

# **Urgent Care and Emergency Services Report**

**2 December 2015**

Healthwatch Croydon is the official consumer champion for users of health and social care services in the borough. Established as part of the Health and Social Care Act 2012, Healthwatch Croydon acts as the 'patient voice', and in doing so, addresses key health and social care related issues.

## A. Overall Themes

The following themes came out of the analysis of patient experience and discussions at the public meeting:

- **Access to services:** Services need to be equally available across Croydon, in terms of distance from patient's location and opening hours.
- **Data to inform and improve services:** Data on use of services in terms of age, background, geographical location is needed as well as the outcomes of the service intervention, so that future delivery can be planned where residents need it most.
- **Resources:** There is a need for better allocation of resources across the borough for all services. If pressure needs to be taken off the London Ambulance Service, then all alternative services need to be accessible and ready to respond to demand.
- **Training:** A need for better training and expertise in these services, for example professional NHS 111 advisers or a specialist nurse-led Minor Injury Unit.
- **Clarity and promotion is needed:** Particularly on what services are available, how they can be accessed, and the process a patient/carer needs to go through to access services effectively including better targeted promotional campaigns.

## B. Ambulance Service

Ambulance response times are becoming a big issue in Croydon, with London Ambulance Service (LAS) figures showing Category A (immediately life-threatening) response times in the borough are the slowest in South London, and second only to Barnet as the worst performing in the whole of London.

It is notable that our Public Meeting of 23 November was attended by a lead journalist at a local newspaper, which recently published a full page article on response times, including a report that a resident died of a heart attack after the ambulance took (more than) 90 minutes to arrive.

It is not clear why response times in Croydon are consistently failing the national response time target, particularly as staffing is at 'full complement' for the borough and is not cited officially as a concern. However, the LAS Patient Forum suggests that Croydon 'probably has the highest demand in London' and questions whether resources are adequate for the service. It is observed that 'ambulances queuing outside Croydon University Hospital (CUH) Accident and Emergency (A&E) is a problem, at times with patients waiting 30 - 40 minutes to be admitted. The system at the moment is chaotic.'

It is known that A&E capacity is part of the problem - it was pointed out at the Public Meeting that Purley War Memorial Hospital has ambulance capability - perhaps some of that could be tapped into to relieve pressure elsewhere.

CUH reports that A&E in Croydon is proportionally the 'most used in London' by its large and growing population, so alternatives should be helpful in avoiding service congestion and delays. There is a 'rapid response' service exists to avoid hospital admissions, but residents tell us they would 'like to see a number of safe options', citing Falls Teams in other boroughs. Whatever the options, when people need emergency care they need it quickly, and residents assume the local NHS has the resources to 'make it happen' - at least that is the expectation.

There was also feedback from carers about their concerns in terms of choice of services. If the person they care for has a fall at home and they simply can't get them up. Can they call for an ambulance? If they do, will they get accused of wasting staff time? Will they get charged? What if the person isn't it medically unwell but just stuck on the floor, are paramedics allowed to help with that? These commonly held beliefs often result in carers putting their own and the cared for person's health at risk by trying to move the person themselves or delaying asking for help. Information for carers about dealing with falls would be helpful.

For carers who have called for an ambulance, there is universal praise for the paramedics and the reassurance they get from them. Delays in waiting time for an ambulance are reported. Many carers of both children and adults are dealing with mental health crises, medication management and complex health conditions way beyond the normal household management of health at home. Furthermore, carers become extremely well versed in the health issues affecting the person they care for and this needs to be respected by medical professionals.

A number of key themes emerged at the Public Meeting, one of which was provision of information. In respect of encouraging people to use 999 (indeed A&E) only in emergencies, evidence shows that advertising campaigns such as 'Choose Well' have actually resulted in increased usage of A&E. There is a clear public duty to educate residents on pathways, so the marketing must continue. However, a more insightful approach is needed, perhaps a more positive message that puts alternatives such as pharmacies and NHS 111 more in the spotlight, rather than the negative 'don't do that' headline which has the opposite effect.

Whatever the underlying problems, particularly on response times, residents are understandably concerned, and have a right to expect better. Perhaps Croydon does have its unique challenges, but these challenges need to be understood so they can be addressed.

## Key points

- **Very good experience of service:** Despite the reported statistics on response times, there is broadly a very good experience of the use of the service.
- **Lack of joined up services:** GPs tend to look at one health problem at a time, when for many there is more than one problem and this makes a patient's need for services more complex, particularly when urgent care is needed.
- **Recruitment issues:** Recruitment is a big challenge, as cost of living in London is expensive, and terms are often better at neighbouring ambulance trusts.
- **Variance in service delivery, quality and trust:** Minor Injury Units work differently from GP surgeries, but since these have not been well promoted, or have issues of trust, additional work is pushed on to the London Ambulance Service.
- **More information needed:** More information is needed on breaches of protocol. This is publically available and would also inform on the demand for ambulances and the lack of alternative services.
- **Review of service allocation:** In response to services, the downsizing of the Purley Hospital to a Minor Injury Unit needs reconsideration, as do alternative services such as GP Out of Hours. Walk-in centres work in a different way and also need to be considered.
- **Better first aid training for all:** There also could be a programme of better first aid training for all, but particularly in schools and colleges.
- **The professional's role:** Let a professional person decide where you should go, rather than you having to make the decision yourself.

## C. Minor Injury Units

Healthwatch Croydon has conducted much research into the borough's Minor Injury Units (MIUs), consulting directly at many sites, with patients, staff, management and volunteers, who have been consistent in citing certain issues.

### Purley Minor Injuries Unit

Seeing Purley MIU as a case-study, where patient satisfaction is very high, with waiting times of just over an hour (preferable to a four-hour wait elsewhere) and location is much appreciated, compared to criss-crossing the borough. The quality of service provided by all staff is of a very good standard, demonstrating effective leadership. However, the service has, by design, limitations that have impacted on its overall effectiveness.

The reduced opening hours of 2pm to 8pm, designed to save money, mean that locals have had to use alternatives, particularly A&E outside of those times. It is not clear how this can be cost effective, or be beneficial to the patient experience and indeed outcome. The opening times have not been effectively communicated to residents, many of whom have suffered, at best inconvenience, at worst distress, after arriving before 2pm expecting to be treated, but turned away. Volunteers report that this is a regular occurrence.

The provision of information has been a key failing of the service, as many residents are unaware of the unit's existence, indeed it was some time before signage was introduced to the building, and only then, after a prolonged local campaign. There has also been a much reported issue with X-ray facilities - although on-site at the hospital, may not be used without referral, so people requiring emergency scans have to go elsewhere.

But it is not just about Purley, the borough's Minor Injury Units have been useful in reducing footfall at A&E, but not effective enough due to service restrictions. Delegates at the Public Meeting said they would prefer a nursing-led environment, as 'used to be the case'.

### Key points

- **Misdiagnosis at GP level:** This has a consequence on delivery of urgent care services.
- **Better understanding of range of services and how to access them:** A need to understand who does what and when.
- **NHS 111 service:** Need to be properly run and staffed.
- **Urgent care centre allocation:** Proper urgent care centre needed in Purley (and other places) with X-rays straight away and not delayed due to service provision.
- **Nurse-led rather than GP-led urgent care:** Experienced nursing staff with urgent care specialists are needed.
- **Better communication is needed between the services:** A need for a consistent and effective database of services, so that all health providers can offer the best place to refer and stop duplication and confusion.
- **Access across the borough:** There is concern across the borough about access. There is a need to make the level of service consistently good for everyone across with equal access to services wherever they live.

## D. NHS 111

As with the other strands of urgent care, Healthwatch Croydon has conducted extensive research into the experience of NHS 111, finding satisfaction among locals to be very high, almost at 80%. People who have used the service report that phones are answered quickly, information and advice has been of good quality and often decisive, and support services such as Out of Hours GPs and ambulances have been arranged.

Having said that, image can be a problem. Many people assume the service is not staffed by trained clinicians, perhaps this is an ongoing legacy of NHS Direct, which had high profile failings for that reason. Some people also felt that the diagnostic questions were not appropriate, for example being asked about breathing when calling about a broken ankle. Of course these questions are indeed necessary, but perhaps this could be better communicated.

Another key theme at the Public Meeting was people can tend to 'stick with what they know works', preferring one service over another based on experience. On NHS 111, one person commented that they refuse to use the service 'as it is terrible', however this person's view was formulated on the word-of-mouth experience of a friend, so gaining people's confidence and trust is a challenge that should be addressed.

### Key points

- **Data is the key:** How can the service be improved, if we don't know how the service is used? We need to have more data on how NHS 111 is used. What languages, ages, times of day? Children should be counted within the statistics.
- **Analysis of outcomes:** What happens after the NHS 111 call, an analysis of geography, which wards are used frequently?
- **Joined up thinking on service:** There should be a joined-up measure of final outcomes, so we have a full picture on the effectiveness of the services working together.
- **Promotion of NHS 111:** There needs to be real promotion and rebuilding of the trust in it. For example that it is manned by professionals unlike the previous NHS Direct Service.

## E. GP Out of Hours

When engaging with residents, there is much confusion around access to GP Out of Hours (OOH) services. It is often assumed that OOH calls are forwarded to locums, or to NHS 111. Residents are unsure whether to call the OOH number, or to go directly to NHS 111. It would be useful to have official guidance on the correct pathway, and details of how services interact.

## Key points

- **Mixed experience in use of service:** Based on those on the table, there was a mixed experience, with 50% using GP Out of Hours and 50% using NHS 111. If you had used the service before and got a satisfactory result, you were likely to use it again, suggesting that trust of the service was central to decision making.
- **Clarity:** Knowing which service to use and when. There is not a clear message on whether you should use NHS 111 or GP Out of Hours based on your health issue.
- **Effective promotion:** There is a need to make the wide range of services understandable with simple language and ease of message to educate and promote effective use of services.
- **Registration:** Another key issue is that you need register with your GP to gain access to GP Out of Hours services, where you do not need to access NHS 111, meaning NHS 111 is offering a service to the unregistered.

## Methodology

All patient experience data has come from comments collected by Healthwatch Croydon, or submitted via provider websites, online feedback mechanisms or secondary data. Carers experience has come from via staff at the Carers Support Centre.

Comments and views given at the Public Meeting event held at the Community Space, Bernard Weatherill House on Monday 23 November were focused around the following questions:

- What has been your experience of the service?
- What do you feel are the top three key priorities for this service?

- What suggestions do you have to improve the service?