our resources effectively, and ensure that clinical staff across all urgent and emergency care provision can work together to reach the patients who need their specific skills.

Sunderland CCG has been asking people to share their views on local urgent care provision as they want to know how current services can be adapted to improve the health and wellbeing of local people.

Urgent care services cannot stay as they are as the way people use the NHS is changing. This is from a national level and on a local level.

Nationally, NHS England has set out a five-year plan to review and simplify health services (NHS Five Year Forward View). Locally, people have already told the CCG to focus on:

- Whether people know what services are available
- Which services best suit their health needs
- Where to go for advice and support
- Whether people understand how to access services and use of emergency services
- The best way to deliver high quality affordable services

Sunderland CCG is reviewing urgent care provision against five areas:

- Providing better support to help people care for themselves and the people who depend on them
- Helping those who need urgent care to get the right advice in the right place, first time
- Working together to strengthen the health and social care system to improve physical health and mental health
- Through sharing information and resources
- Providing responsive, urgent physical and mental health services outside of hospital every day of the week, reducing reliance on emergency services

Full details of the listening exercise, including the rationale, are included in the Sunderland Urgent Care listening document, published by Sunderland CCG and can be viewed at:

[Your Views about Urgent Health Care](#)

## Methodology

Sunderland residents were invited to take part in the listening and engagement exercise from 22<sup>nd</sup> November to 23<sup>rd</sup> December 2016.

The on-street research was conducted in October 2016.

### Overview of Sunderland urgent care engagement activity

#### Summary

- 866 respondents have been involved either through answering the survey, attending focus groups/events, responding via social media – this gives a good representation of the population within Sunderland
- 165,000-awareness generation (calculated via reach. Please note that people could have seen the information multiple times)
- More detailed information is below on each area of engagement and promotion

Engagement method	Results
On-street market research	396 respondents
Survey – both online and via post	429 respondents
Sunderland Health Forum	20 attendees
Focus groups	Took place on 19 <sup>th</sup> and 20 <sup>th</sup> December 21 attendees
Leaflet distribution to community venues	294 venues throughout Sunderland displayed leaflets
Sunderland Echo online advert	50,103 impressions 47 click (0.09%)
Sunderland Echo	2 x articles in the Sunderland Echo 15,000 circulation
Facebook	37,172 reach 9,694 post engagements 147 likes 49 comments
Video	11,000 views
Twitter	62,741 reach 132 click throughs 38 shares
MY NHS emails	4 emails sent to over 200 contacts <ul style="list-style-type: none"> <li>• 7<sup>th</sup> Dec – 30% open, 22% click throughs</li> <li>• 12<sup>th</sup> Dec – 24% open, 5.7% click through</li> <li>• 15<sup>th</sup> Dec – 30% open, 9.2%</li> <li>• 20<sup>th</sup> Dec – 23% open, 12% open</li> </ul>

## Methods of getting involved:

- On street survey
- Online and postal questionnaire
- Briefings with key stakeholders
- Sunderland Health Forum
- Focus groups
- Via email and social media
- Working with CVS organisations

## Surveys (on-street and online and postal questionnaire)

A total of 825 participants completed a survey designed to understand patients' experience and opinions about how urgent care is delivered in Sunderland.

- 396 were completed on street using quota sampling to map participants' demographics against the profile of Sunderland.
- 429 either completed the questionnaire online or returned via the post.

## Briefing with key stakeholders

A number of meetings were also held with key stakeholders. Details of these are as follows:

- GP practices – briefing at council of Practices and Practice Manager forum.
- Meeting with Sunderland overview and scrutiny committee on 4<sup>th</sup> January 2017.
- Briefings sent to key stakeholders through listening period including providers of urgent care services.

## Sunderland Health Forum

The Sunderland Health Forum focused specifically on Urgent Care for two of the planned meetings for the CCG:

- Tuesday 22<sup>nd</sup> November, 6-8pm, Bede Tower, SR2 7EA
- Wednesday 23<sup>rd</sup> November, 2-4pm, Bede Tower, SR2 7EA

## Focus Groups

Focus groups were held on 19<sup>th</sup> and 20<sup>th</sup> December in the evening in Sunderland, with 21 respondents.

## Other engagement methods

Individuals were able to provide their comments by email, post, phone or social media. 49 individuals provided comments directly via Facebook and these have been included in the analysis. It was noted that social media also contributed to the self-completion element of the questionnaire.

Existing community groups and organisations were also invited to participate and a number of organisations confirmed that they distributed information and asked individuals to complete the online survey.

## Survey findings

### On-street research

An on-street market research was conducted with Sunderland residents with a sample of 396 people, which gives a 95% confidence level (recognised market research methodology).

The full report for the on-street market research can be found [here](#).

### Online and postal survey

#### Demographic profile for online and postal questionnaires

The quota levels are as follows:

#### Gender:

Male (54)	17.59%
Female (250)	81.43%
Prefer not to say (3)	0.98%

#### Age:

Under 16 years (2)	0.69%
16-25 years (16)	5.52%
26-35 years (35)	12.07%
36-45 years (44)	15.17%
46-55 years (78)	26.90%
56-65 years (65)	22.41%
66-75 years (29)	10%
Over 75 years (21)	7.24%

#### Ethnicity:

Category	Survey
White British (174)	65.91%
White English (6)	2.27%
British (35)	13.26%
English (10)	3.79%
White (35)	13.26%
White European (3)	1.14%
White non British (1)	0.38%

**Location:**

North Sunderland (56)	SR5 1, SR5 2, SR5 3, SR5 4, SR5 5, SR6 0, SR6 8, SR6 9	14.93%
East Sunderland (46)	SR1 1, SR1 2, SR1 3, SR2 0, SR2 7, SR2 8, SR2 9	12.27%
West Sunderland (85)	SR3 1, SR3 2, SR3 3, SR3 4, SR4 0, SR4 6, SR4 7, SR4 8, SR4 9	22.67%
Seaham, Castle Eden (5)	SR7, SR7 7, SR7 8, SR7 9, SR8 1	1.33%
Pelton (1)	DH2 2	0.27%
Coalfields (26)	DH4 4, DH4 5, DH4 6, DH4 7, DH5 0, DH5 8, DH5 9	6.93%
Thornley, Coxhoe (2)	DH6, DH6 3	0.53%
South Tyneside (1)	NE34 8	0.27%
Washington (51)	NE37 1, NE37 2, NE37 3, NE38 7, NE38 8, NE38 9	13.60%

**Access to services**

Participants were most likely to have visited a GP or practice nurse (37.2%) or a local pharmacist (28.6%), 2-3 times within the last six months (figure 1).

In general, participants within the age of 46-55 years were most likely to use the GP or practice nurse (43.75%) and the GP OOHs (37.5%). Health visitors, community nurses or district nurses were most likely to be used by the ages 26-35 and 46-55 year olds (18.52%, 18.52% respectively).

Gender influences the use of urgent care centres, with males (m: 2.2%, f: 0%) significantly more likely to use the service 7-10 times within a period of 6 months. Also, over a six month period if a participant was married they were more likely to visit the GP or practice nurse once, compared to a single participant, (m: 26.6%, s: 13.3%); and a single participant is more likely to visit a hospital doctor 7-10 times (m: 0.7%, s: 6.7%) and the A&E, 4-6 times, in comparison to a married participant, (m: 0%, s: 5.3%).

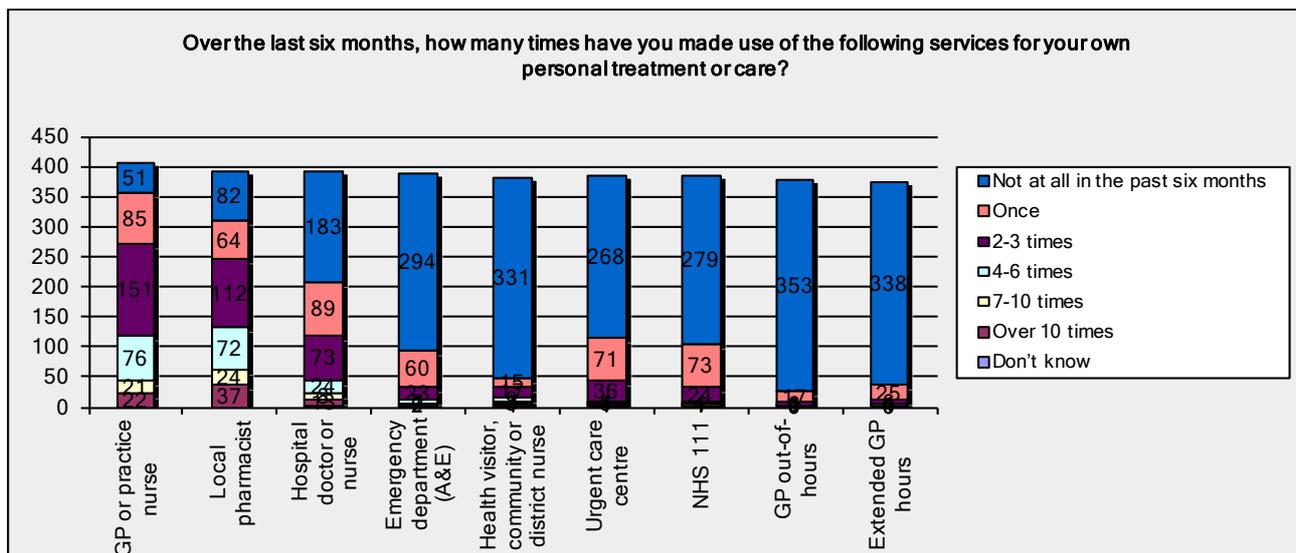
Participants with a LTC were significantly more likely to use the GP or practice nurse 4-6 times (LTC: 26.2%, no condition: 9.2%) in the last six months.

The pharmacy is used more frequently amongst participants with a LTC with significantly more using it 4-6 times over that last six months (LTC: 23.4%, no condition: 12.7%), 7-10 times (LTC: 9.6%, no condition: 1.3%), and over 10 times (LTC: 16.1%, no condition: 1.3%).

Also, participants with a LTC were significantly more likely to visit a hospital doctor or nurse 2-3 times over the last six months (LTC: 26.3%, no condition: 8.2%), 7-10 times (LTC: 3.2%, no condition: 0%), over 10 times (LTC: 5.5%, no condition: 0.6%).

The same participants were also most likely to visit the A&E 2-3 times (LTC: 8.5%, no condition: 3.2%); the GP OOH's 2-3 times (LTC: 2.9%, no condition: 0%) and call NHS 111, 2-3 times (LTC: 9%, no condition: 3.2%) within a six months period. They were also most likely to visit the health visitor, community nurse or district nurse, (LTC: 3.9%, no condition: 0%) 4-6 times, in the last six months.

Figure 1: Use of the following services



### Considerations of the types of services

It is clear that the majority of participants view pharmacies (82.3%) and local doctor services during normal working hours (73.2%) as non-urgent care. However, over 75 year olds were most likely to view local doctors during normal working hours as urgent care (57.14%).

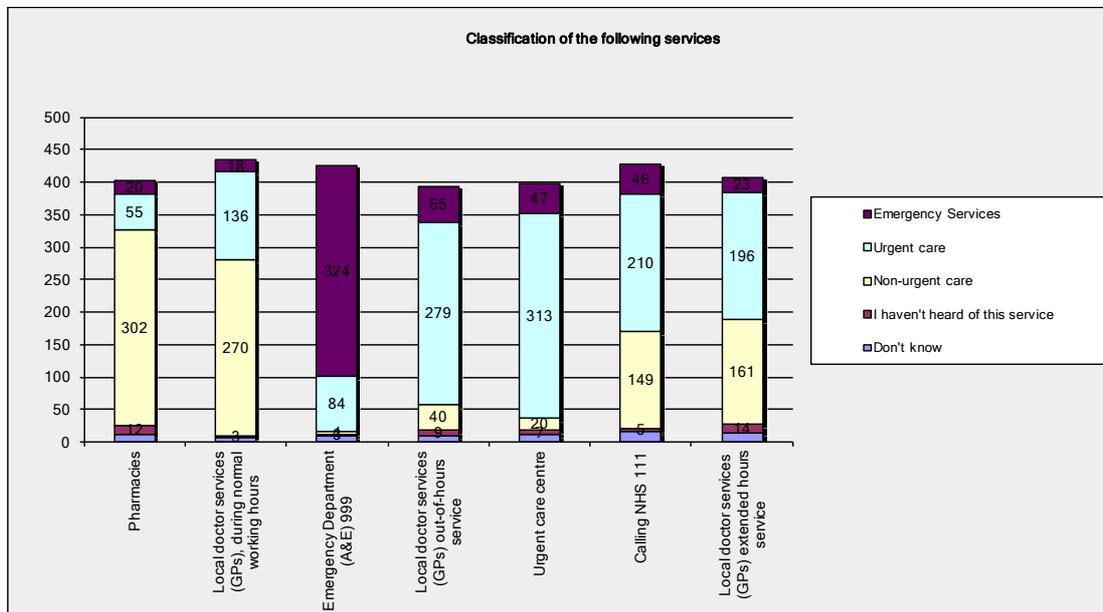
The majority of participants also view OOHs (76.6%), urgent care centres (87.2%), NHS 111 (58.3%) and the extended hours service (54.3%) as urgent care. Additionally, 46-55 year olds were most likely to view GP extended hours as non-urgent care (43.82%).

Continuing on, most participants (89.5%) viewed the A&E as an emergency service (figure 2).



It's important to note, men were significantly more likely to have not heard of the local doctors during normal working hours (m: 3.4%, f:0%), the A&E (m: 3.4%, f:0%), urgent care centres (m: 5.4%, f: 0%) or calling NHS 111 (m: 3.4%, f: 0.3%). Also single participants were significantly more likely not to have heard of the A&E in comparison to married participants (m: 0%, s: 2.9%).

Figure 2: Considering the types of services



### Self-care

More than half of participants strongly agree that it is their own responsibility to look after their own minor health needs (56.3%). Males are most likely to strongly disagree (m: 1.9%, f: 0%) and married participants are most likely to strongly agree in comparison to single participants (m: 67.7%, s: 50.5%). Furthermore, participants with a LTC (LTC: 8.3%, no condition: 2.7%) are significantly more likely to neither agree nor disagree, with this statement, rather than strongly agree.

Also, nearly half of participants agree that they trust the advice that is provided by healthcare professionals (49.9%), though 36-45 year olds (45.46%) were most likely to strongly agree (figure 3). There is also a significant difference between responses from males and females, with a significantly higher response from males strongly agreeing (m: 47.2%, f: 30.8%) and a significantly higher response from females agreeing (m: 34%, f: 52%).

Just over half agree that they understand the role of the various healthcare services available in the area (50.5%); 26-45 year olds were more likely to strongly agree (43.18%).

Responses from participants with a LTC are significantly higher when agreeing with their understanding of the roles of the various services (m: 54.2%, f: 43.6% respectively). Also, males are most likely to not understand the roles of the various healthcare services in their area with males strongly disagreeing (m: 5.7%, f: 1.2%).



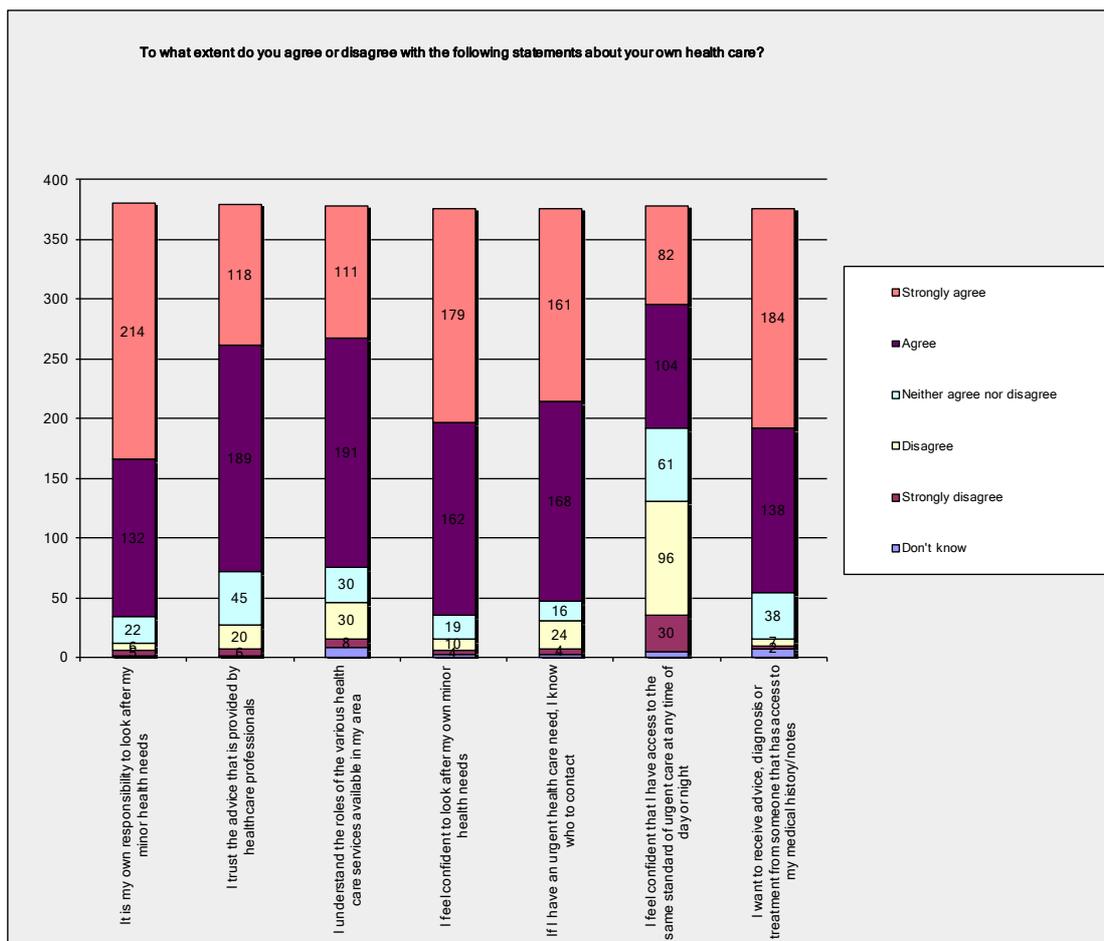
Furthermore, nearly half of participants strongly agree that they feel confident to look after their own minor health needs (47.6%); with strongly agree responses from participants with a LTC significantly lower (LTC: 44.2%, no condition: 54.7%) and 16-25 year olds most likely to agree (56.25%).

Most participants either strongly agree (42.8%) or agree (44.7%), that they would know whom to contact if they had an urgent health care need.

Mixed responses were received regarding confidence levels with a slight majority (27.5%) agreeing that they feel confident that they have access to the same standard of urgent care at any time of day or night and 25.4% disagreeing. While 75 year olds were most likely to neither agree nor disagree (28.57%) and 26-35 year olds were most likely to disagree (34.28%).

Finally, nearly half of participants strongly agree (48.9%) that they want to receive advice, diagnosis or treatment from someone that has access to my medical history/notes (figure 2). Although, females were more likely to agree (m: 22.6%, f: 39.9%) to this statement, and males were most likely to disagree (m: 5.7%, f: 1.2%).

Figure 3: statements about own healthcare



## Urgent Care

When respondents were asked about urgent care in Sunderland the majority agreed that people should be able to access advice, diagnosis, or get treatment from whichever healthcare service they choose to contact (34.6%) (figure 4). Males (m: 54.7%, f: 27.2%) are most likely to strongly agree, whilst participants with a LTC (LTC: 34.8%, no condition: 28.2%) and females are most likely to agree (m: 20.8%, f: 37.6%) with this statement. Single participants in comparison to married participants are most likely to strongly disagree (m: 2.5%, s: 11.5%).

Just short of half (41.7%) strongly agree that there should be a single point of contact that directs people to the most appropriate service when they need urgent care with females (m: 26.4%, f: 41.6%) and 26-35 and 46-65 year olds most likely to agree (56%, 50% respectively). Furthermore, single participants are most likely to strongly disagree in comparison to the married participant (m: 0%, s: 3.3%).

Moreover, more than half of participants strongly agree that it is important that people have access to urgent care services close to their home or community (58.5%) and that people should only go to an A&E if they have an emergency or life-threatening condition (68.1%) (figure 4). Married participants were more likely to strongly agree that they should only go to an A&E if they have an emergency or life-threatening condition, (m: 74.5%, f: 60%) in comparison to single participants and single participants are significantly more likely to disagree in comparison to the married participant (m: 0.6%, s: 5.0%).

In the last six months, more than half of participants (60.6%) have not had a need for urgent care for a non-life threatening condition. Single participants were more likely to have a need, in comparison to the married participants (m: 33.3%, s: 54.2%) and participants with a LTC (LTC: 45.84%, no condition: 28.3%) and the over 75's (52.38%) were also more likely.

Various recent illness/injury/conditions were given for requiring urgent care.

Figure 4: Statements on urgent care in Sunderland

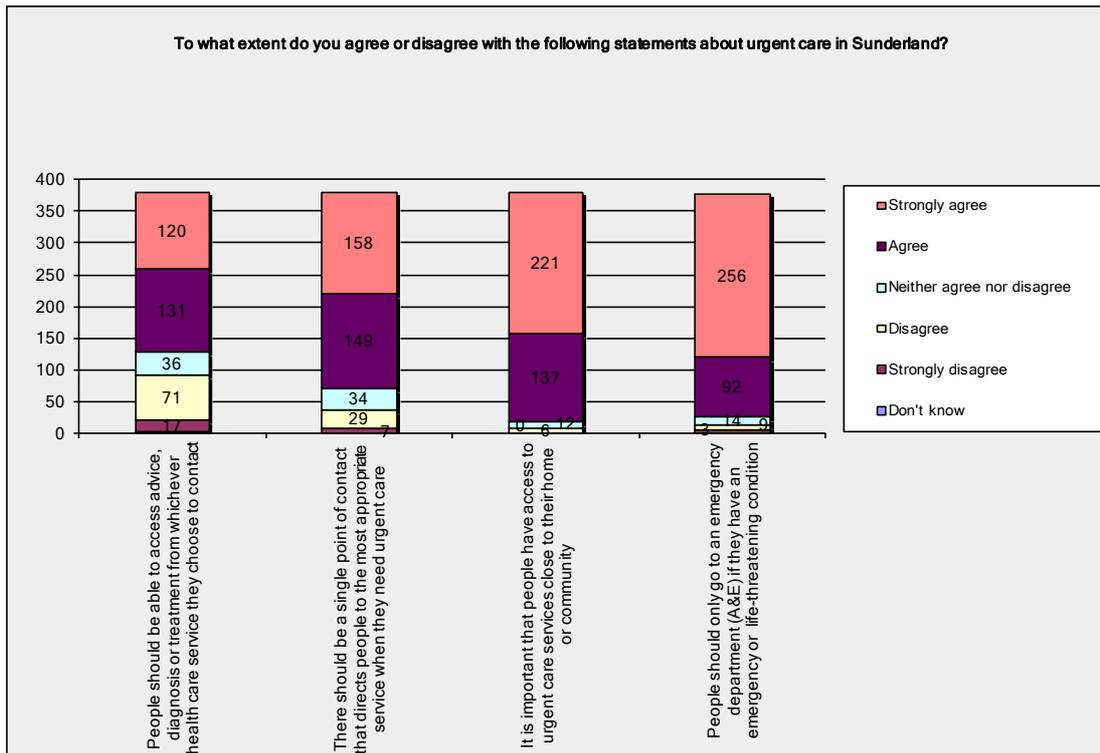


Figure 5: reasons for requiring urgent care.

**Q7 Briefly, what was the nature of your most recent illness/injury/condition?**

Answered: 133 Skipped: 296

Asthma Attack <sub>Toe</sub> Cancer <sub>Pregnancy</sub>  
 Kidney Stones <sub>Child</sub> Knee <sub>Blood Clot on Lung</sub>  
 Rash <sub>Mini Stroke</sub> Injury <sub>Blood Pressure</sub>  
 Infection <sub>Bleeding Naval</sub> Pain  
 Right Breast <sub>Broken</sub> <sub>Unable to Walk</sub> Heart  
 Bladder <sub>Acute</sub> <sub>Persistent</sub> <sub>Needed</sub> Stitches  
 Problems <sub>UTI</sub> <sub>Tonsillitis</sub> Hospital

Participants mostly chose to firstly, call NHS 111 (28.2%) when they had an urgent care need, closely followed by local doctors service during normal hours (23.9%). Interestingly



participants were more likely to make their way to the A&E (12.7%) than to use GP OOHs (0.7%) or GP extended hours (1.4%).

Participants with a LTC are more likely to choose to see their local doctor during normal hours (LTC: 30.5%, no condition: 11.6%). Also, 36-45 year olds were equally as likely to choose NHS 111 (25%), their local doctors service during normal hours (25%), or an urgent care centre (25%); with 46-55 year olds more likely to choose either their local doctor service during normal hours (25%) or an urgent care centre (25%). The 56-65 year olds and 66-75 year old age range were most likely to choose their local doctors service during normal working hours (43.75%, 50% respectively).

Furthermore, over half of participants (58.2%) chose the service they chose first, because they wanted to get treatment/advice as soon as possible with the responses from participants with a LTC significantly higher (y: 66%, n: 46.5%). A good proportion of participants (39%) also suggested that as far as they were aware, it was the most appropriate service to contact for their needs at the time (figure 6).

Furthermore, participants with a LTC were most likely to have used the service they chose before and/or felt comfortable with it (LTC: 25.5%, no condition: 9.3%).

Interestingly, married participants were more likely to suggest that this is the service that came to mind first at the time, in comparison to the single participants (m: 17%, s: 3.0%).

Advice/treatment was received from the first service mostly all of the time (89.3%), with over half (51.2%) very satisfied with the service from the first point of contact (figure 7). Over 75's were more likely to state that they were only satisfied with the service (63.64%)

Following on from contact with the first service, nearly two-thirds (63.9%) of participants were transferred or directed to another service (either before or after receiving advice/treatment from their first port of call). Nearly a quarter (22.6%) of participants felt their needs were full met by the first service, and nearly one-tenth (9.8%) of participants weren't transferred to another service but felt that their needs were not fully met by the first service.

Figure 6: reasons for contacting the service first

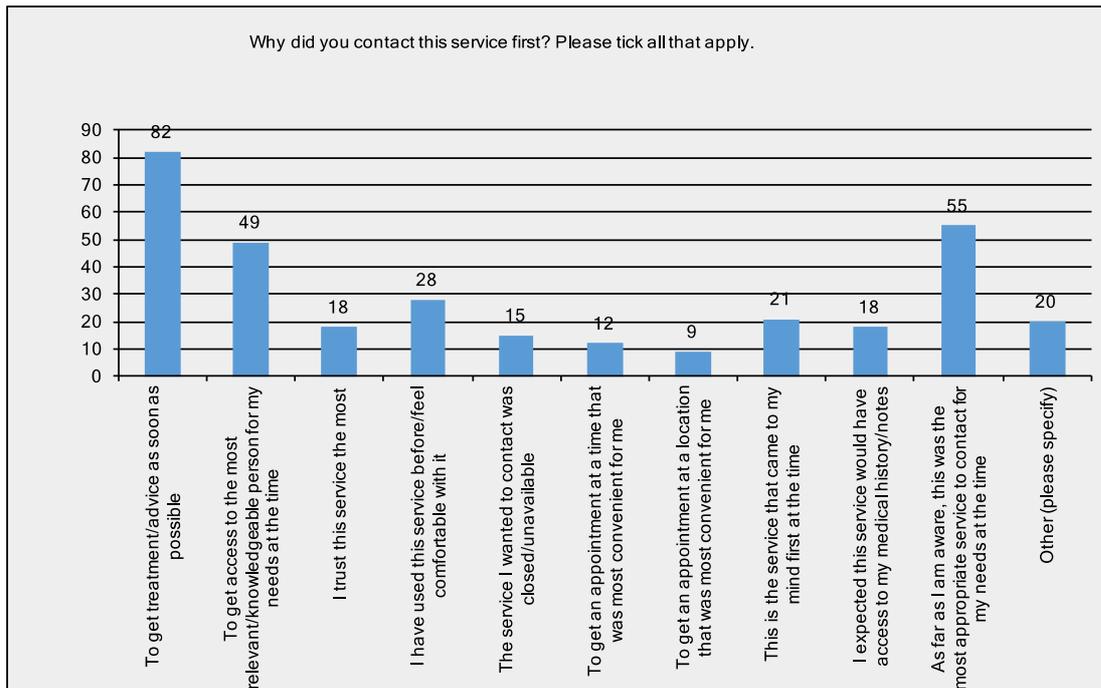
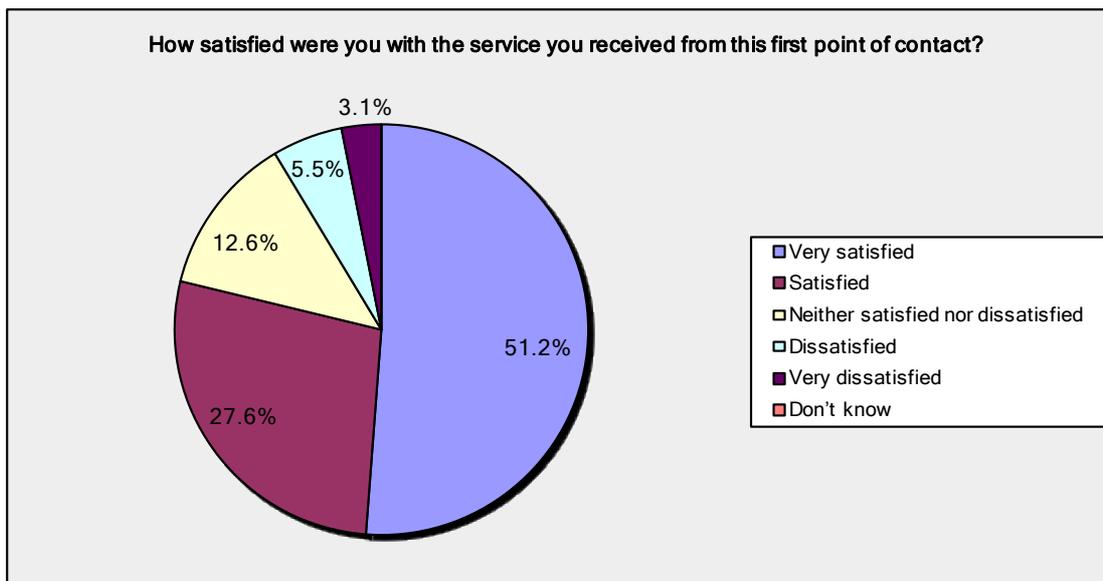


Figure 7: Satisfaction with first point of contact



Out of the participants that were transferred to another service, the majority (46.3%) suggested that they were transferred to a service that was not listed, out of the options available the urgent care centre was transferred to the most (22.5%) (figure 8). Again, participants (41.6%) were very satisfied with the service received.

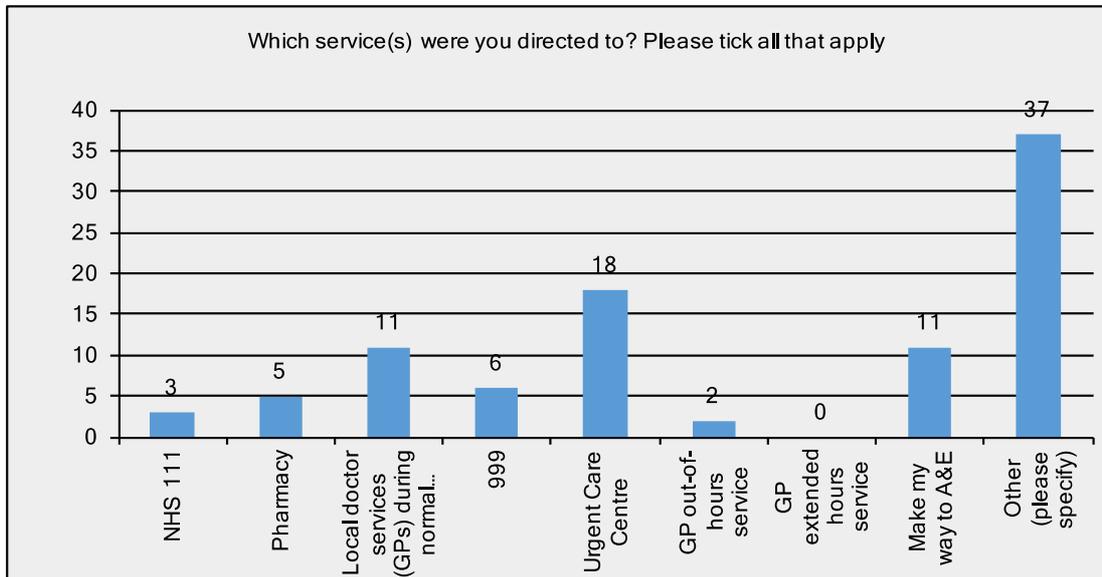
Examples of services participants suggested they were transferred to, that weren't listed, include:

*“...A rapid response was called who then called for paramedics and I was admitted to City Hospitals Sunderland for 5 days”*

*“Fracture clinic”*

*“Hospital orthopaedic fast track service”*

Figure 8: Service directed to



Participants were asked to think about their experience of urgent care services in the last six months and what they thought was good about it. Generally they thought that the urgent care centres were quick and that there were short waiting times.

*“Urgent care response is really quick and efficient”*

*“Short waiting time, local point of contact and easy access. Reassuring staff and treatment”*

Two key themes showed when participants were asked what was poor about Urgent Care in the last six months. Waiting times (30%), and nothing was poor (22.5%):

*“There wasn’t anything”*

*“Length of time waiting and lack of info about what was happening”*

**Future Access to services**

Participants were then asked which service they would contact in the future if they had urgent care needs, NHS111 (30.2%), local doctor services during normal hours (25.5%), and the Urgent Care Centres (22%) were the services most likely to be used (figure 9) with men significantly more likely to make their way to A&E (m: 15.1%, f: 3.7%). Responses from participants with a LTC were significantly higher for using the local doctor services during normal hours (y: 29.8%, n: 19.8%).



A theme for choosing this service first is for advice (14.34%):

*“To get advice before going to hospital”  
 “Because their training and expertise and knowledge would help me get the right advice and treatment.”*

The above theme can be corroborated when participants were given the opportunity to suggest what would be important to them when choosing their urgent care service in the future; 79.3% suggested getting the treatment/advice as soon as possible was important. Getting access to the most knowledgeable/relevant person for my needs at the time (60.5%) was also viewed as important (figure 10), with married couples more likely to find it important in comparison to single participants (65.6%, 50% respectively).

Additionally, participants with a LTC were significantly more likely to find contacting a service that I have used before/feel comfortable with (LTC: 29.3%, no condition: 14.5%) and contacting a service that comes to mind first when the need arises (LTC: 12.2%, no condition: 5.3%) as important.

Figure 9: Future use of services

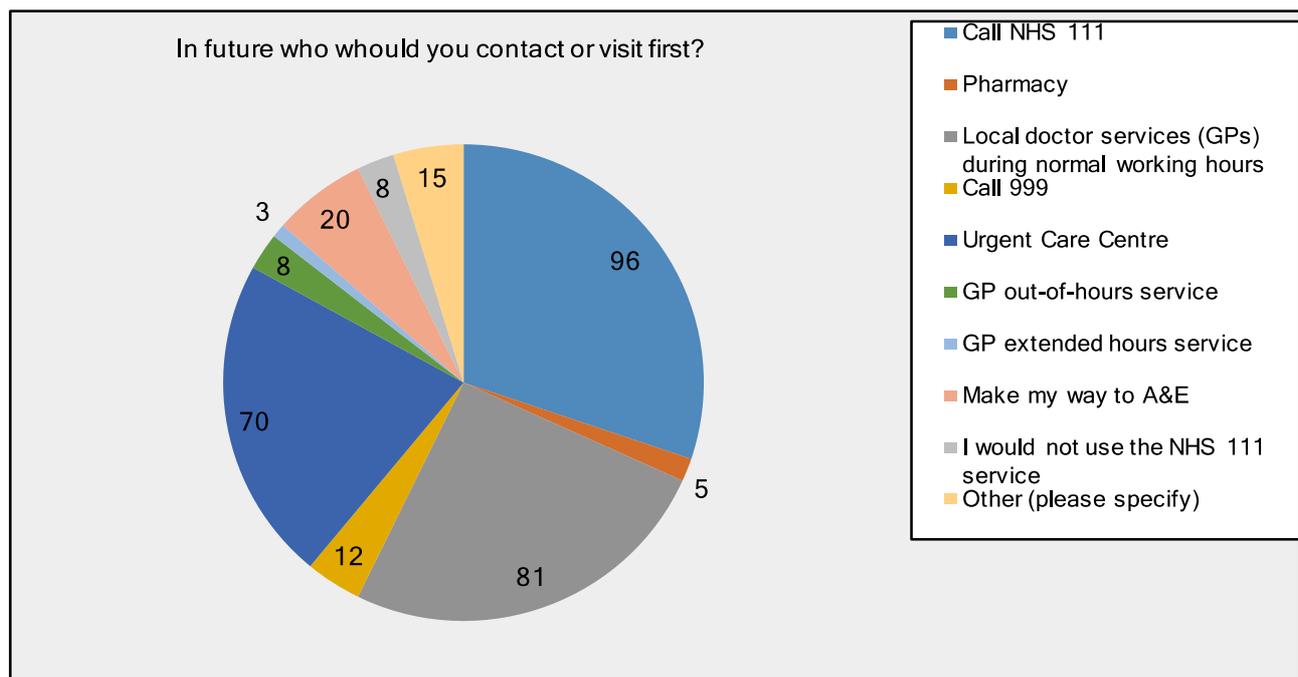
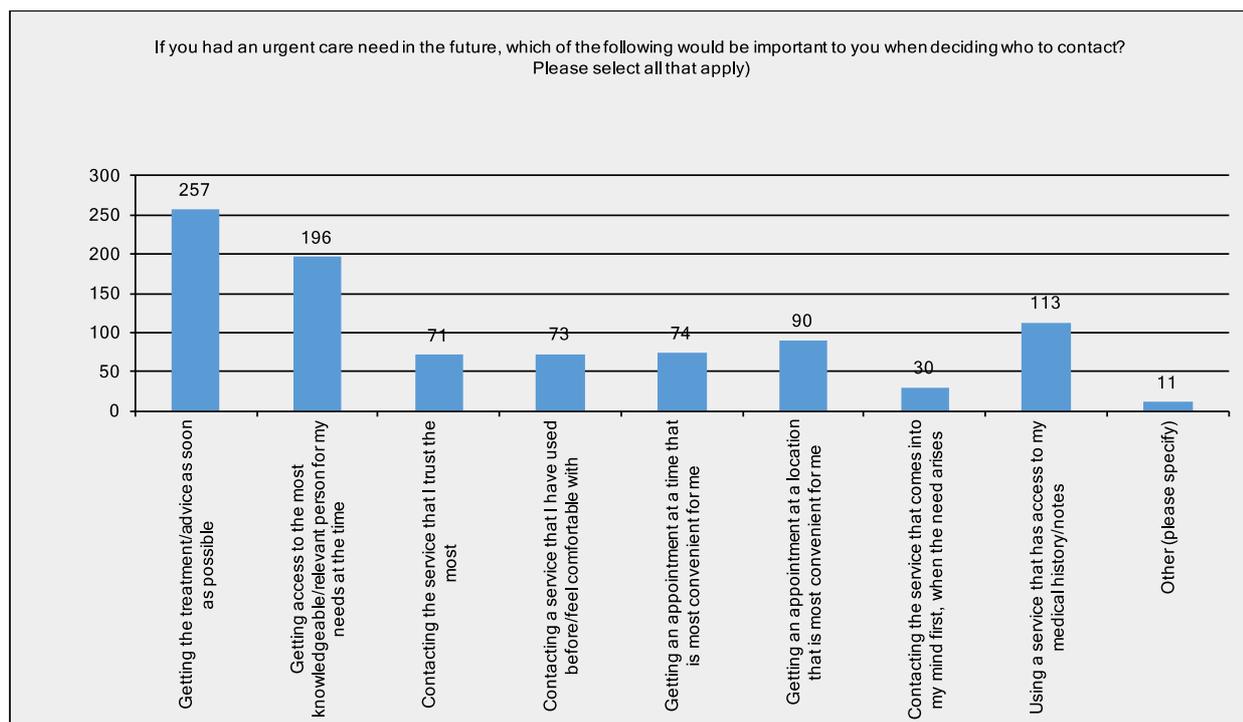


Figure 10: Future service and what would be important



The majority of participants (67.3%) would contact NHS 111 if they needed medical help fast but it was not a 999 emergency. Just less than half (40.3%) suggested they would contact NHS 111 if they think they need to go to A&E or need an urgent care service (figure 11), with single participants significantly more likely to contact NHS 111 if they needed medical help fast but it was not a 999 emergency, compared to married participants (m: 33.6%, s: 52.6%).

Most participants (87.2%) would use a local pharmacist if they needed health information or reassurance about what to do next (figure 12). 61.5% of over 75's suggested they would use a pharmacist if they needed medical help fast but it wasn't a 999 emergency.

Furthermore, more than three-quarters (76.5%) of participants suggested that they would contact an urgent care centre if they needed medical help fast but it's not a 999 emergency. Just over two-fifths (41.9%) would contact an urgent care centre because they think they need to go to A&E or need an NHS urgent care service (figure 13), with single participants most likely to cite this as a reason, in comparison to married participants (m: 35.7%, s: 35.7%).

Participants were also given the opportunity to list up to 5 ways that urgent and emergency care services could be improved locally. Two key themes are staff issues (13.1%) and public education (7.5%):

*“More nurse practitioners available”*  
*“Improve staff training”*

*“Educate people more on what is an emergency”*  
*“Leaflets to describe best use of services”*



Figure 11: Use of NHS 111

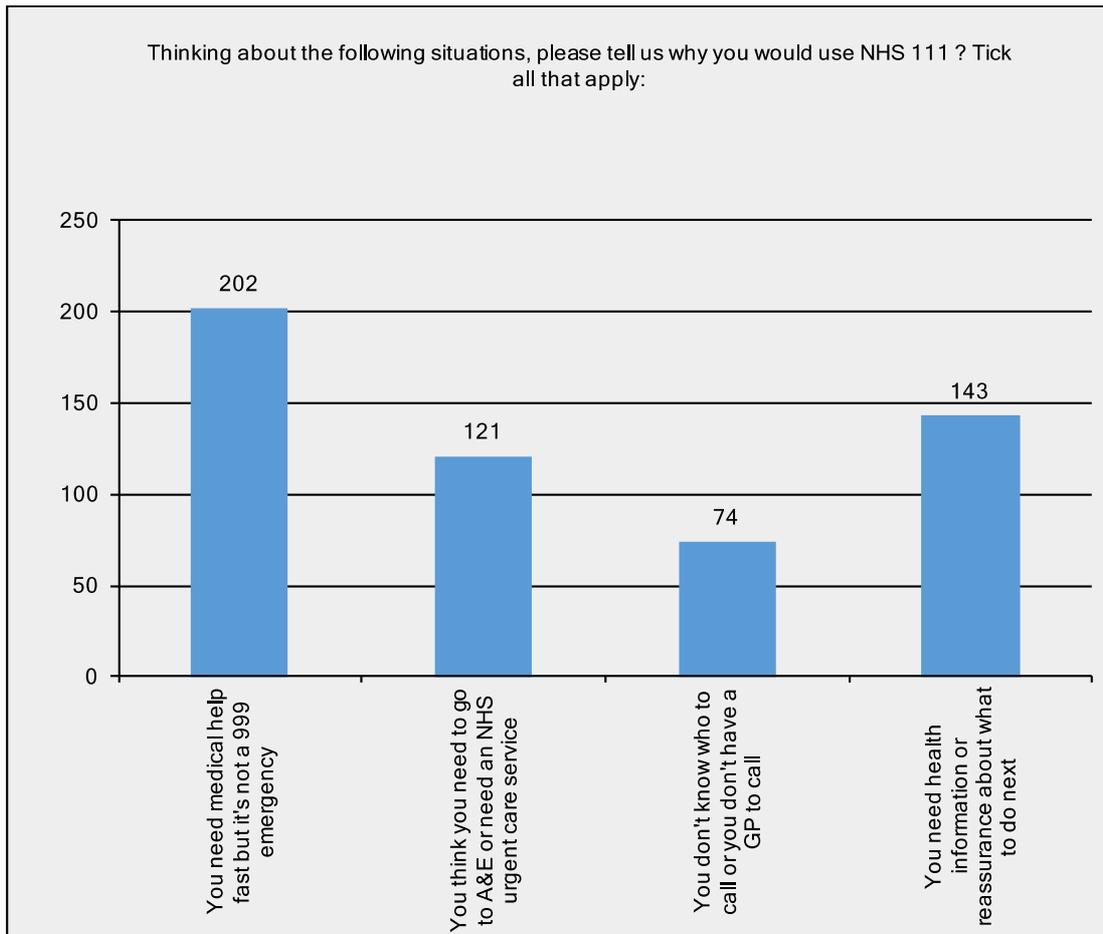


Figure 12: Use of a pharmacist

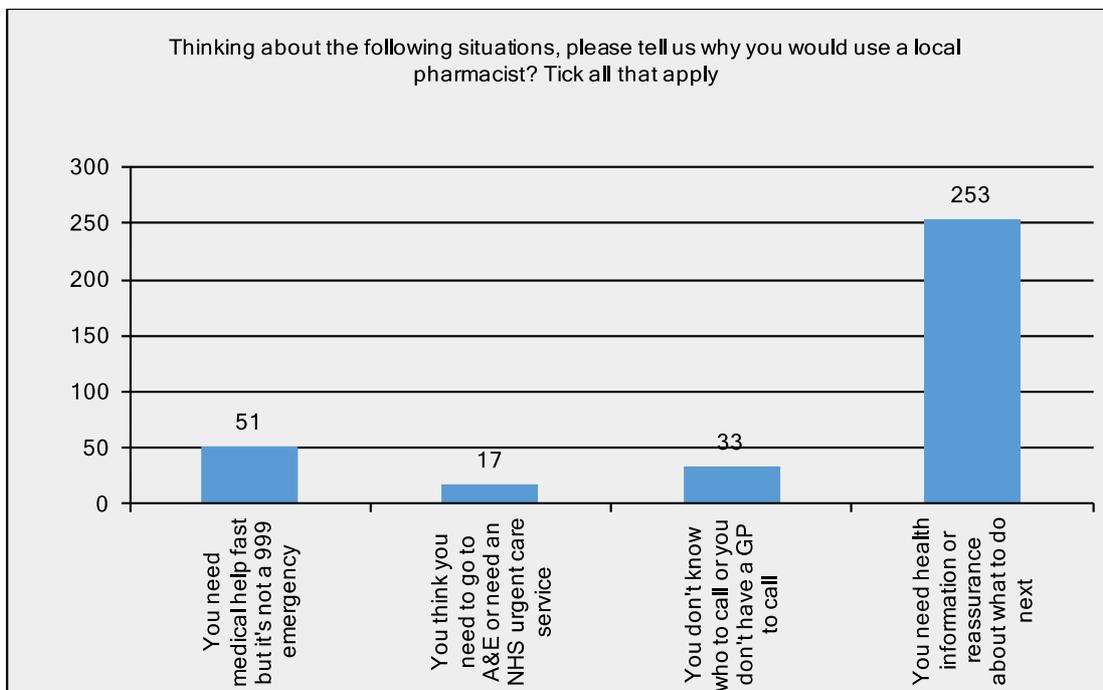
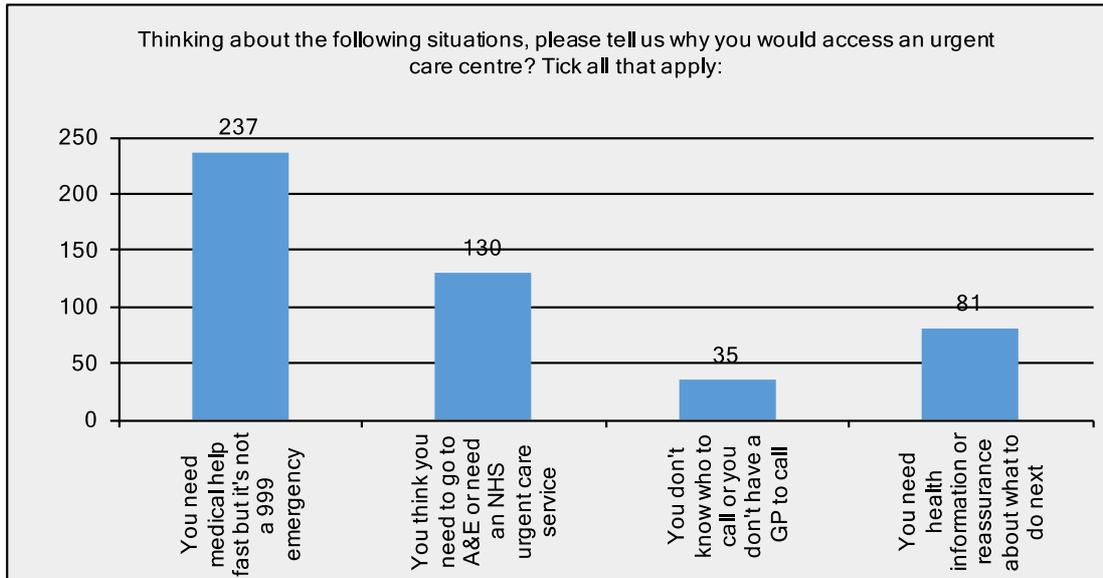


Figure 13: Reasons to attend an urgent care centre



## Focus Group

The CCG ran focus groups on the 19<sup>th</sup> and 20<sup>th</sup> December 2016 where 21 participants attended. The aim of these groups was to explore awareness and perceptions of urgent care services in Sunderland. No previous knowledge or use was required – participants ranged from those with significant experience to those with virtually none.

The report from the focus groups is available [here](#) and the key themes have been incorporated in the summary of findings and the executive summary.

## Sunderland Health Forum Findings

The Sunderland Health Forums took place on 22<sup>nd</sup> November 2016 (6-8pm) and 23<sup>rd</sup> November 2016 (2-4pm) where 20 people in total attended. The summary of findings is:

### Which services do you consider to be an emergency service?

83.33% of the discussion focused on A&E with main comments including:

- **Consistency:** attending A&E ensures that someone will be seen, on attending other facilities a person is moved around the system e.g. calling 111 and sent them to urgent care centre, and then sent to A&E. This causes confusion, patients not knowing whom they should contact first.
- **Children:** The importance of attending A&E if a child is hurt.
- **The definition of emergency:** clarity required over what an emergency is. One comment suggests, "Severe pain, bleeding heavily would go to A&E, anything less would probably go to GP. Severe chest pains ring 999.
- **Inappropriate attendance:** Fees should be incurred for attending A&E inappropriately and/ or people should be turned away.
- **GP records:** Lack of access to GP records at A&E.

### Which services do you consider to be urgent care?

56.25% of the discussion focused on confusion of which services to go to with main comments including:

- **Various services:** so many options available, people are uncertain over which service to contact, focusing on the potential 8 possible routes.
- **Definition of urgent care:** clarity required over what urgent is.

31.25% of the discussion focused on GPs with main comments including:

- **Lack of access:** problems with getting GP appointments lead people to access other services.
- **Relationship:** people may prefer to see their own GP.

### Which services do you consider non-urgent?

41.67% of the discussion focused on GP with comments including:

- **Physio:** Having to book a physio through the GP is now a further burden on GPs.
- **Lack of access:** people suggesting the GP is for non-urgent reasons due to it taking a long time to get an appointment.

25% of the discussion focused on confusion:

- **Conflicting information:** too much conflicting information surrounding non-urgent care.
- **Definition of non-urgent care:** clarity over what non-urgent is.

25% also focused on pharmacy:

- **Lack of access to pharmacist:** On attending a pharmacy, the pharmacist rarely fronts the shop; you are therefore speaking to an assistant with no medical training.

## What is good about urgent care?

Focus on 111:

- **Treatment/attitude:** It is important to treat people properly, attitude is important. Concern arises over the operators reading from a script.
- **Prompt treatment:** 111 provides prompt treatment with one respondent commenting, "NHS 111 – my grandchild jammed his head and made an appointment in hospital, made appointment with triage nurse and seen straightaway."

Focus on GP:

- **Prompt treatment:** ability to get swift appointments.
- **Other services:** Availability of other services relieving the pressure on GP's.
- **Treatment/attitude:** Care and compassion are important.

## What was poor about urgent care?

Focus on Pharmacy:

- **Inability to see pharmacist:** Receiving bad advice from the pharmacist's assistant.

Focus on A&E:

- **System:** Lack of integration with urgent care.
- **Treatment refused:** On attendance via ambulance.
- **Transport:** patient transport to A&E, people having to wait a long time for an ambulance if the need isn't life threatening.

Focus on Confusion:

- **Clear information:** lack of clear information on urgent care.
- **Appointment system:** This can be confusing.

Focus on GP:

- **Pharmacy:** People are advised to see the pharmacist, not their GP – but pharmacies are closing.
- **Gratitude:** Lack of respect, gratitude and appreciation for GPs.
- **Reception gatekeepers:** Receptionists who are not medically trained deciding whether or not a person can see the GP.

### How could we improve urgent or emergency care locally?

Focus on GPs:

- **Lack of GPs:** The need to employ and train more GPs.
- **Patient history:** GPs no longer have access to patient information. One joined up system is required.
- **Fee:** Charge people for non-attendance.
- **Treatment/attitude:** Important to be treated with care and compassion.

## Other engagement methods – Facebook comments

Facebook comments were received between the 29th November 2016 and 12<sup>th</sup> December 2016, where 43 comments in total were received. Below is the summary of comments:

Nurses:

- **Attitude:** lack of care and poor treatment of patients.
- **Lack of resources:** Nurses are extremely busy.

GP Access:

- **Lack of access:** the need to be able to get an appointment straight away without having to wait.

Bureaucracy:

- **Management:** too many people in management not enough doctors and nurses.
- **Lack of ability:** management's lack of ability to make the right decision.
- **Funding:** Not enough funding available having a negative effect on care.

Accessibility for all:

- **Subtitles:** provide subtitles for deaf people.
- **Involvement:** reach out to deaf people and involve them in the consultation.



Communication:

- **Education:** clarity of what is and isn't urgent care.

New ward:

- **Resources:** A designated ward for people who are drug abusers, binge drinkers, and time wasters, freeing up resources for genuine cases.

Services:

- **Availability:** The crisis team and mental health services need to be available in urgent care and A&E.

## Summary of findings

The following provides an overview of the key findings from the online and postal survey, the focus groups, Sunderland Health Forum and Facebook messages:

- In general, out of all of the services available, the GP or practice nurse was used the most, with 37.2% of participants using it 2-3 times in the last 6 months. However, 26-35 and 46-55 year olds were most likely to see a health visitor, community nurse or district nurse (18.52%, 18.52% respectively) (online/postal).
- Furthermore, males (m: 2.2%, f: 0%) are significantly more likely to use an urgent care centre 7-10 times within a period of six months, whilst single participants are more likely to visit a hospital doctor (7-10 times) and the A&E (4-6 times) more frequently (6.7%, 5.3% respectively) (online/postal).
- Also, in the last six months participants with a LTC were more likely to use the GP or practice nurse (4-6 times: 26.2%), pharmacy (4-6 times: 23.4%, 7-10 times: 9.6%, over 10 times: 16.1%), hospital doctor or nurse (2-3 times: 26.3%, 7-10 times, 3.2%, over 10 times: 5.5%), A&E (2-3 times: 8.5%), the GP OOHs (2-3 times: 2.9%), calling NHS 111 (2-3 times: 9%) as well as visit the health visitor, community nurse or district nurse (4-6 times: 3.9%) more frequently (online/postal).
- In general, most participants view pharmacies (82.3%) and local doctor service during normal working hour (73.2%) as non-urgent care. Additionally, 46-55 year olds were most likely to view GP extended hours as non-urgent care (43.82%) (online/postal).
- Issues arise around the usage of the pharmacy, with participants suggesting a lack of access to the actual pharmacist with most only able to speak to the assistant (Sunderland Health Forum). Although, others deem the service provided by pharmacies favourably, suggesting they are very proactive, they check medications can be taken together as well as show people how to take specific medications. Improvements surround, more privacy: for example consultation rooms, more proactivity and more consistency (Focus Groups).
- Also, suggestions were made towards a requirement to employ and train more GP's and that their should be a fee for non attendance at the GP surgery. Other concerns surrounded receptionists preventing patients from accessing the GP by acting as a gatekeeper (Sunderland Health Forum, Focus Groups).
- The majority of participants view OOHs (76.6%), urgent care centres (87.2%), NHS 111 (58.3%) and the extended hour service (54.3%) as urgent care. However, over 75 year olds (57.14%) were most likely to view local doctors during normal working hours as urgent care (online/postal).
- Additionally, males were more likely to have not heard of the local doctors during normal working hours, the A&E, urgent care centre or NHS 111 (3.4%, 3.4%, 5.4%, 3.4% respectively). Single participants (m: 1%, s: 2.9%) were also more likely to have not heard of the A&E (online/postal).

- Furthermore, in general, males are more likely to not understand the roles of the various services available in the area (m: 5.7%, f: 1.2%).
- More than half (56.3%) of participants strongly agree that it's their own responsibility to look after their own minor health needs. However, males are more likely to strongly disagree (m: 1.9%, f: 0%) and participants with a LTC (LTC: 8.3%, no condition: 2.7%) are significantly more likely to neither agree nor disagree (online/postal).
- Additionally, nearly half of participants (49.9%) agree that they trust the advice that is provided by healthcare professionals (online/postal).
- Differences to the general trends can be seen with males (f: 30.8%, m: 47.2%) and 36-45 year olds (45.46%) most likely to strongly agree that they trust the advice of healthcare professionals (online/postal).
- Just over half (50.5%) agree that they understand the roles of the various healthcare services available in the area, with 26.42% of 36-45 year olds more likely to strongly agree (online/postal).
- Again, nearly half (47.6%) of participants strongly agree that they feel confident to look after their own minor health needs, with participants with LTCs (LTC: 44.2%, no condition: 54.7%) significantly less likely to strongly agree (online/postal).
- Most participants either strongly agree (42.8%) or agree (44.7%) if they had an urgent healthcare need they would know who they should contact
- Mixed responses received over access, with the majority of participants either agreeing (27.5%) or disagreeing (25.4%) that they feel confident that they have access to the same standard of urgent care at anytime of day or night, with 75 year olds (28.57%) most likely to neither agree nor disagree and 26-35 year olds (34.28%) most likely to disagree (online/postal).
- Continuing on, nearly half of participants (48.9%) strongly agree that they want to receive advice, diagnosis or get treatment from someone that has access to my medical history/notes. Though males (m: 5.7%, f: 1.2%) were more likely to disagree with this statement (online/postal)
- Participants agree that they should be able to access advice, diagnosis or get treatment from whichever healthcare service they choose to contact (34.6%). Males (m: 54.7%, f: 27.2%) however are most likely to strongly agree and single participants in comparison to married, are most likely to strongly disagree (11.5%, 2.5% respectively) (online/postal).
- A high proportion (41.7%) strongly agrees that there should be a single point of contact that directs people to the most appropriate service when they need urgent care. However, single participants are most likely to strongly disagree in comparison to the married participant (3.3%, 0% respectively) (online/postal).

- Clear signposting is required with local information about opening times and locations (Focus Groups).
- Access to urgent care close to their home or community is also important to participants, with 58.5% strongly agreeing (online/postal).
- Only attending the A&E if they have an emergency or life-threatening condition is also important to most participants with 68.1% strongly agreeing. However, single participants are significantly more likely to disagree in comparison to the married participant (5.0%, 0.6% respectively) (online/postal).
- However, questions arise with regards to the definition of emergency care. Some participants feel fees should be charge for inappropriate attendance as well as the lack of access to GP records at A&E and that all systems should be integrated (Sunderland Health Forum, Focus Groups).
- To continue, the majority of participants (60.6%) have not needed to use urgent care for a non-life threatening condition. Single participants (s: 54.2%, m: 33.33%), participants with a LTC (45.84%), and the over 75's (52.38%) were more likely to have a need (online/postal).
- Two key themes cited for participants requiring urgent care are pain and infection (online/postal).
- In the most part, patients would choose to call NHS 111 (28.2%) if they had an urgent care need. It is important to note that participants were more likely to make their way to the A&E (12.7%), than use GP OOHs (0.7%) or the GP extended hours (1.4%) (Online/postal).
- A higher proportion of participants with a LTC (LTC: 30.5%, no condition: 11.6%), 56-65 and 66-75 year olds (43.75%, 50% respectively) would chose their local doctor service during normal hours (online/postal) if they had an urgent care need.
- Furthermore, the majority of participants (58.2%) chose the first point of contact because they wanted to get treatment/advice as soon as possible, with a good proportion (39%) suggesting that as far as they were aware, it was the most appropriate service to contact for their need at the time (online/postal).
- Also, according to the Sunderland Health Forum, NHS 111 provides prompt treatment and findings from the focus groups corroborate the importance of participants wanting treatment/advice as soon as possible suggesting speed and accessibility to services is regarded as important (Sunderland Health Forum, Focus Groups).
- Interestingly, when participants were asked what was good and poor about urgent care speed and accessibility to services and or advice cropped up on both accounts (35.96%, 30% respectively) (online/postal).
- During discussions regarding GPs, speed and accessibility to services was raised suggesting it can take a long time to get an appointment - with this wait-time

contributing to people accessing other services. Although, in contradiction some participants suggest they could get swift treatment from their GP (Sunderland Health Forum, Facebook).

- Communication is important as people need to be informed on times-scales and availability for services in general (Focus Groups).
- Significantly, when choosing which service to contact, participants with a LTC are more likely to choose the service that they have used before and/or felt comfortable with (LTC: 17%, no condition: 3.0%) and married participants were more likely to suggest that the service they chose came to mind first, in comparison to single participants (m: 17%, s: 3.0%) (online/postal).
- The first service attended would give advice/treatment 89.3% of the time, with just over half (51.3%) very satisfied with the service (online/postal).
- Just short of two-thirds (63.67%) of participants were transferred or directed to another service (before or after treatment), and just short of a quarter (22.6%) felt their needs were fully met by the first service. However, nearly one-tenth (9.8%) of participants weren't transferred to another service, but also felt that their needs were not fully met (online/postal).
- According to comments from Facebook, there is a lack of resources with nurses extremely busy and certain services aren't readily available. For instance the crisis team and mental health services need to be available in urgent care and A&E. Furthermore, comments from Facebook suggest another ward be set up for 'time wasters and binge drinkers' (Facebook).
- Furthermore, there is a lack of consistency in urgent care, with the only consistent thing being A&E. People can be transferred from one service to another, to finally be sent to A&E (Sunderland Health Forum).
- The most likely services to be used in the future for urgent care needs are NHS 111 (30.2%), local doctor during normal working hours (25.5%) and an urgent care centre (22%).
- In the future males are more likely to make their way to A&E than females (m: 15.1%, f: 3.7%) and participants with a LTC are significantly more likely to use the local doctor during normal working hours (LTC: 29.85%, no condition: 19.8%) (online/postal).
- In the future, the majority of participants would prefer to choose a service for advice (14.34%), with 79.13% suggesting that it was important to get treatment/advice as soon as possible (online/postal).
- Again, participants with a LTC are significantly more likely to find contacting a service that they have used before/ feel comfortable with as important (LTC: 29.3%, no condition: 14.5%) (online/postal).

- NHS 111 (67.3%, 40.3% respectively) and an urgent care centre (76.5%, 41.9%) is most likely to be contacted if participants need medical help fast but it was not a 999 emergency and if they think they need to go to A&E or need an NHS urgent care service (online/postal).
- Single participants are most likely to call NHS 111 (s: 52.6%, m: 33.6%) or go to an urgent care centre (s: 57.6%, m: 35.7%) if they need to go to A&E or need an NHS urgent care service (online/postal).
- With regards to local improvements to urgent and emergency services, two key themes have emerged surrounding staffing issues - including staff training and employment (13.1%), and education to public on urgent and emergency services (7.5%). Furthermore, suggestions have been made to remove the jargon, keep things clear and stop changing the names of services (online/postal, Focus Groups, Facebook).
- There is confusion over the services and what is available, with many people not knowing the definition of urgent and non-urgent care, suggesting a lack of clear information and too much conflicting information. Suggestions made to publicise services available, perhaps leaflets, to aid awareness (Sunderland Health Forum, Facebook, Focus Groups).
- Other concerns surround the treatment and attitude of staff, the importance to treat people with respect, care and compassion (Sunderland Health Forum).
- Finally, suggestions towards management issues - too many people in management and not enough doctors and nurses, a lack of funding having a negative effect on care as well as deaf patients being under represented and subtitles being available for patient with hearing difficulties.