



# **Emergency department, general practice, or pharmacy services? Service user feedback on factors influencing choice**



## **Healthwatch Islington**

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

[www.healthwatchislington.co.uk](http://www.healthwatchislington.co.uk)

## **Contents**

<b>Introduction</b>	<b>3</b>
<b>Feedback from the Patient Group</b>	<b>4</b>
<b>Manor Gardens</b>	<b>6</b>
<b>Every Voice</b>	<b>9</b>
<b>Conclusion &amp; Recommendations</b>	<b>11</b>

# Introduction

There are a number of people using emergency departments when they could be seen by a GP or sometimes even in their local pharmacy. Islington Clinical Commissioning Group (CCG) wanted to learn more about the factors that influence how we decide where we need to be seen. They also wanted to find out how we use pharmacy services, and what other support we might like to see in the pharmacy setting.

Healthwatch Islington talked to residents/ patients about their experience of local emergency departments and GP and pharmacy services. The consultation activity was carried out at the June meeting of the Pan-Islington Patient Group, which Healthwatch Islington hosted in partnership with the CCG.

This report also contains findings from a series of focus groups run by our partners Every Voice and Manor Gardens Health Advocacy Service. These two local organisations are helping the Patient Group to include feedback from black and minority ethnic communities.

The CCG commissions emergency services. NHS England commissions GP and pharmacy services, though the council's public health team commission a range of services from local pharmacy such as support to stop smoking and health checks.

# Feedback from the Patient Group

The CCG were interested to learn what factors influenced how residents decided whether they needed to go to the pharmacist, to book a doctors appointment, go to the accident and emergency department, or call an ambulance. This was because a number of people were using emergency departments when they could have been seen elsewhere.

There were 35 local residents participating in the discussions.

## 1. What helps you choose which services to use?

Participants noted that sometimes the choice regarding which service to use is made for us by other healthcare professionals (111, receptionists, ambulance service) or the availability of specific services.

The main influence on our choices seemed to be perceived **need**, **location**, and **awareness** of what was available, though family and friends as well as personal experience influenced that choice. Although some participants had used A&E (accident and emergency department) in the last two years, those that had had been advised to go there.

### Need:

- ▶ Depends on the ailment, person and their awareness. For people with COPD, if it's serious, we (patients) know it is serious.
- ▶ Depends how long you've had the problem.

### Awareness:

- ▶ Lots of info at practices, nurses, GPs, reception, healthcare assistants, dieticians, leaflets, posters.

### Accessibility and waiting times:

- ▶ Doctor should give you an emergency note for emergencies at the hospital.
- ▶ Need at the time and level of need. Doctor busy, no appointments, 2 weeks out of hours service, possibly full.
- ▶ Referral/ wait for appointment a real concern so straight to A&E.
- ▶ Systems need to be flexible, for example, if you don't speak English it might be easier to book your appointment in person than by phone.
- ▶ Access depends on how pushy you are.
- ▶ For patients not registered with a GP, or for those worried about whether they are eligible for services A&E would be easier.
- ▶ Within mental health services is choice restrained by cuts? Particularly the GP service which is unsupportive re accessing psychiatrists etc. (though this depends on GP).

### Confidence in the healthcare professionals:

- ▶ At the GP continuity of care is appreciated.
- ▶ GP is often the first port of call.
- ▶ People have confidence in someone who was quick and part of the community.

## 2. What influences that choice?

## 3. What would help inform your choice?

A range of responses to these two questions were presented. There was a suggestion that residents rely on **existing knowledge** and that of their **social network**.

### Information available:

- ▶ Google easily on internet, local information
- ▶ Navigators to direct choice
- ▶ Different services in different GPs/ clinics
- ▶ Information given (sometimes it is wrong)
- ▶ No consistency
- ▶ Better, clearer information on looking after themselves.

### Past experience:

- ▶ Your idea of service availability, based on your experience, affects that choice.
- ▶ What I've done in the past
- ▶ Panic can influence the choice
- ▶ Perception of urgency
- ▶ Knowledge of local services
- ▶ Accessibility and responsiveness of services
- ▶ Time of day if GP is open
- ▶ GPs don't read records – battles between GP and hospital
- ▶ One respondent would like to see a named GP for every patient – this has been introduced.

### How healthcare professionals communicate with us:

- ▶ Don't tell people what to do, give them options and bring their stories and examples to life.
- ▶ Listen and treat people as individuals.

As already noted, there is evidence to suggest that patients sometimes use A&E when another service would have been able to meet their needs. We also wanted to explore this with residents who had attended A&E in the last two years.

#### 4. Have you used A&E (in the last two years). If so, what made you choose that service?

- ▶ Realised it was an emergency so thought it was appropriate. Direct access to tests quickly.
- ▶ I called 111 and had a series of long waits and the suggestion that I go to a local place that was very awkward to get to, a lot of walking late at night. This was suggested because the operator didn't realise I was based outside London. Also, the second time I rang I was told that I had been incorrectly categorised the first time so I lost trust in whether they could interpret the urgency well. So I decided to go to A&E where I had another long wait.
- ▶ The walk-in centre advised me to go to A&E.

A great range of services are available in local pharmacy. The CCG were interested to learn more about participant's use of these services and their suggestions for any additions.

Pharmacy is conveniently located and the staff often know you, but people felt that **more should be done to publicise what's available**. Generally there was trust and confidence in these services, and a suggestion that locating the service in GP practice could be helpful.

#### 5. What services do you use in pharmacies?

- ▶ Prescriptions dispensing
- ▶ Non-prescription medicines
- ▶ Minor ailments and triage/ identifying a condition including late night service
- ▶ Coagulation service
- ▶ Health questions
- ▶ Health check and blood pressure checks
- ▶ Medicine Review and information about new drugs
- ▶ Emergency supplies of medication
- ▶ Travel jabs and flu jabs,
- ▶ Emergency contraception
- ▶ Smoking cessation and dietary advice
- ▶ Prescriptions delivery service

#### 6. What else should pharmacies offer?

- ▶ More minor ailment care – and make sure patients know about it.
- ▶ A little A&E in the pharmacy
- ▶ Wheelchair rental
- ▶ Proper consulting rooms, confidentiality/ accessibility
- ▶ It would be good to feel more confidential
- ▶ More awareness of services
- ▶ More information about mental health
- ▶ Be good to see the cost reduced
- ▶ Be good to bring pharmacy into GP practices
- ▶ GP receptionists should direct people with symptoms such as colds to the pharmacy.

# Manor Gardens Health Advocacy Project

Manor Gardens Health Advocacy Service has been helping refugees and newly arrived migrants improve their health and wellbeing for many years. We work with over 3,000 people every year and together we speak over 30 languages.

We help people in the following ways:

- ▶ We have over 60 trained volunteer interpreters who help people from new communities communicate their needs.
- ▶ We provide bilingual advocacy and support to help people access local health services and appropriate information.
- ▶ We put on tailor-made workshops to help individuals and community groups learn about the issues which affect them, for example diabetes and immunisations.
- ▶ We raise awareness about Female Genital Mutilation (FGM) by working with community groups to protect girls at risk and support survivors.
- ▶ We train professionals in understanding FGM and safeguarding girls at risk.
- ▶ We provide therapeutic support to women who have undergone FGM through the Dahlia Project.
- ▶ We provide volunteering opportunities to interpreters and advocates from refugee and migrant communities.

## Exploring experiences of emergency departments (A&E) and pharmacy services

Manor Gardens Health Advocacy Project ran two focus groups for non-English speakers, one with people of Turkish background and another for people of Kurdish background (each attended by 12 participants). They also offered an on-line survey (this was completed by six respondents).

### Focus group one (June 2016)

There were 12 participants, four men and 8 women. All were aged between 25 and 49.

#### Use of the emergency department (A&E)

One respondent had been taken to A&E in an ambulance when they had not needed to, because their GP practice was closed and they felt their need was urgent. Another had used the A&E service when it had not been needed and was made to feel 'humiliated by staff'.

Two had been told they should have waited for their GP and one was told they should have gone to the pharmacist. Of these one had chosen A&E knowing that they wouldn't need an appointment and that they could get all the tests done that they may need in one visit. Another had panicked and called 999 because their GP practice was closed. One had a child who was vomiting at night when all other services were closed.

In another case the patient felt A&E was the right service as they had been fainting, but they were told they could have called 111 for fast medical help. For one who had used the service, this had been the right service for what they needed as their relative had been unconscious.

For all of those who A&E had felt could be seen elsewhere they had been advised to try 111 or go to the walk-in centre. In one case they were advised to go to a pharmacist for rehydration salts.

In terms of information that would help participants make an informed choice in future, some respondents suggested that GPs provide them with more information on what services they should use, and one respondent suggested that this would ideally be in the patient's own language. Others suggested that on-line information would also be helpful.

## Use of pharmacy services

All participants used pharmacy services. All respondents stated that they used the pharmacy for over-the-counter medication and for prescriptions. Two mentioned vaccinations/ flu jab.

Respondents felt that it would be useful if pharmacy could offer **lifestyle advice** to aid health and well-being, blood pressure and diabetes checks, **health checks**, weight management, stop-smoking advice and travel vaccines. There was a **lack of awareness** of what was on offer at the local pharmacy.

### Areas that the CCG should prioritise:

These suggestions focussed primarily on **preventative** services:

- ▶ Lifestyle advice, diet, exercise and disease avoidance/ management,
- ▶ Causes and consequences of poor mental health,
- ▶ Pregnancy and abortion, family planning and teenage pregnancy,
- ▶ Family relationships, parenting, relationships generally.

## Focus group two (June 2016)

There were 12 participants, two men and 10 women. Nine were aged between 25 and 49 and three were aged between 50 and 64.

## Use of the emergency department

For the two that had used A&E recently they had felt this was the right place to go, and they did not feel that they had information about where else to go. One used 111.

When discussing what could cause you to attend A&E participants talked about the difficulty of accessing their own GP because of waits for

appointment times, 'If I could see my Doctor quickly in GP I would not go to hospital A&E' but also because of GP opening times 'GPs close early and no weekends open [sic]'. One participant felt more information about services was needed. When talking about the walk-in centre for example, 'Nobody told us these are the services, we just found out by chance'.

Participants felt that phone advice from the GP could be helpful or using channels which communicate in residents' various languages such as **community radio** or **community language newspapers**. There was a suggestion that information sessions could be held in local community centres.

## Use of pharmacy services

Again participants talked about collecting prescriptions and buying over-the-counter medication. There was some awareness of services such as smoking advice and health checks. One respondent noted that pharmacies were easier to access than GPs.

Other services that participants felt that a pharmacy should consider included: phone calls to let you know your prescription is ready, later opening, greater clarity between GP and pharmacists about when prescriptions have been sent and received so that patients can collect them. One participant suggested using pharmacies for health awareness sessions.

### Areas that the CCG should prioritise:

- ▶ Updating old equipment in GP practices and A&E,
- ▶ More advocacy and interpreting services, and also awareness of the needs of non-English speakers 'If you speak a little bit English they put you down and humiliate you because you don't speak English. They ask you "how long you have you been here? Why don't you learn English" etc',

- ▶ Seven-day access to services such as scans (a participant reported having a miscarriage on Friday and having to wait until Monday for a scan),
- ▶ More home visits,
- ▶ More approachable reception staff,
- ▶ Better hygiene, for example cleaner toilets in GP practices and hospitals,
- ▶ Access to ambulances - they tell us that they will charge us for calling,
- ▶ Keeping children and adults separate in services.

### E-survey

Six respondents took part in a short electronic survey; two men and four women. Three described themselves as 'White Other', one as 'Black British' and one as 'Other'. Two were between 25 and 49 and four were between 50 and 64 years old.

### Using emergency services

Three had been to A&E in the last two years, with conditions they felt serious enough to justify this visit. One mentioned that they were also unable to get an appointment with any other service. However, two of the three were advised that they could have been seen elsewhere, to wait for their own GP or see the out-of-hours GP service.

All six respondents felt that they needed **more information** to inform their choices, whether in English or their first language. It was suggested that this included opening hours, contact information, proximity to their home (ie location), availability of interpreters.

### Pharmacy services

All had used pharmacy services for collecting prescriptions. Two respondents were aware of some of the other services on offer at pharmacy, but four did not know that any other services were on offer.

Respondents also focussed on **preventative services** such as health and weight checks, but also felt pharmacy should provide more information on other local health services, including on late-night pharmacy.

### Local priorities

Respondents felt that their local communities were affected by chronic illness and lifestyle problems, as well as general life problems affecting well-being. One felt there was a lack of professionalism in the health service which impacted on patients. Healthy lifestyle workshops were again put forward as a means of increasing knowledge.



# Every Voice

Every Voice works to achieve a world where every voice is fairly represented, heard and understood. We champion the underrepresented voice, to share vital and diverse perspectives, challenge discrimination and stereotyping, eliminate systemic race inequalities and influence social change.

We bring people together to strengthen and unite the community voice through:

- ▶ activism and forums
- ▶ education initiatives
- ▶ social policy lobbying
- ▶ cultural events.

## Exploring experiences of emergency departments (A&E) and pharmacy services

Every Voice held a craft workshop and invited local residents to attend. During the workshop they held discussions with attendees. Healthwatch Islington also attended to support these conversations.

Ten people participated in total. Nine participants were Islington residents, and one was a Haringey resident but registered with an Islington GP (because they lived close to the border). Nine of the participants had not heard about the Clinical Commissioning Group prior to this workshop and this was the first time they had participated in a CCG consultation.

Every Voice also ran a short e-survey with partners at the Islington Chinese Association. Six participants took part.

## Feedback from the craft workshop

### Accessing services

When discussing what influences the choice of which service to access most talked about the importance of location. Transport was also cited as a factor. Personal experience and preferences as well as recommendations from healthcare professionals or family and friends were also highlighted as influencing choice. The severity of the condition was also cited, as were language barriers and friendliness of different environments.

When discussing what information would help them make an informed choice about services, participants listed the following:

- ▶ GP receptionists,
- ▶ Basic leaflets for new patients when registering at GP practices or within local community centres,
- ▶ More information generally about what is available,
- ▶ Better follow up letters after treatment (within hospital).

### Using the Emergency Department

There was some confusion about what constituted 'serious enough' for A&E.

'GP tells patients off for going to A&E because GP gets charged, they get the bill. So I'm always worried about calling A&E out. If you can feel something is urgent then go to the A&E. Sometimes long waiting times to see the GP would mean you end up in A&E.'

Participant 1

'There's a lack of awareness of services. The aftercare services instructions, for example after my operation; the hospital told me that I'm in my GPs care now. So I didn't go to A&E when I was sick, I waited for a GP appointment, then when I saw my GP they told me off and said I should have

gone to A&E straight away because it was serious.’  
Participant 2

Three participants had used A&E recently (in the last two years). One had attended for a broken finger and the participant went to A&E as they did not know where else to go. Another was sent by their GP because they had pneumonia and one had asked for treatment for a Urinary Tract Infection but said that they had been turned away.

### Using local pharmacy

All participants used the pharmacy for prescriptions, and two had had health checks there. One used the pharmacist for advice when they couldn't access the GP.

Several respondents talked about the lack of privacy at the pharmacy (one participant mentioned that even where there are consultation rooms these are not always used). One respondent explained that this put them off of asking for more advice from the pharmacy.

Two participants felt that better information and communication was needed at the pharmacy and one said that better stock was needed. Respondents did not seem to be aware of the many services on offer, and also what may not be offered.

‘I did try to have my blood pressure checked in two pharmacies but they said they were not able to do it. So I when to my GP, who gave me an appointment to go back and she would check it for me. I would like to be able to do that in a pharmacy – my daughter says she can buy me a machine to check it myself but I prefer somebody who knows what they are doing checking it.’  
Participant 10

As part of the discussion a resident needed information about how to get support for her gluten intolerance. Following the advice the resident was given they said the following:

**10**

‘Thank you for the knowledge about the Coeliac disease and your support and as well the great information that you have given to us last Monday, congratulations to all of you for the event. I have seen a GP early today and I will go to see the consultant at University College Hospital.’

### Islington Chinese Association (E-survey)

Five respondents took part, they did not complete Equality Monitoring data.

### Accessing services

Choice was influenced by location or the advice of friends and family. Respondents also mentioned interpreting, standard of service and receptionists.

Information that would help people make informed choices:

- ▶ Assistance from the Chinese centre (information in Chinese),
- ▶ Transparency of the service information; statistics of patients' satisfaction; credibility,
- ▶ Information on the medical resources of the service provider (eg. How many nurses in the GP),
- ▶ Information of locality and service standard,
- ▶ Information about the standard of services.

### Using the Emergency Department

Only one of the five respondents had used this service in the last two years. They had used it because of acute back pain which they had felt needed immediate attention.

### Using local pharmacy

Three respondents reported that they did not use the pharmacy, one used it to buy toiletries and another to collect prescribed medication. None of the respondents had suggestions for additional services to be offered in pharmacy.

# Conclusion and Recommendations

Across both organisations, and at the main Pan-Islington Patient Group meeting it was clear that awareness of what was available from different providers was varied. Participants had on occasion not used the 'most appropriate' service for their needs but this was often because they did not know what other service they could have used. In some cases residents perceived their need was urgent and acted accordingly, though they suggested that better advanced information and direct advice from healthcare professionals could assist their decision-making.

In all groups there was some confusion about what constituted a serious enough need for treatment at an Emergency Department. There was less awareness of what is on offer at local pharmacy within the out-reach groups (this may be because these are residents who are less engaged with services).

## Recommendations



Islington Clinical Commissioning Group and the Local Pharmaceutical Committee should work with partner organisations to promote pharmacy use within the local community, emphasising the range of services available.



Information on alternatives to the emergency department (for those who could have been seen elsewhere) should be provided at the emergency departments of the Whittington Hospital and UCLH. This should include mention of the walk in centre in Angel and the new extended hours GP service.

**healthwatch**  
Islington

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