



Urgent Care in Sunderland
- Focus Groups Summary Findings

19th and 20th December 2016

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Introduction

Two focus groups were conducted among Sunderland residents on 19th and 20th December 2016. The aim of these groups was to explore awareness and perceptions of urgent care services in Sunderland. No previous knowledge or use of services was required; participants ranged from those with significant experience to those with virtually none.

The groups were attended by 21 participants in total. Demographics and a copy of the topic guide are included at the end of this report.

Key findings

What do urgent care services **need to get right**? Clarity, communication and consistency.

- **Clarity:** No jargon; don't keep changing names of services; clearly explain what each service does and what is the wider strategy/vision? How do services work together, and can this be better explained to the public?
- **Communication:** Keep people informed while they are using services (e.g. how long to expect to wait for a call back or for a medic to arrive); publicise services (such as 111) more widely to the general public – leaflets in GP surgeries and local press won't be read by everyone.
- **Consistency:** This applies in two ways: first, across the various points of contact with the public, where services are not felt to offer consistent opening times, staffing arrangements, or ability to treat/prescribe the same range of conditions and medications. Second, it applies over time – don't change services (or their names) so often that people can't keep up.
- In addition, **speed and accessibility** of services are important.

There is confusion about **Urgent Care Centres** (UCCs) in relation to the name, accessibility, their function, and staffing. Most participants refer to the centres as 'Walk-in Centres'; some were unsure as to whether these are now two different types of centre. Confusion includes:

- Whether UCCs are providing a different function or treating different types of conditions to walk-in centres (and note that 'urgent' implies a more immediate need than 'walk in', which adds to the perception that they have changed significantly in terms of function);
- Accessibility – can you still 'walk in' and be triaged? Do you have to call 111 for an appointment? Are their opening hours consistent across the region?
- Staffing – are there GPs or nurses, or both? Are they all available throughout all opening times, or just some of the time?

Most participants would call **111** first in an urgent care situation, or it would be their next call if they couldn't access their GP straight away. Feedback on quality varied between participants: for example, some people found it hard to answer questions over the phone (breathing, hearing or speech impairment), or waited a long time for a call back; whereas others reported excellent, quick and proactive service. Suggested improvements:

- Keeping people informed on progress, so they have a rough idea of when they will be called back.

- Signposting to the right service – and providing local information about opening times and locations.
- Ensuring that calls are answered by well-trained people so there is less reliance on ‘scripted’ questions.
- Publicise more widely the ‘central point of contact’ nature of this service, to cement its function in people’s minds.

Getting appointments through the **GP** booking system is difficult for many (though not all) participants – there was inconsistent feedback here. The main frustration is that appointments have gone by the time patients manage to get through to reception, first thing in the morning. Aside from generally making appointments easier to secure (which most participants acknowledge is not an easy fix), suggested improvements included:

- Receptionists should not act as ‘gatekeepers’, which can put patients off and make them feel they are a nuisance.
- More privacy in reception (in person) when discussing issues with reception staff in front of waiting patients.
- More accessible booking systems, including being able to book double appointments online.

Pharmacies are not typically considered within urgent care services, but they are perceived favourably in terms of ongoing care provision. Participants gave examples of very proactive service, such as: showing customers how to correctly use inhalers or take medication; checking prescriptions to ensure medicines can be taken together; and occasional reviews of medication. Suggested improvements included:

- More consistency about what medicines can be prescribed by pharmacists (some can prescribe controlled medicines, others can’t).
- More privacy (such as consultation rooms).
- Be even more proactive – continue with the above activities and promote themselves as a ‘one stop shop’ for a range of services, such as annual health checks, flu jabs, etc.

What services can you think of?

The groups were first asked to list all services they could think of that are available to them. The following list is in alphabetical order rather than order of mention; those services in bold marked with (x2) were mentioned by both focus groups.

999/ambulance (x2)	Dementia services	Learning difficulties
111 (x2)	Dialysis units	Mental health services (x2)
Accident & Emergency (x2)	District nursing service	Maternity/baby (x2)
All Together Better	Emergency care plan	Midwives (x2)
CAMHS	Eye infirmary	Occupational therapy
Cancer nurses	GPs (x2)	Paramedics/ambulance (x2)
Care homes	Health visitors (x2)	Pharmacies (x2)
CBT therapy	Hospital discharge	Physiotherapy
Chiropody (x2)	Hospices	Police (x2)
Community matrons	Initial response teams (mental health)	Sexual health/GUM
Counselling services	Integrated locality teams/Vanguard integrated teams (x2)	Social Care/Social Services (x2)
Crisis team		Speech therapy
CQC		Urgent care centres/Walk-in centres (x2)
Dentistry (x2)	Internet (e.g. NHS sites)	

Some specialist hospitals or hospital/consultant-led services were also mentioned, including:

- Great North Childrens' Hospital
- Maxillofacial
- Musculo-skeletal
- Sunderland Royal

Points to note:

GP surgeries were mentioned by both groups, but the out-of-hours and extended hours service were mentioned either much later in the list or were prompted by the moderator. Several people said they were unclear about precisely what these services were, or the difference between the two.

In both groups, the term 'Walk-in Centre' was used before Urgent Care Centres. Some people were aware this term is synonymous with/has been replaced by 'Urgent Care Centres', while others were confused about the terminology and understood them to be two different services. See notes below about this.

"They tend to be together [at the same site] but urgent care deals with certain things whereas walk-in deals with, like, the 'walking wounded'."

[Another participant asks,] "Are they the same centre? Do you go to the same place?"

"They usually are, yes. And they'll assess which part you need to be at."

In an urgent care situation, which services would you contact first?

- 111 (this received the most votes in both groups)
- GPs, walk-in centres/urgent care centres – both received some votes
- Initial response team (if mental health issue), crisis team, pharmacy (one or two mentions each)

999/A&E were also mentioned, but the groups went on to discuss the nature of urgent versus emergency care and tended to decide that these should not be included.

Why these services?

This tended to depend on the time of day the need arises (e.g. day or night? Weekday or weekend?), the nature of the patient's condition and whether or not GP surgeries were likely to be accessible. Some were happy to call their GP; others felt they would use 111 in any case in an urgent situation, but especially if it was out of normal working hours.

It should also be noted that, even when factual information is available about the likely accessibility of services and the condition of the patient, people's decisions are affected by their perceptions of services and by their own previous experiences. For people with these previous experiences, they may simply choose whichever service best fits their current perception or belief. For example:

- A previous good or poor experience with a particular service (themselves or someone they know)
- Previously being signposted to the wrong service (so they may subsequently go straight to the one they eventually ended up at last time)
- Previous knowledge of, or experience of, the condition itself – perhaps more cautious the first time, but if the condition occurs again (or they are confident they know how the condition is likely to develop in the short term) they may choose a less ‘emergency’ option.

If it was unavailable, which one would you contact?

Most participants were familiar with 111 and would call this number either first or if another preferred option was unavailable (e.g. GP closed). If they had any concerns about urgency, 999 would be an alternative option.

Do you know enough about the services to make a decision?

Clearer information is needed about what Urgent Care Centres (UCCs) do – see the specific information on UCCs below. In summary, people are confused about their function in several areas and in borderline cases they may decide instead to go to A&E, especially if it is closer or they know more readily how to find it.

As well as UCCs, there is also some confusion about pharmacies. In both instances, people are unclear about who staffs them and what level of qualification they have. Some people believed – or had indeed been told – that pharmacists can prescribe a wide range of medicines and that UCCs would always be staffed by a GP. Others said that this was not the case – or applied inconsistently depending on where you go.

It is important to note that some of the people who came to the groups had used services quite extensively, and had a good knowledge of what they should do, whereas others had virtually no experience. Those with no experience had heard of very few of the services listed at the beginning; indeed, one younger member of the group said he was only really aware of the most well-known services such as A&E, 111, GP and pharmacies. He had little knowledge of services such as UCCs, as he had never had a need to use them, and admitted that in an urgent situation he would therefore be unlikely to stop and research information about where to go. He did, however, already know about 111 and stated that he would have called that number in an urgent situation – and therefore may well end up at a UCC anyway, without needing to know any specific information about them.

This would appear to support comments from other members of the group (see later notes) that, if 111 is intended to be a central point of contact for all non-urgent services, it needs to be well publicised so that people know it should be their first port of call in all instances where a GP appointment or A&E is not appropriate. That way they will be signposted to the correct place regardless of their existing knowledge about services.

What are the most important things for urgent care services in Sunderland to get right?

Group 1 came up with the following suggestions:

- (Consistently) accurate signposting to the correct service (especially via 111). Two people in the second group described having called 111, been advised to go to a UCC, but the UCC then sent them to A&E. They said they might well just go to A&E next time. Another said they had been told to go to a UCC, to then be repeatedly told their condition was not urgent. They were eventually treated but were made to feel they had come to the wrong place.
- Speed and accessibility of services (location of centres; getting appointments; being able to access phone-based services (such as 111) for those with speech, hearing or breathing difficulties).
- Keep patients informed if there are delays, e.g. waiting several hours for call backs from 111; waiting for surgery appointments; ambulances delayed) *“At least you’re going to be reassured that they’re still working on it – two hours is a long time to sit and wait.”*
- Listen to patients and truly hear them – as individuals. Trust patients’ instincts and experiences, where relevant, if they are telling the care-giver that something is wrong.

Group 2 came up with the ‘three Cs’ (*Clarity, Communication, Consistency/Continuity*), which did a good job of summing up most of the comments from both groups. These issues are interlinked, that is, they need to be achieved together in order to be successful. As a result, once the group had identified the ‘three Cs’ it tended to refer back to them frequently during the discussion:

Clarity: Ensure that the nature of each service is clear and well communicated to both staff and patients. Several people pointed out that, since terminology and functions keep changing, the public – and even in some cases, staff in various hospital departments – are unsure as to the function of some services (e.g. urgent vs emergency; Walk-in Centre vs Urgent Care Centre). Ensure terminology is clear, not jargon, and doesn’t keep changing.

“They need to be more explicit about what they do at these walk-in centres.”

Also be clear in each point of service about what to expect – especially opening times, what kind of staff are present (Can they prescribe? Will I have access to GPs or nurses, or both?), and what kinds of conditions or patients they are able to deal with.

Communication: Good communication applies to several of the areas that were discussed, such as ensuring patients are kept up to date while waiting for an ambulance or a call back from 111, for example, if there is a delay.

It also applies to communication about services in general: clearly stating what the services are, and what they are for, is vital (see ‘clarity’) – as is making sure the public at large knows about them. One participant described this as communicating the *strategies* that are trying to be achieved (the what and the why), rather than just ‘marketing’ the services.

“I’m impressed by what’s available, but I’m not impressed by the way it’s communicated.”

Consistency/continuity: This also applies in several areas, such as ensuring that services (their functions and their names) don’t change so often that the public can’t keep up them – therefore not knowing how and when to access services or whether the ones they are familiar with are still performing the same function. Having joined-up services is seen to be part of this, so that even if services do change, patients can feel confident that within the system they will be consistently signposted to the correct service.

It also applies to issues including: getting to see the same GP on each visit, if possible; consistent ability for pharmacists to prescribe certain medicines rather than taking pot luck depending on which pharmacy you visit; consistent opening times (e.g. pharmacies and UCCs).

There was some concern expressed about closure of services.

A: “One of the problems we’ve had over the last couple of years, at Grindon there was a drop-in centre that was an emergency drop-in.”

B: “Oh, that [centre] was brilliant. And they closed it!”

C: “People are not quite clear about whether Grindon is open or not.”

Another participant was worried about the closure of South Tyneside Hospital, and how this would affect services in Sunderland.

Helping yourself and respecting services

It's not just about service providers getting things right. While there were lots of suggestions for improvements, both groups readily acknowledged that services are stretched and that people need to take responsibility for their own health.

“At our surgery there's only one GP and another GP has left. Everything is a rush. I just feel if I could go and get the advice or information [somewhere else] I'd try that first.”

Participants are aware that people present at A&E unnecessarily, and that people don't turn up for GP appointments; this can be very frustrating for those trying to access services genuinely. One suggestion was to fine patients who fail to turn up to appointments.

Feedback on services

Emergency departments

Knowing when to visit

Do you feel confident that you know when to visit the emergency department and when to seek another service?

In general, people seemed confident that they would know when to attend A&E. Suggested instances where emergency services would be sought included chest pains, suspected stroke, breathing difficulties, diabetic coma, head injuries, sustained bleeding, burns, thrombosis, acute pains, asthma attacks, pregnancy complications, sepsis and meningitis.

Conditions that fall more squarely into the 'urgent care' category included chest infections, minor cuts, high temperatures/vomiting (especially in children), fitting/epilepsy.

However, there is a significant grey area in which people would not be sure whether they should use A&E/999 or a non-emergency service. In addition, the terms 'urgent' and 'emergency' are – to the lay person – relatively interchangeable. Both suggest a situation that needs to be seen to immediately.

When finding it hard to decide which route to go down, reasons include:

- Perceived likelihood that the condition may worsen (If a problem was currently manageable, but was of a nature that could potentially be fatal if it got significantly worse, group members generally agreed that they would err on the side of caution and use emergency services rather

than wait for urgent care. Examples were breathing problems or internal pain that could escalate quickly into an asthma attack, heart attack, etc. as opposed to an isolated condition such as a visible injury that can be monitored easily while waiting for treatment)

- Age and underlying health condition of patient (e.g. very old or young, frail, heart problems, etc – especially due to the first point, as their condition might worsen more quickly than a typical adult in reasonable health)
- Time and location of situation (During the night? An accident or fall outside, where police help might be required as well? Is A&E really close by and therefore readily accessible?)

These issues make it difficult for patients (or the people helping them) to decide what to do for the best if presented with a 'grey area' situation. By their own admission, they are not medical experts and indeed several people had experiences of being advised incorrectly by 111 and so felt ill-equipped to make these decisions by themselves – therefore A&E would be their fall-back option.

How do you think patients could be better informed about the range of alternative services available for non-emergency conditions?

Groups acknowledged that it is very difficult to reach everyone. Suggestions (and related difficulties) include:

- Leaflets in GP surgeries (But not everyone goes regularly, or picks up leaflets, so this won't help in an urgent situation)
- Leaflets to every household or adverts in newspapers (But this is already done, and there is no guarantee that people will bother to read or remember the information)
- Adverts in the media/television – May reach a wider audience than first two suggestions?
- Better education in schools; some of the older participants commented that their generation was taught to treat themselves, try to keep themselves well or seek help from pharmacists, whereas people now *expect* medical treatment.
- Document the services in a 'flow chart' style communication, so people can clearly see how the services link together and can see the hierarchy/order in which they should use services.

Several people commented, however, that if the strategies and terminology keep changing, how can people be expected to know what they should do? Participants noted (as documented in the relevant sections throughout this report) that their perceptions of certain services are sometimes based on information they may have heard years ago. Moreover, their decisions might be based on good or poor experiences they (or a friend/relative) have had. It can be difficult, then, to cement information in the minds of the public when they have their own opinions/experiences and when they perceive that the information relating to health services keeps changing.

Urgent Care Centres

Do you know what an Urgent Care Centre is?

UCCs/Walk-in Centres, as an entity, were well known among both groups – people know they exist, and have a reasonable idea of what they are for as a general concept. However, there was significant confusion about many aspects of UCCs, mainly due to the fact that people aren't sure whether they are the same as Walk-in Centres.

"Is Pallion an Urgent Care Centre or a walk-in?"

This quote illustrates much of the confusion: this participant is fully aware of Pallion as a centre, knew it had been a walk-in centre at some point, but did not know if it is still performing the same function as before.

What are the benefits of Urgent Care Centres?

When it was discussed among the groups that A&E services are over-stretched, it was generally agreed that this is why people will use UCCs if they can avoid A&E.

"But you know you've got that back-up; if you did need A&E, they'll send you there or get an ambulance to pick you up."

Participants also noted that A&E tends to be thought of at weekends and holidays (e.g. Christmas and New Year) because GP surgeries are shut, but actually this means that they *know* that A&E will be particularly busy at these times. Therefore UCCs offer an accessible alternative.

As well as being a 'next step down' the chain, giving people an alternative to A&E, it is possible that UCCs are also being used as a 'next step up' or substitute for GP appointments where the wait for a GP appointment is felt to be too long. One participant described attending an urgent care centre, only to be told his condition wasn't urgent enough and made to feel as though he shouldn't be there. Another member of the group subsequently commented:

"I think a lot of people use the drop-in centres incorrectly, because they can't see their GP. So which is right? They might not have a major complaint, but they need to see someone. So they know, if they're going to ring the doctor, it's going to be a week. So they go to a drop-in centre – it's probably not the right thing to do, but you're probably thinking, you're saving the doctor's appointments for someone urgent – where a drop-in centre has got more facilities where they could deal with you. But if, like this [participant says], they're going to chase you away because you're not using it right, therefore the GP needs to get the surgery appointment system right."

Others agreed that people also used drop-in centres as an out-of-hours service because they couldn't take time off work during the day to attend a GP appointment (for more minor complaints), "So you're actually using it as a GP."

Can you think of anything that might prevent people from using Urgent Care Centres? How could this be improved?

There was considerable confusion about several aspects of UCCs, relating to terminology, accessibility, function and staffing:

Terminology: Most participants still refer to them as 'Walk-in Centres', but are now unsure as to whether or not you can, indeed, just walk in!

"Emergency and urgent imply the same immediate action. The Walk-in Centre should be called a Walk-in Centre because it is a calmer influence on the public. It makes people think, 'Well it's just this illness – we can get help here.' People are still referring to them as 'The Walk-in Centre'... it used to be 'The Drop-in Centre'. It's had so many different names, but I think 'walk-in' just implies a calmness about the situation."

Accessibility: Urgent Care Centres can be difficult to access since you have to wait for an appointment via 111, whereas the name implies you can just walk in at any time – which is the right way? Are both allowed? Some said that the old system, in which you could turn up and wait via a triage system, is no longer in place – others were unsure.

Function: Do UCCs now perform exactly the same function as the Walk-in Centres did? Is it just a name change, or has their function changed? In addition, they need to be clearer about what and who they will treat; for example, some will not treat very young children but this is variable depending on which centre you visit.

Staffing: Participants were unsure whether UCCs were staffed by nurses or GPs, or both – or does it vary depending on where you go? And at what time of day?

One participant pointed out that the public was always told that Walk-in Centres are for people who can't get to their GP: go along to them out of hours, in the evening, if you can't get an appointment. Even though he knows they have now changed slightly – for example, that you are supposed to call 111 for an appointment rather than sit in a triage system – they find it hard to change their perception from information they have had in the past (as long ago as ten years or more – it tends to stick in the mind). The rest of the group tended to agree.

It was suggested that UCCs should have access to medical records so that patients can be treated effectively.

“How can they diagnose anything if they don’t know the person’s background and what medication they’re been on?”

Several people indicated agreement with this.

NHS 111

Are you aware of NHS 111?

General agreement that 111 is well known and available 24/7/365. One participant noted that his general awareness of the service stems largely from the very poor press it received when it was first launched, but in general participants felt familiar with the service and the number.

Have you used the service? Would you use it? Why/Why not?

Several people had used it for themselves or for others. There were examples of both good and bad experiences, with no clear consensus as to the overall quality of the service. Some thought it was excellent, others had experienced problems.

A: “I think it depends how old you are. My mother couldn’t use 111; you’ve got to be compos mentis... and the questions on the phone are so time [consuming], and then having to wait for them to ring you back. That needs changing, because you go through it twice. When the doctor rings you back, then you go through the whole thing again.”

B: “That could be quite distressing to somebody who is older.”

“When I had concussion I waited two hours for someone to ring me back.”

It was pointed out that those with communication problems would struggle to use the service, particularly if finding it hard to breathe (lots of questions to answer) or with speech/hearing difficulties. However, someone else pointed out that 111 can be convenient in such circumstances if you can get access to help quickly:

“If I was having an asthma attack I wouldn’t be able to get myself anywhere, so I would use the 111 service to get me the quickest service I need.”

One example of good service from 111 was a participant’s mother who had run out of heart tablets at the weekend. She spoke to a doctor via 111 and collected the prescription from a local pharmacy.

“111 gets you that prescription within 24 hours [...] That couldn’t have happened if I [hadn’t called 111], I would have had to wait over the weekend.”

Others had experienced a good, efficient service from 111 and felt they had been well catered for, and were signposted to the right service.

“I rang 111 when my son had croup, and she said ‘I’m just checking if I can see a GP...’ then she said, ‘Is that your son in the background?’ She said, ‘Sorry, I’m sending an ambulance and it was there within ten minutes. Sometimes croup can be treated at home but he needed a little bit more [help...]; he was kept in overnight.”

“What they are very good at [in my experience] is making you an appointment. They can make GP appointments, they can do lots of different things. It organises things so you don’t have to... If you think, someone who travels round the country for example, you would have to call 111 because you wouldn’t know the area. You wouldn’t be able to assimilate that information, so you just ring that number. And most of the time they’ll keep you right.”

The latter participant noted that there were teething problems with the equivalent 111 service several years ago, but it seems to be getting better in recent years:

“The care that my brother had was absolutely superb. Nothing was a problem.”

What does 111 need to get right?

In order to operate as the central point of contact for urgent (non-emergency) medical help, what are the important things for the NHS 111 service to get right? What would a good service look like?

- Good training for front-line staff and less reliance on the ‘script’ format of questioning when first calling 111 – this can reduce confidence in the skills of the person taking the call and can be frustrating to repeat when you speak to a doctor;
- Promote the service widely and consistently as the first point of contact – media adverts, leaflets, GPs, schools – so that everyone knows to contact 111;
- 111 needs to clearly and consistently signpost people to the right service;

- Be disability aware/more easily accessible for people who find it hard to use the phone due to speech, hearing, breathing or other conditions that affect their ability to answer questions over the phone;
- Keep people up to date about progress, likely waiting times, etc; and
- Once a service has been signposted to the patient, give them more information about location, opening times, etc. in their local area.

GPs

Experiences of urgent care

Have you sought urgent care from your GP recently, whether during normal opening hours or outside of normal opening hours? What are your experiences of getting urgent appointments at your GP?

One participant said he has asthma and diabetes, and if he rings his GP in relation to those conditions he gets a call back from the doctor within the hour. The rest of the group expressed the opinion that this seems to be a particularly good service.

Another participant said they had only just last week had a letter from their GP to say they could now book online and get repeat prescriptions online. Many people in the group responded that they had been doing this successfully for quite a long time.

There is some inconsistency in terms of accessibility, especially for less urgent conditions. Some GPs are readily accessible while in others it is very difficult to get appointments, so people are sometime unsure when they're supposed to go elsewhere and when to their GP.

When talking about availability of appointments, one participant was upset that appointments seem to be kept back (i.e. not allocated to patients). Other members of the group pointed out that this has to be done to ensure there are emergency appointments available, but these are hard to get, too.

“You have to phone each morning at 8 o’clock and start that process again. Monday mornings are absolutely mental, and by the time you get through they say, ‘We’ve got no appointments.’”

When asked whether this tends to be for urgent or non-urgent conditions, one participant said:

“For me, that would be non-urgent. Because if it was urgent, I would ring at 9 o’clock and then [a doctor] would ring me back [...] and tell you if you should go and see him that day.” [And does that happen?] “As far as I know, it is happening.”

Receptionists acting as 'gatekeepers' puts some people off, as they feel they are not able to get advice from a doctor or are made to feel a nuisance.

A: "I think sometimes it depends on the front-facing staff, because some of the receptionists can be very..."

B: "Invasive."

C: "A bit officious – nosy, if you like."

A: "Obviously they've got to be quite specific about people who've got to see the GP [...] I'm not someone who uses my GP a lot but even then I find the staff can be quite unhelpful, quite curt."

People prefer, where possible, to have continuity – seeing the same GP. One participant described their GP as putting everything aside during a visit, looking at her squarely and saying:

"Now, tell me what's wrong.' He gives me his full attention. Bedside manner."

Out-of-hours and extended hours

Are you aware of the GP out-of-hours service, through NHS 111? What are your experiences of this service? Are you aware of the GP extended hours service? What are your experiences of this service?

There was limited knowledge of out-of-hours, extended hours, etc. among quite a few people (or they don't think their GP offers it). These were not readily mentioned by either group when asked to list the services they are aware of, and some didn't know the difference between extended and out-of-hours, and where to call to access them. However it should also be remembered that use of 'jargon' was criticised by both groups, and it may simply be the case that people are unaware of the terminology. One participant later remarked:

"Mine opens at half past seven in the morning, and a half day on a Saturday, which is actually brilliant for anyone who works Monday to Friday and can't get in [during the day]."

What could or should be done to improve access to GPs, if anything?

Urgent appointment system: Poor booking system for appointments – it can be very difficult to get appointments if you call first thing in the morning as they are often gone, and some people can't get time off work during the day in order to attend.

Booking technology: Improving technology and booking systems was cited by some, although others felt their surgery was good in this regard. One example of a poor system was being told by staff 'in person' that there are no appointments for several days, but looking at the online booking system to see that there are appointments available the next day.

Poor/broken technology (such as computerised systems) was mentioned by one or two people – and digital text is hard to read if you have sight problems.

Staffing and opening hours: Having enough GPs available at each surgery, and better/longer/more convenient opening hours.

Reception: Better knowledge about services and patient information from receptionists, and more privacy when discussing issues with reception. Some people felt it can cause anxiety trying to deal with the booking-in system; they feel intimidated by the reception in some surgeries.

A: "You don't want to be standing at reception, with people behind you listening in to all your personal details."

B: "They've no right to ask you some of the questions they ask you."

However, the group that was talking about this also agreed that receptionists are stretched in terms of resources so their manner may be due to this.

Patients' instinct: Trust people to know if they need help, e.g. if parents believe their child is ill.

Multiple conditions: It was mentioned that you can only discuss one condition with GPs in any given appointment slot, which is not always enough. Others in the group pointed out that you can book a double appointment if you have more complex needs to discuss; however, some have tried to do this online (see earlier points about this being a more accessible way to book appointments) and are unable to book a double appointment via the online system.

Pharmacies

The role of pharmacies

What role do you think pharmacies play in terms of providing advice, diagnosis and treatment?

Participants were generally positive about the role pharmacies play, and were happy to approach a pharmacist for advice and diagnosis of less severe conditions. They were unlikely to be thought of as a first port of call in an urgent care situation (one person in each group said they would consider pharmacies within urgent care, and might contact them first, whereas many see them as the next level down below 111, UCCs and GPs).

“It’s like a level down, because they cannot prescribe for an infection, they can’t deal with a broken bone. So you’ve got emergency, then urgent care, then your minor ailments – pharmacy.”

A small number of people thought that pharmacists had little training, but other members of the group were quick to assure them that they are required to have considerable training and knowledge. Nevertheless, it is possible that such a perception could put some people off visiting a pharmacist, if they don’t perceive them to be sufficiently knowledgeable/qualified.

There was some confusion about the extent to which pharmacists can prescribe specific (controlled) medicines. Some people thought they could, others thought they couldn’t. Some said they had been told that pharmacists would be able to prescribe, but it hadn’t happened yet – or certainly is not consistent across all pharmacies. Therefore people are unsure as to which pharmacies they should visit, when and what for.

Inconsistent opening times (across various pharmacies) were also mentioned as a possible drawback.

Independence of chemists was also mentioned – will certain chains try to sell you their products?

Helping you to help yourself

Pharmacies can help people to look after their own health to help reduce the need for other services. Do you think this is happening at the moment? Why/Why not? What could be done to encourage better use of pharmacies?

Yes – several good stories about proactive and very helpful pharmacists, who pay attention to patients’ medications and give a personal service. However, caution was expressed – similarly to the over-use of other services, if everyone suddenly starts using pharmacists they will be as stretched as GPs!

Some participants noted that their pharmacies will look at GP prescriptions and proactively discuss with the patient as to whether they are taking the medication correctly or using it properly (e.g. how to use inhalers, when to take medication, on a full stomach or not, etc.). Others said that their pharmacist will check to see if prescribed medicines can be taken together. This was felt to be a good example of proactive service that helps people to help themselves.

What could be improved?

Some would like to see more privacy for users – the consultation rooms are good but are often very small or not available.

Better education for the public about the role of pharmacists. Maybe a generational issue? Older members of the groups felt they had been raised to help themselves and would be comfortable seeking remedies from pharmacies, whereas they wonder if younger people now expect to be seen by a doctor.

Being able to prescribe in a more consistent way (as detailed elsewhere).

Participants were aware that pharmacies can do things like flu jabs, and noted that people should be using these services rather than attending their GP. Pharmacies should be more proactive, if they have the resources to do so, to promote services.

Make communication clearer – one person had seen a question mark on their medicine; they asked what it meant, and the assistant explained it means, ‘Do you want to talk to the pharmacist?’ Some members of the group seemed familiar with this labelling but others weren’t; this participant would not have known if she hadn’t asked. This was felt to be a useful and – again – proactive service but needs to be explained more clearly.

Medications reviews – thought to be a good service. The pharmacy being cited doesn’t promote this service very well, but tends to target people who regularly use multiple medications.

Make sure they’re physically accessible (e.g. no steps).

Offer more services, such as blood pressure checks, so they become a ‘one stop shop’ to keep tabs on general health.

Demographics

Age

Age band	Number of participants
18-25	1
26-35	3
36-45	
46-55	2
56-65	7
66-74	2
75+	4
Not stated	2

Gender

Male	8
Female	13

Place of residence

Location	Number of participants
North Sunderland (e.g. postcodes beginning SR5 1, SR5 2, SR5 3, SR5 4, SR5 5, SR6 0, SR6 8, SR6 9)	2
East Sunderland (e.g. SR1 1, SR1 2, SR1 3, SR2 0, SR2 7, SR2 8, SR2 9)	3
West Sunderland (e.g. SR3 1, SR3 2, SR3 3, SR3 4, SR4 0, SR4 6, SR4 7, SR4 8, SR4 9)	9
Coalfields (e.g. DH4 4, DH4 5, DH4 6, DH4 7, DH5 0, DH5 8, DH5 9)	5
Washington (e.g. NE37 1, NE37 2, NE37 3, NE38 7, NE38 8, NE38 9)	0
Not stated	2

Topic guide

1. Think about **all of the various health care services** that are available to Sunderland residents, from day-to-day needs to emergency care. What health care services can you think of?

(Ensure the following are included and written on the flipchart:)

- NHS 111
- Pharmacy

- Local doctor services (GPs) during normal working hours
- Urgent Care Centres
- GP out-of-hours service
- GP extended hours service
- 999/Emergency department

*“Throughout this session we’ll be talking about ‘urgent care’. For the purposes of this group, this refers to health services for people who need **urgent advice, diagnosis and treatment quickly and unexpectedly** for needs that are **not considered life threatening**.*

*‘Emergency care’ refers to services for people with **immediate or life-threatening conditions**, or serious injuries or illnesses.”*

Making decisions about urgent care

Imagine you have a need for urgent care at some point in the future. Or, think about a time you have needed urgent care in the recent past.

2. Look at the services we have just been discussing – which service would you contact or visit first?
3. **Why** would you contact this service first?
 - *[Probe fully for information here; what issues do people think about when deciding who to contact for advice or treatment?]*
 - If your first choice was unavailable or closed, which service would you visit or contact next? Why?
4. Are there any of these services that you would **not** contact if you needed urgent advice, diagnosis or treatment? Which ones, and why?
5. Do you feel that you know enough about the services available, in order to make a decision?
 - Have you looked for information about urgent care services in Sunderland? Or been given information? How easy is it to understand? Were you able to find what you were looking for?
6. If anyone in the group has access urgent care services recently:
 - What was good about the service you experienced?
 - And what could have been improved? Why? How do you think this would have improved your overall experience?
7. If you need to access urgent care services in Sunderland, what are the **most important things for these services to get right?**

(In other words, what aspects of urgent care are most important to you? What does a good service look like?)

(If needed, probe for information on quality, speed, convenience, continuity of care, trust, location, etc.)

- **Why** are these things important?
- Do you think these things are **currently being delivered**? Why/Why not?
- *[If not:]* How do you think these aspects of the service **could be achieved**?

Emergency departments

“Emergency services in Sunderland, such as Emergency Departments (also known as A&E), are being over-used. They are intended to be used only in life-threatening or emergency situations, but we know that some people visit Emergency Departments when they don’t need to.”

8. Do you feel confident that you know when to visit the emergency department and when to seek another service? Why/Why not?
9. How do you think patients could be better informed about the range of alternative services available for non-emergency conditions?

Urgent Care Centres

10. Do you know what an Urgent Care Centre is? *[NB. People might also know them as ‘Walk-in centres’]*
 - Do you know where your nearest centre is?
11. What are the benefits of Urgent Care Centres? What role do they play in relation to other services such as GPs, pharmacies, emergency departments, etc?
12. Can you think of anything that might prevent people from using Urgent Care Centres? How could this be improved?

NHS 111

13. Are you aware of NHS 111?
 - Did you know it is available 24 hours a day, 365 days a year?

“NHS 111 is the central number for all non-emergencies. It can provide advice and/or direct you to the most appropriate service for your needs. This might be A&E, an out-of-hours doctor, an urgent care centre or a walk-in centre, a community nurse, an emergency dentist or a late-opening chemist.”

14. Have you used the service? Would you use it? Why/Why not?
15. In order to operate as the central point of contact for urgent (non-emergency) medical help, what are the important things for the NHS 111 service to get right? What would a good service look like?

GPs

16. Have you sought urgent care from your GP recently, whether during normal opening hours or outside of normal opening hours?
17. What are your experiences of getting urgent appointments at your GP? *(Probe for both good and poor experiences, and whether alternative services were sought)*

18. Are you aware of the GP out-of-hours service, through NHS 111? What are your experiences of this service?
19. Are you aware of the GP extended hours service? What are your experiences of this service?
20. What could or should be done to improve access to GPs, if anything?

Pharmacies

21. What role do you think pharmacies play in terms of providing advice, diagnosis and treatment?
22. Pharmacies can help people to look after their own health to help reduce the need for other services.
 - Do you think this is happening at the moment? Why/Why not?
 - What could be done to encourage better use of pharmacies?
23. Overall, what could be improved about urgent care to ensure patients get the right care at the right time?