

Healthwatch Islington and Children's Partnership Commissioning



Urgent Care Services



November 2013

Contents

- 1. Introduction..... 1
- 2. Methodology 2
- 3. Findings..... 2
- 4. Key themes..... 4

Appendix A: Questions used

Healthwatch Islington Membership form

1. Introduction

About Healthwatch Islington

- 1.1 Healthwatch Islington is a user-led independent organisation that is part of the community, led by local volunteers. Healthwatch Islington is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.
- 1.2 Healthwatch Islington will build on the knowledge and experience of Islington LINK (Local Involvement Network). It will continue to; gather views from the local community; report these views to the people responsible for local services; engage local people in decisions about services, and monitor services. As part of its work to gather views it has the right to visit services.
- 1.3 Healthwatch Islington will also have a new role. It will give local people information about local health, care and related complaints services.
- 1.4 In some areas Healthwatch will provide complaints advocacy for people making a complaint about NHS services. For Islington residents, this service will be provided by VoiceAbility, details are at the end of the report.



Local Healthwatch gather views on people's experiences of health and social care services, one of the ways they can do this is by visiting local services.



About the Children's Partnership Commissioning Team Involvement of young people

- 1.5 The Children's Partnership Commissioning Team involves young people and their parents/carers in the commissioning process in three main ways:
 - You're Welcome: (Young People are trained to visit services as 'Young Inspectors' and contribute to service development in order that services can demonstrate that they are 'young people friendly' through receiving You're Welcome accreditation).
 - Involvement in Strategic Groups (including the Children's Service Improvement sub-Group, 'Quality Innovation Productivity and Prevention' Working Groups and the development of Healthwatch).
 - Participating in tendering evaluations as part of the process of procuring new services.

- 1.6 Young people are also given opportunities to become involved in issue-based consultation, for example around the refresh of the Children and Adolescent Mental Health Services Strategy.

What we mean by urgent care

- 1.7 The Department of Health definition of urgent care is of ‘...the range of responses that health and care services provide to people who require-or who perceive the need for-urgent advice, care, treatment or diagnosis. People using services and carers should expect 24/7 consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response to that need’. The Royal College of General Practitioners distinguishes Urgent Care from other forms of emergency care by describing it as needing ‘a response before the next in-hours or routine (primary care) service is available’ as opposed to emergency healthcare which would require ‘an immediate response to time critical healthcare need’.
- 1.8 This piece of work carries on from Healthwatch Islington’s visits to the Angel Medical Centre and Urgent Care Centre at Whittington Hospital. For a report from that visit, contact us or visit the web-site.

Why we set up these interviews

- 1.9 Camden and Islington Clinical Commissioning Groups are reviewing the provision of urgent care services within Camden and Islington. We are collecting views to feed in to this decision-making process.

2. Methodology

- 2.1 Healthwatch Islington worked with Islington CCG’s Participation Officer for Children and Young People to contact local young people and ask them for their views. We held a session at 222 Upper Street, spoke to young people involved in other elements of the CCG’s work and consulted young people at the Lift Youth Hub.
- 2.2 Based on models developed by Islington Clinical Commissioning Group following the initial stage of the urgent care review we asked young people about what was important to them when accessing services.

3. Findings

Who we spoke to

- 3.1 We spoke to 14 respondents aged between 13 years of age and 19 years of age. 3 were male and 11 female. Four respondents described themselves as Black Caribbean, three as mixed race, two as Black British, two as White British, one as Moroccan, one did not answer. Four were young parents. Four

reported having some form of long-term condition (which we asked about in relation to one of the models of provision). Of these four, all had asthma, one also had a nut allergy and one a vitamin D deficiency.

3.2 When asked whether they would prefer to use GP services offering same day appointments or go to an A&E department, nine respondents stated that if they could get a same day appointment they would rather see their GP for their own care. These respondents felt that they could be seen more quickly at their own GP and that the GP would know them personally, and know their history resulting in better care. Five stated that they would rather go to A&E. Three of the four mothers stated that if their child was ill they would rather go to A&E, because 'they can provide more care'. (Of these three, two would prefer to go their GP if they, and not their child, needed care, which is why this section totals 16 and not 14).

3.3 We asked respondents whether they would use a smartphone application, the internet or video phone technology in order to have same day contact with their GP. There was a mixed reaction to this, and whilst some thought that a smartphone application could be useful because it was free and convenient, others felt that face to face contact was preferable.

3.4 One respondent felt that technology would be useful if it meant you could be seen by the GP, for an appointment, more quickly and generally technology that helped people to book appointments was seen as useful. Some liked the idea of applications that could help you decide which service to access, as this could save you from visiting a service when you don't need to. However, they felt that there could be some limitations to this, and that if you were very worried about something you would still rather speak to a person.

3.5 Several respondents thought that using video software for on-line appointments would be 'weird' and intrusive, three respondents thought that this method could be useful. Two thought it was useful for more personal conditions and offered patients greater privacy and one felt it was useful because it could prevent you wasting the doctor's time, and your time, if you did not need to go and see a doctor.

3.6 Six out of the 14 respondents would rather wait to see their own GP than see a different GP on the same day, though this would depend on the length of the wait and the seriousness of the issue. Of these six, one respondent never sees the same GP twice but would like the same person as they 'don't like new people'. Eight wouldn't mind who they saw 'as long as I get reassurance' or because 'I always see a different GP anyway'.

3.7 For accessing care at the weekend, Four would be happy to see a different GP rather than visit A&E whereas four (two of whom had small children) would

rather go to A&E. Five felt that a GP based service would be better than A&E if it operated a walk-in system rather than booked appointments. One felt that it really depended on how worried they were about what was wrong with them.

- 3.8 If guaranteed same-day urgent care meant going to a different GP than their own, generally respondents would be happy to do this as long as there was some continuity in terms of sharing of information and knowing the patient, but also that confidentiality was respected and that directions to the alternative location were clear.
- 3.9 If the Urgent Care centre was located in the community, but away from the A&E, respondents were asked whether they would prefer to use this, their GP or the A&E. Not all respondents answered and there were mixed views. One respondent did not feel that this system would work, another felt that it could be more convenient, one felt that it might be difficult to know which one to go to.
- 3.10 Those with long-term conditions did feel it was good to be able to see their own doctor about their condition but one felt that hospital services were important because patients with asthma were prioritised. Another felt it would be good to be able to have all their asthma care at the GP. We did not ask respondents about their views on whether they felt it was important that local GPs ran these centres. Two parents felt that they would prefer their child to see a specialist paediatrician, wherever the care was delivered. This was in relation to the concern that medical care can be adult focused, with a lack of expertise in child development or paediatric conditions.
- 3.11 There were mixed reactions to a single phone line that could let patients know what kind of service they needed. One respondent felt that there should be separate phone lines for emergency, urgent and GP care rather than one central number because call waiting times would be too long. One had used 111 and thought it was 'rubbish' and they had still ended up at hospital anyway, another had not heard of 111. One felt that a blog may be better than a phone line, or that a phone application could be used here.

4. Key themes

- 4.1 Most respondents valued seeing their own GP. Some for the continuity of care and the healthcare professional knowing them and their history which they felt was important to receiving the right care. For others they just wanted to be seen as quickly as possible, and saw the GP as the best route for this.
- 4.2 Young parents distinguished between the type of care they might need and the care they might need for their child.

- 4.3 There were mixed reactions to using technology to support accessing care, this solution was more popular for booking appointments.
- 4.4 Respondents valued being able to walk-in without an appointment and get a response to their concerns. They also valued not being kept waiting for too long once in a service.

Appendix A – Questions used as basis for conversations with young people (provided by Clinical Commissioning Group)

Question 1

1. Would you prefer to see your GP on the same day or go to an A&E department for care?
2. Would you like to use the internet, smartphone app or skype to organise a same day appointment with your GP if you needed it?

Question 2

3. Would you mind seeing a GP who wasn't your own, if it meant you would be seen on the same day?
4. Would you rather see a GP at the weekend, even if not your own, than go to A&E for urgent care?
5. If getting guaranteed same day urgent care, meant going to a different GP practice (fairly near where you live) for that care, would that be ok? And if yes/ no, what would make a difference to your decision e.g. doctor's access to your notes?

Question 3

6. Would you rather go to a UCC somewhere in the community that was just there to deliver urgent care, than your GP or an A&E department?

(note for interviewer - the advantage of this is assumed to be lower waits)
7. At the moment UCCs are located in local hospitals, would location make a difference to your decision? (if yes, how)

Question 4 (for people with long-term conditions only)

8. If you were only able to make an appointment for routine care with your GP, and had to attend an urgent care centre for urgent same day care, would this be ok?
9. Would it make a difference to your view if local GPs worked in the Urgent Care Centres on a rota basis?
10. Ask what conditions the respondent has.

Question 5

11. Would you rather just call one number, and talk to someone who will send you to A&E if necessary or book you an appointment for the same day, or make your own decision and phone call to the practice?

Healthwatch Islington Membership Form

Contact details

Title First name Surname

Organisation (if applicable)

Address

Post code Email

Telephone Number

Mobile Number

My areas of interest / expertise in health and social care are:

Primary Care (eg doctors, dentists, podiatry, eye tests)

Secondary Care (eg hospitals, specialist clinics)

Social / Community Care (eg Meals on Wheels/Home Help/District nurse)

Residential Care and Nursing Homes

Emergency services (e.g. ambulance service)

Other (Please state)

I am interested in services for:

Children & Young People

Older People

Carers

Disabled People

People with learning difficulties

People with mental health issues

Black and Minority Ethnic (BME)

Lesbian, Gay, Bisexual and Transgender (LGBT)

Other

Data Protection

Any information you have given us here will be treated as confidential.
We will not share your contact details unless indicated below.

Please tick the box to **share** your contact details with other LINK members

Equality monitoring form

We would like to gather monitoring information so that we can understand the diversity of the people involved with the LINK to make sure that we are reaching out to the whole community. We are required by the Department of Health to record this data. You do not have to complete this form.

Please help us by answering these questions:

1. Are you?

Male Female Prefer Not to Say

2. Would you describe yourself as?

- White British
 White Irish
 White Other: please specify
 Black British
 Black - African
 Black – Caribbean
 Black – other: please specify
 British Asian
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Other – please specify

3. Would you describe yourself as having a disability?

- No
 Yes – please describe in your own words:

4. Would you describe yourself as:

Gay man Lesbian woman Bisexual Heterosexual

5. Which age group do you belong to?

Under 18 years 18 to 30 years 31 to 45 years 46 to 60 years
 61 to 75 years 76 years & over

6. Do you have a religion or belief?

No
 Yes – please specify:

