

What our population understands about urgent care, when to access it and their experience of using it

Urgent care engagement report July 2020

NHS Vale of York Clinical Commissioning Group

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1. The context

Nationally, there is a focus on helping patients get the right care, in the right place and at the right time, and importantly as convenient for them as the seriousness of their condition allows.

Within the Vale of York context, an opportunity has arisen to review the way that we provide urgent care in the area.

- The local contracts are up for renewal
- A significant proportion of A&E attendances over the last 12 months have been able to be managed in an urgent care setting
- The development of primary care networks and focus on population health illustrates that our localities have very different needs. There is a city centre locality (high number of out of area patients/tourists, businesses and a student population) and rural areas to the north and south of the patch, with differing levels of deprivation, rurality, ageing populations and demand.
- Clinicians are keen to review the way same and next day urgent care cases are managed
- Patients and the public tell us that there are too many confusing options, and that getting urgent care help needs to be made easier

As a result, we have taken the opportunity to carry out an initial scoping exercise to understand the needs of our population and how they access urgent and same day care.

2. Engagement methods

As part of this report we have referenced a number of surveys and engagement activities which have taken place over the last two years with a focus on accessing GP services, out-of-hours and urgent care.

In addition, we carried out specific engagement activities in partnership with Healthwatch York and North Yorkshire, to find out more about why people may attend A&E and what people do if they have an urgent care need that is not life threatening, but needs to be assessed on the same day.

The following documents and engagement activities were consulted as part of this report:

- **April 2018:** Improving access to GP practices survey for evening and weekend appointments: <https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=126>

- **June 2019:** Humber, Coast and Vale engagement about the long term plan, which included engagement around urgent care priorities across the patch https://humbercoastandvale.org.uk/wp-content/uploads/2019/07/HCV-Engagement-Mapping-Report_final.pdf
- **August 2019:** Healthwatch York report on key messages from the NHS Long Term Plan Engagement Project in York <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/08/Final-Key-messages-from-York-Long-Term-Plan-engagement.pdf>
- **August 2019:** Survey of patients attending A&E: spoke to 103 patients over a 12 hour period: <https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=123>
- **March 2020:** Healthwatch Children and Young People's report: <https://www.healthwatchyork.co.uk/wp-content/uploads/2020/03/Healthwatch-York-CAYP-report-A4-Final-Version33101.pdf>
- **May 2020:** Impact of covid-19 on health and wellbeing: <https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=4154>
- **June 2020:** Urgent Care Survey – 545 responses to 30 questions, shared with our stakeholder database and through our networks such as the maternity voices partnership, York Carers Centre, local businesses, patient participation groups, VCSE organisations, Healthwatch, the local authority and parish councils. <https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=4224>
- **June 2020 Urgent Care interviews:** We commissioned Healthwatch to carry out an independent urgent care rapid assessment report, working with seldom heard and vulnerable groups to find out their experience of seeking medical help if they had an urgent health condition. <https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=4223>
- **July 2020:** GP patient survey <https://gp-patient.co.uk/downloads/slidepacks/2020/03Q%20-%20NHS%20VALE%20OF%20YORK%20CCG.pptx>

3. Ensuring we reach a diverse community and hear the voices of our community

As part of the engagement work, we are committed to ensuring that we represent the views of our diverse population. During the covid-19 pandemic, although we were unable to host face-to-face engagement sessions, we worked with Healthwatch York and North Yorkshire and the voluntary sector to access seldom heard communities, including some of the most vulnerable people in our population with multiple and complex needs.

Healthwatch York conducted a number of interviews and worked with Door 84 (youth centre), the Good Organisation (supporting people affected by homelessness), Lifting Voices up York, York CVS and the Complex Needs Network. It also used its links with youth groups and spoke to those who were receiving welfare checks. As part of the covid-19 impact survey we held telephone interviews with the Carers Centre, Dementia Forward, advocacy services for deaf people, York Mind, carers and people with disabilities and mental health conditions.

4. Executive summary

Reviewing the thousands of conversations and feedback submissions from the Vale of York population, there are a number of key themes that emerge around the understanding of urgent care, when to access it and people's experience.

- **The system is too confusing:** People are unsure about when to use the NHS 111 service, when to call a GP or when to go to A&E. Difficulties 'navigating the system' and 'knowing where to go' were raised by multiple respondents. There are a lot of mixed or competing messages about the best route to treatment. 'It is often not obvious whether it is something that I need same day treatment for, but there is no option to resolve that - it's not A&E, 111 would say 'go to the doctor', the options on the phone are '1 urgent', but how urgent am I?' 'Too many options that are too confusing'.
- **GP is the first choice for an urgent care need:** If people have an urgent medical condition that needs treating on the same day, the majority of people (82% according to the June 2020 survey) would choose the GP surgery and 55% said the NHS 111 phone line. According to the National GP survey, if the GP surgery is closed 65% of people in the Vale of York would try an NHS service by phone and 38% would go to A&E.
- **Lack of knowledge about Urgent Treatments Centres (UTC):** When asked where they would go for an urgent care need, only 13% said they would attend an urgent treatment centre. 48% had not heard of the UTC at York A&E and only 11% had used it.
- **A lack of knowledge about out-of-hours care:** People expressed a lack of knowledge about the options for out-of-hours care, especially during evening and weekends. There is also some confusion about the different options for urgent care. 54% of people said that it wasn't easy to know what choices were available day or night.
- **Travel and transport** was important to people, but experience differed across the patch. For some people travelling to a GP surgery for urgent care was difficult, especially when they are sent to a surgery outside of their local area due to lack of direct bus routes or expensive costs of taxis. In the more rural

areas people said they would find it difficult to travel/drive for a long time if they were acutely unwell. However if they needed to see a professional for something less urgent they were willing to travel further.

- **Improved access:** People commented that they would welcome better access to GP services, via the telephone and outside of working hours. The national GP survey highlights that only 60% of Vale of York respondents thought it was easy to get an appointment at the GP practice, much lower than the national average. One patient commented 'I've never had a same day appointment with a GP and there is never a nurse or GP free when I do call.'
- **Type of appointment:** People still prefer face-to-face as a means of having an appointment. However, since March 2020 and the Covid-19 pandemic, there has been an increase in uptake of telephone and digital consultations. Of those who had used digital technology or a telephone to have an appointment during March-June 2020, 65% found it very easy/easy to use and 61% of those would be willing to use it again.
- **Range of professionals:** Respondents were happy to see a range of healthcare professionals for their urgent health need. However the most preferred choices were GP (72%), Hospital Doctor (67%), Nurse Practitioner (58%), Paramedic (53%).
- **Using the telephone to get advice:** Generally people were used to accessing services via telephone. 69% of respondents to the June 2020 urgent care survey felt it was easy or very easy to get advice over the phone for an urgent care need, and 55% of people would choose to telephone 111 if they needed advice for an urgent medical condition. However, experience was much more positive if this was with a health care professional 'rather than a call taker'.
- **Continuity of care and joined up care:** The difficulties of having to navigate a complex and at times fragmented health and care system are felt by many patients and citizens in our region. People commented that there needs to be more joined up sharing of records, otherwise they have to explain to every clinician about their conditions.
- **Use of technology:** Across all of the engagement activities over the last two years there was reference to better use of technology. For some people access to the internet and technology was not difficult and in some circumstances, especially during the Covid-19 pandemic, it was preferred. Being able to access services online at a time and place that suits the individual was highlighted by many people as a significant positive development. Other people however have no access to the internet or the equipment to enable them to access online video. It is important to be mindful

to not digitally exclude patients. For those who had difficulties – cost, ease of use, owning the technology and access to good quality broadband were some of the main concerns.

- **Low awareness of online service, and appointments at the weekend and evenings through the GP surgery.** In the national GP survey only 54% of respondents were aware that they could book appointments online, 49% were aware about ordering prescriptions online and just 26% were aware they could access their records online.
- **Urgent care for a child:** If people had a child who was unwell, they are more likely to go to A&E. Several people suggested they would want to see a health professional quickly and would be willing to travel wherever necessary, some would try their GP but would go to A&E if not available. ‘I would go straight to A&E as I would want my children seen immediately and have full faith they would be seen by a Dr there if needed.’
- **People with a mental health condition:** If people had a mental health condition, they would prefer to see someone they trust. ‘Seeing a Dr who I know is more reassuring.’ ‘Prefer to see familiar face who know a bit about me and not have to go through everything multiple times to multiple people.’
- **Better communication** was a key theme. People mentioned how communication could have been better, both in terms of how they were listened to and in how different services talk and work with each other. Respondents commented that they needed clearer information about where to go for an urgent care need. 40% of survey respondents (June 2020) did not feel they had the right information to make a choice about where to go for an urgent care need. ‘More information about what is available and how to access it would be useful. I am computer literate and have worked in the NHS, but find that access is quite disjointed.’
- **Young people** also told us that information about their own care was not always provided in an easy to understand or accessible way. We were told that it was difficult to find out about services, but it was felt that many services could be made more accessible via the internet and social media. One young person said ‘I wouldn’t even know where to start.’
- **Recognition of pharmacies** was high, and according to the 2020 urgent care survey 42% of people would chose to go to a pharmacy to try and treat an urgent medical condition: ‘I have always found that community pharmacists give really good, comprehensive advice. So you get good advice, plus it feels right to not use up GP practice time unless genuinely necessary.’
- **People who access A&E are likely to have tried another healthcare option first:** During the face-to-face questions with 103 patients in A&E,

when asked if they had tried another healthcare option before attending 75% said they had.

- **Out of area patients**, such as tourists or business people told us that they had to go to A&E because they couldn't get appointments with local GPs, or get a prescription for medication such as emergency asthma inhalers or for a persistent eye infection.
- **Increase awareness of carers and vulnerable patients:** Feedback has shown that patients who are vulnerable, have disabilities or care for patients are more likely to be impacted if services change. Awareness of their needs and providing clear information would improve the experiences when accessing health and care services.

5. Key themes of each engagement activity

In this section we provide a summary of the key themes and highlights from the number of engagement activities and reports that relate to how people access urgent care, and their thoughts about making a positive patient experience.

5.1. Healthwatch York report on seldom heard voices: June 2020

The CCG worked with Healthwatch to commission a rapid assessment of urgent care report. During a two week period in June 2020 Healthwatch York conducted a number of interviews with people who represent seldom heard communities and are not often reached through traditional survey methods. It worked with Door 84 (youth group), the Good Organisation (working with those impacted by homelessness), Lifting Voices up York, York CVS and the Complex Needs Network as well as speaking to young people, those who were receiving welfare checks as part of the covid-19 calls service, and street-based interviews. The organisation asked people what they understand by urgent care and where they would go if they have an urgent care need.

Healthwatch York summarised the following themes:

1. Lack of knowledge about urgent care: People talked about not knowing where is appropriate to go for an urgent condition, who does what, where they should be accessing out of hours care. The preferred choice of advice, and urgent care for many people was their GP. Many preferred 'face-to-face' appointments and for some video conferencing was not an option. Getting an appointment to speak to or see a GP within three weeks was often difficult.

- 'Appointments are so hard to get, it is hard to ring at 8am when you have children. It means I end up not getting treatment and then things get worse.'

- 'Being able to get through to reception and past the receptionist to actually see someone! The response is often that there is nothing available today, but maybe something for next week, even with a respiratory condition.'
- 'I do not fully understand the UTC at York hospital, and given that I work in the NHS I feel it should be clearer. I know 111 can make appointments in GP OOH but I don't really understand if you arrive at A&E who you will be seen by and whether it falls under the UTC. I would very much like to have the option of evening or weekend appointments at a GP practice if needing help sooner than the next week day, but I wouldn't know how to go about this, I only know to phone 111 and see GP OOH but if there was a way to know that appointments were available at any other practice in York to prevent having to go to hospital this would be preferable.'

2. A lack of knowledge about out of hours care: People expressed a lack of knowledge about the options for out of hours care, especially during evening and weekends. There is also some confusion about the different options for urgent care.

- 'There are a lot of grey areas around when the surgery is open and what time, and when you can ring. It is often not obvious whether it is something that I need same day treatment for, but there is no option to resolve that - it's not A&E, 111 would say 'go to the doctor', the options on the phone are '1 urgent', but how urgent am I?'
- 'I don't know the opening hours of these services.'
- 'I wouldn't know who to call in the evening, or at weekends'

3. Lack of continuity of care: Some people reported that they rarely saw the same doctor and that this can lead to problems in having to explain their condition several times and the occasional mix up with medical history and medication leading to serious consequences.

- 'I haven't got a good support system around me, I used to have one 5 years ago, but it has all changed. Now it is just zero, it is as if you don't matter anymore, especially as I get older...I'm derelict.'

4. Poor accessibility for some people: For some people travelling to a GP surgery for urgent care was difficult, especially when they are sent to a surgery outside of their local area. Travel can also be expensive, which is an important barrier to accessing urgent care for some people.

- 'I have to use taxis because I don't know where everywhere is. They say you can go to Surgery x or Surgery y, but I don't know how to do that on the bus. They give you a bus route number but they don't tell you where you can find that route, or where to get off. I've got no sense of direction so the thought of getting on a bus to somewhere I don't know and trying to work it all out, it's

terrifying. But taxis are very expensive. So if I don't have the cash in my purse, I can't see a doctor. I can't afford it. I just don't have the money.'

5. A lack of mental health crisis care and after care. On person talked about mental health emergencies and being 'let out too soon'. There was the feeling that there was no parity of esteem – stating 'sometimes I think I'd rather have my leg broken as it is visible and would receive care.'

6. Internet access and technology: For some people access to the internet and technology was not difficult and in some circumstances, especially during the Covid-19 pandemic, it was preferred. Other people however, have no access to the internet or the equipment to enable them to access online video. Some people also may have had access, but preferred not to use online video.

5.2. Urgent Care Survey to the wider public: June 2020

In June 2020 the CCG conducted a survey to find out what people do and where they go if they have an urgent health condition (that is not life threatening) and needs treating on the same day.

Who completed the survey?

- 545 people responded to our survey
- 33% of the people who took the survey were carers
- 10% were under 35 years old, 28% were 35-54 and 50 were in the 55-74 age bracket.
- 40% of respondents stated they had a disability, complex health need or mental health condition. 18% of respondents had a long term condition, 11% had a mental health condition, 9% had a physical disability 4% had a sensory impairment. Unfortunately only three people with a learning disability filled out the survey, and we will be working with the local advocacy group to ensure that we capture the views of this cohort of our population.
- 5% of people were from a non-white background.

We have used our links with Healthwatch York and North Yorkshire to carry out a separate piece of engagement work to ensure that we reach people with protected characteristics or those who may be seldom heard.

Survey highlights:

Where people would go if they have an urgent care need: GP and 111 was the top choice, urgent care centres were generally not recognised

- When asked where they would go if they had an urgent care need, the GP practice was the preferred choice: 82% said GP, 55% said the NHS 111

phone line, 46% said pharmacy, 30% NHS 111 online, 22% said Accident and Emergency (A&E) and only 13% said they would attend an urgent treatment centre.

- Very few people would choose to go to an Urgent Treatment Centre (UTC). They would try their GP or NHS 111 first.
- In the free text comments people also said they would 'google' the problem.
- 48% had not heard of the UTC at York A&E and only 11% had used it.
- 'The main issue is the fact that you can't access the urgent care centre at York Hospital directly. It can take a long time to get through to my GP practice, then you have to be triaged on the phone before a doctor will speak to you or give you an appointment.'

Important factors about how they get their urgent medical need seen to:

- Being able to speak/see someone on the same day was important to 74% of people, as was being able to book a timed appointment (50%) and being seen at a location near to home or work (59%).
- 78% agreed that it was easy to get advice over the phone as they knew who to ring (GP or NHS 111).

Accessing out-of-hours care:

- There was less of an understanding about where to get out-of- hours urgent care treatment and 55% of people didn't find it easy to see someone on the same day for an urgent condition, suggesting that appointments were difficult to book.

How people make a choice about where to go if they have an urgent medical condition:

- To find out about their medical condition and what they should do, 75% would try the GP practice and 65% would try the NHS website, 42% of respondents would try and pharmacy and 32% would do an internet search.
- However, only 60% felt they had enough information to help them make a decision about where to go if they had an urgent medical condition.
- Difficulties 'navigating the system' and 'knowing where to go' were raised by multiple respondents: 'Too many options that are too confusing. It would be nice if, a few times a year, a leaflet could be posted by GP surgeries to patients, perhaps with a little magnet so you can put it on your fridge reminding patients of different services and how to access them.'

Urgent care for a child

- If people had a child who was unwell, they are more likely to go to A&E. Several people suggested they would want to see a health professional quickly and would be willing to travel wherever necessary, some would try their GP but would go to A&E if not available.

People with a mental health condition

- If people had a mental health condition, they would prefer to see someone they trust. 'Seeing a Dr who I know is more reassuring.' 'Prefer to see familiar face who know a bit about me and not have to go through everything multiple times to multiple people.' They prefer the familiarity of the same surgery and going somewhere new such as the hospital can cause anxiety. Several people stated how they did not like using the phone for appointments and found it 'difficult' or 'hard'. In some cases online or face to face was easier. Some respondents mentioned the worry of wasting people's time, and would not access care.

Type of appointment:

- People still prefer face-to-face as a means of having an appointment. When asked how they would like an appointment: 93% said they definitely/probably would have a face-to-face appointment. 80% would definitely/probably have a phone call and 60% would definitely/probably have a video consultation.
- 50% of respondents had been offered appointments with a range of health professionals (not just a GP) and 67% had received a telephone consultation.
- Of those who had needed to access a GP in the last 3 months (March June 2020) 67% had been offered a telephone consultation and 7% had a video consultation.
- Of the 250 people who had used digital or telephone to have an appointment, 65% found it very easy/easy to use. 7% found it difficult and 2.8% found it very difficult.
- 61% of those who had used a phone or video for a medical appointment would be willing to use it again. 'I would prefer a visual consultation rather than telephone as it is more personable and it's easier to show someone rather than describe something.'
- For those who had difficulties – cost, ease of use and access to good quality broadband were some of the issues: 'Need to have good internet access which is expensive and not available in the sticks, Connection is intermittent.'

Which health professional would they prefer to see?

- Respondents were happy to see a range of healthcare professionals for their urgent health need. However, the highest responses were GP (72%), Hospital Doctor (67%), Nurse Practitioner (58%), paramedic (53%). People were less likely to want to see a physio or pharmacist.
- 'I don't necessarily need to "see" anyone. But I want to be dealt with by a nurse or doctor, not a call centre operator.'

Evening and weekend appointments as part of improving access to GP services:

- Only 53% of respondents were aware that there were appointments through GP practices on a weekend or in the evenings.
- Only 15% had been offered an appointment outside of core hours of 8am-6pm on a weekday at their own practice and 7% for a neighbouring practice. 10% had been offered a weekend appointment.

Travel and accessing appointment

- Travel would be an issue for some people – 9% said they did not have the means. Almost 40% would be willing to travel up to 30mins (this increased in rural areas).

People with a disability or long term condition

- These respondents were more likely to rely on their GP as the first point of contact for urgent care appointments. They would be happy to have an appointment face to face (97%) or over the phone (79%) , and they were less keen to have a video consultation (55%). Being able to see or speak to someone on the day was an important factor in choosing where to go, as was being able to book an appointment and location.

Carers:

- 33% of people who answered the survey were carers. GPs were the initial choice for urgent care needs, followed by accessing 111. Opening times and being able to speak/see someone were key factors in choosing where to go for an urgent care need. Several carers raised concerns about using technology for clinical advice, as they weren't sure if you can assess someone fully without seeing them face to face due to the need to assess vitals. However, some mentioned that it was much easier and a better service. Continuity of care was important, and seeing someone who knows the patient's conditions or has access to information about their illnesses.

Significant differences by area:

- In the **north locality** (rural practices South Hambleton and Ryedale: Easingwold, Tollerton, Stillington, Helmsley, Kirkbymoorside, Pickering and Terrington) were more reliant on their GP practice, likely to travel further to get urgent care and didn't find it as easy to get urgent care treatment near to them. Travel and access to services due to the rurality was an issue: 'There is a lack of hospital cover in Ryedale both York and Scarborough are a considerable distance to travel and traffic is heavy making it a much longer, in terms of time, journey.' 'We deserve far better and should be able to get access to emergency hospital treatment closer to where we live.'
- In the **Tadcaster and South Milford** area there was low level of understanding about the urgent treatment centres. Respondents suggest it is easy to get advice on the phone, but not that easy to get same day care near them or to know what services are available at all times of day and night. A high proportion of people in this area would definitely use video consultation, above the survey average at over 50%. People would also be willing to travel for longer to get medical attention – most within the 16-45 minute range.
- In **Selby** there was greater recognition for the Urgent Treatment Centre, with 22% of people stating they would attend the facility for an urgent care need. Less people would choose their local GP for urgent care (76% compared to 82% as a survey average) and 76% would choose 111 (online/phone). People were more willing to have a digital consultation. Travel was an issue for people, in particular those who relied on public transport.
- In **Central York**, GPs and 111 were the main choice of location/method to get advice for an urgent medical condition. A notable percentage (22%) would go to A&E, which was a preferred choice over the Urgent Treatment Centre at 11%. There were concerns raised by any respondents about not being able to get GP appointments easily and GP phonelines being difficult to get through to speak to someone. There was a lack of understanding about what care is available and when for urgent needs, due to it being too complicated.' It really is not clear what to do when for any specific conditions as there have been so many changes.' Travel was raised as an issue, in particular if residents needed to get to a different surgery and needed to get on multiple buses. There was more awareness of mental health helplines, and around 11% of the respondents in this area had a mental health condition.

What our population told us:

<p>‘Too many options that are too confusing.’</p> <p>‘A clearly accessible list explaining the options available with necessary contact info would be of use.’</p>	<p>‘I believe A&E should not be used as a drop-in service.’</p>
<p>‘Paramedics, clinical nurse practitioners and mobile doctors to administer some care at home, such as IV treatments, pain relief etc that patients could call would be a very good idea too... Having had to travel to York ill is absolutely awful.’</p> <p>‘Best option is the GP that I see whenever I need medical help who knows my medical history and my personality.’</p>	<p>‘I am never sure when to use pharmacy services other than for very basic things. Often they tell you what they think it might be but that you need to see a GP as they can't prescribe. Easier to speak to GP on phone first to then know if something they need to do or if they recommend to get something over the counter. ‘</p>
<p>‘The word urgent is difficult to assess, an individual’s urgent is not always medically urgent.’</p>	<p>‘We need better information and clear pathways to help us to act and help ourselves effectively.’</p>
<p>‘I had a telephone consultation, then had to send a photo and then a follow up call. It was amazing and much easier than going to the GP surgery.’</p>	<p>‘Had nasty infection post op in last 12 months took me over 12 hrs to get an urgent appointment from using 111 to been able to get through to gp.’</p>
<p>‘There appears to be a lot of locations available but not too sure of where to go’.</p>	<p>‘For my child I would phone 111 and maybe go more directly to A&E if nowhere else was easily available immediately.’</p>
<p>‘Never had a same day appointment with GP and there is never a nurse or GP free when I do call. A&E would be a last last last resort’</p>	<p>‘Try to keep away from acute care unless really required’</p>

<p>'If it's not life threatening, I want reassurance and appropriate treatment without the need of taking up a GP appointment or going to A&E.'</p>	<p>'I don't necessarily need to "see" anyone. But I want to be dealt with by a nurse or doctor, not a call centre operator.'</p>
<p>'For my child if it was out of hours I would phone 111 and then if they advise, would take them to A&E or take them directly to A&E if my child was in pain.'</p>	<p>'I would go straight to A&E as I would want my children seen immediately and have full faith they would be seen by a Dr there if needed. There is also x ray facilities on site.'</p>
<p>'My husband has cognitive issues associated with parkinsonism/parkinson's disease. It is a lot easier/better care if he is seen in our GP practice where staff who knows him. Try to avoid hospital care at all costs!'</p>	<p>'I just want to see my gp not be sent to another practice across the city I want continuity of care especially when diagnosed with cancer not be passed round surgeries I want to be able to see a gp not have a call with someone I have never heard of before and for appointments to be easily accessed.'</p>
<p>'It would be nice if, a few times a year, a leaflet could be posted by GP surgeries to patients.'</p>	<p>'The lack of a walk in surgery in the neighbourhood means that we will continue to go to A&E. Neighbourhood provision is a shambles.'</p>
<p>'We need better information and clear pathways to help us to act and help ourselves effectively. Technology can help, but as I've noted, there are limitations and issues esp with older patients and/or those with hearing issues.'</p>	<p>'More information about what is available and how to access it would be useful. I am computer literate and have worked in the NHS, but find that access is quite disjointed'</p>

5.3. Covid-19 impact survey: May 2020

In May 2020 NHS Vale of York CCG conducted a short survey to find out how the restrictions to stop the spread of coronavirus (COVID-19) were affecting people's everyday lives and their mental and physical wellbeing. This may be in the way they accessed medical help or were able to carry out everyday activities for themselves or someone they were caring for.

There was a particular focus on reaching those who might be most vulnerable to the effects of the current crisis: those with health conditions or disabilities, carers, people who are visually impaired or have hearing loss, people who feel socially isolated or have cognitive impairment/dementia, and people with mental illness.

This survey was part of a wider piece of work within York and North Yorkshire to look at the impact and unintended consequences of the coronavirus (Covid-19) response, and the support that would need to be put in place to help with recovery and next steps.

There were a number of key conversations as part of the feedback that are relevant to the review of urgent care services.

Impact on carers, the vulnerable and those with long-term conditions and disabilities: This cohort of the population experienced the greatest impact as a result of Covid-19 restrictions, and highlights the effect service change can have. Issues around cancelled or changed appointments, lack of support and communication and 'feeling forgotten' were common concerns.

Use of technology: Many of the respondents were able to have an appointment via a phone or video consultation during covid-19. In the case of people accessing mental health counselling, it was much easier to access a telephone appointment rather than having to take time off work for a face-to-face session. However some of the feedback from the voluntary and community sector reminded us that not everyone has access to a phone or digital technology. In particular, conversations with York Mind highlighted several clients who did not have the technology to access appointments online, or did not feel comfortable using that method of communication.

- 'Client doesn't have a phone and so an advocate had to provide their mobile number for contact.'
- 'It has exacerbated the divide between those who are online and those who aren't. Cannot leave them behind in this technological revolution.'

Access for people with a sensory impairment: Accessing services for people who are deaf can be difficult if there are no face to face appointments. Access to BSL interpreters was varied, and use of masks made it very difficult for people who lip read.

Changes to appointments and keeping people informed: During the initial stages of the Covid-19 pandemic (March-June 2020) many appointments were cancelled or moved. Where people had a better experience, they were kept informed along the way. Where there had been a negative experience, people were not sure when they could phone up for appointments (as times were restricted) or if they could still access their GP.

Collaboration and joined up working: There were many examples of where services had been working well together and improving outcomes for patients. ‘In Selby the GPs, Selby AVS, Falls service and Dementia Forward have been working well together, and providing joined up response for patients. This has resulted in less duplication of referrals and less wasted time.’

5.4. GP patient survey (GPSS) Jan-March 2020

The GP Patient Survey (GPSS) is an England-wide survey, providing practice-level data about patients’ experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England. In NHS Vale of York 7,053 questionnaires were sent out, and 3,206 were returned completed. This represents a response rate of 45%.

The survey asked patients about their local GP services, making an appointment, their last appointment, overall experience, their health and what they do when their GP practice is closed.

In relation to the report about use of urgent care services, the questions that are most relevant are those around booking appointments and what to do if they cannot get an appointment they are satisfied with or what they do if the surgery is closed.

- When asked how easy is it to get through on the phone only 60% of respondents said easy, and 40% said not easy. This year’s results were lower than previous years, suggesting that more people are finding it difficult to contact their GP practice. There were also lower satisfaction levels in the city centre larger practices and the GP practice associated with York University. However, once they got through 89% of respondents found the receptionists helpful.
- Only 54% of respondents were aware that they could book appointments online, 49% were aware about ordering prescriptions online and just 26% were aware they could access their records online.
- 75% of respondents found their GP’s website easy to find information and access services.
- Only 55% of respondents were satisfied with the GP practice appointments available to them, and in the lowest performing practice this was just 23%.
- Regarding appointments, 59% of patients were offered a choice and 41% said they were not. For those patients who were not satisfied with the appointment and did not take it, 32% didn’t see or speak to anyone, 22% decided to contact the practice another time, 12% spoke to a pharmacist, 12% got an appointment on a different day, 8% called NHS 111 and only 8% went to A&E (much lower than the national average of 13%).

- If their GP practice is closed 65% contacted the NHS by phone (111 or other service), 38% went to A&E, 14% went to the pharmacist and 12% used another NHS service.
- Overall the satisfaction with being able to get through to the GP practice and book an appointment that is appropriate for the individual has decreased since 2018.

5.5. Healthwatch Children and Young People report: March 2020

Between September 2019 and January 2020 Healthwatch York spent time listening to the views of children and young people aged 8-25 across the city, working with 17 different young people's organisations to record over 300 responses.

Access times for services:

Young people told Healthwatch about various services which they felt were designed in ways that made it difficult for young people to access. This included services that only offered appointments in school hours. It was discussed that services often provided for children and adults but did not provide for teenagers.

Language, communication and information:

Information about health and social care support services was not always easy for CAYP to understand. Young people also told us that information about their own care was not always provided in an easy to understand or accessible way.

Young people told us that they find out about services available to them in a variety of ways. These included: Using the internet, asking family or friends, asking teachers, asking the GP, through support groups or media campaigns, through youth/support workers, phoning NHS 111 or phoning 999 in an emergency.

We were told that it was difficult to find out about services. Young people were not always sure who they would ask at school and others reported having only found out about services through being referred. It was felt that many services could be made more accessible via the internet and social media. One person said 'I wouldn't even know where to start.'

- 'Sometimes even if you know what a service is for broadly, you might not know the specifics of what they do/ understand the terminology in a description of the service.'
- 'Services should communicate and share information better.'

- ‘Doctors are helpful when somethings wrong. They helped with my medication and to come off it when I wanted to. I feel they listen.’
- ‘Sometimes you can get same day appointments which is good, but ringing at 8am isn't very accessible.’
- ‘I only find out when I need to find out rather than knowing about them before.’
- ‘There doesn't seem to be a central information point or if there is it doesn't seem frequently used or as public as it could be.’

Waiting times for appointments:

- Young people told Healthwatch about the long waiting times for GP appointments and the limited time available to discuss issues. Young people reported that the difficulties in getting access to GP services included not having the right identification, having to call at 8am and not having parents or support workers present in order to push for the right support.

5.6. A&E survey August 2019

In 2019, the Accident and Emergency (A&E) department and Urgent Treatment Centre (UTC) at York Hospital had been under increasing pressure. The CCG spoke to 103 patients over a 12 hour period, to find out why they had chosen to attend A&E, and if they have accessed other healthcare options such as a GP or pharmacist before their visit.

- When asked if they had tried another healthcare option before attending 75% said yes: 25% had tried a GP, 21% contacted NHS 111, 17% had had a GP appointment on the day or in the preceding days, 12% tried to make a GP appointment but there were none available, 7% had been referred by a GP, 5% tried to treat themselves and it got worse.
- 22% were out of area patients and could not access a local GP and 12% had brought in child.
- Reasons for attendance included: referrals from NHS 111 and GPs, brought in by ambulance (via NHS 111), fall, minor injuries/breaks, chest pain, general pain, injuries to children, on holiday and not near own GP, unable to get GP appointment, injury at work, eye injury, and symptoms have worsened since seeing a HCP, patients who tried to attend ED on Monday but it was too busy and had a 9 hour wait.

- During the survey the busiest times were 9am-3pm. It peaked around 9-10am, and 12pm. There was a low number of attenders between 4-6pm. It picked up again at 7pm.

Reasons for people attending A&E in York.

- Person was visiting York on holiday and due to weather used inhaler more. It had run out and they went to two pharmacists to get a new prescription, but they wouldn't prescribe. They rang 111 and they said to go to ED/UTC for a prescription.
- A person was working in York over the summer, but lived in Portsmouth. They had an eye infection and had got drops from a pharmacist that had made it worse. It was quite swollen. Pharmacist couldn't prescribe anything else and recommended the UTC.
- Person had an eye infection for over 3 weeks. GP told patient to come to A&E. GP advised 2 weeks before appointment could be given.
- Person had previously been in hospital and called the ward as condition worsened. Ward instructed to come to ED.
- A person tried ED day before but was long wait so came back next day.
- A person had been to ED in past couple of weeks and told to come back if happens again.
- Children with injuries included – a football injury to head, falling off a horse, broken arm, falling on edge of fire place and deep cut on head.
- A person was seen in ED 10 days ago after a fall on her shoulder (found no fracture). However been to physio and the physio thought there was a fracture and wanted the shoulder x-rayed. Sent to ED.
- Person had had chest pain and was given medication by GP. They said it wasn't working so didn't want to go back to GP and came to ED as thought it would get looked at more quickly.
- Patient rang NHS 111 and they suggested to go to ED after taking them through the questions.
- Patient had chest pains and there were no appointments at surgery, so they were told to dial 999.

5.7. Humber Coast and Vale engagement activities and Long Term Plan report: August 2019

As part of the HCV response to the Long Term Plan, during 2019 throughout the patch health and care organisations engaged with thousands of people through face-to-face conversations, paper, online and telephone surveys, focus groups, listening events and visits to health and care facilities. The themes drawn from the report come from more than 36,000 instances of engagement across the Humber, Coast and Vale. They focus on what people are unhappy about and what can be improved. Many of the themes offer an insight into people's experience of accessing urgent same day care and local populations have told us that the system is still too complex and difficult to navigate.

What people are unhappy about:

- **Access issues:** Physical location of services, services moved to another location, waiting times, travel and transport, difficulty accessing out of hours GPs, not being able to book GP appointments in advance, having to ring a 8am for a same day appointment which is not always convenient if you are at work or school.
- **Poor communication:** People are unsure about when to use NHS 111 service, when to call a GP or when to go to A&E. There are a lot of mixed or competing messages about the best route to treatment; this is particularly difficult when services change. People are telling us that they are not aware of the different treatment options and services that are available to them.
- **Disjointed care:** The difficulties of having to navigate a complex and at times fragmented health and care system are felt by many patients and citizens in our region. Information is not being shared between departments and so people have to repeat basic facts and information to numerous professionals.
- **Not having broader needs met:** Often people accessing health and care services have other needs beyond the clinical interventions required to treat their specific illness. Where these needs are not recognised or met, this can be a source of concern for local people.

What works well and what would make things better

- **The diversification of roles,** within GP surgeries in particular, is having a positive impact according to local people. For example, having access to a pharmacist to review medication or being able to go straight to a physiotherapist (rather than via a GP) for muscle problems were highlighted as positive by local patients.

- **Collaboration:** Where NHS services work alongside families, carers and the voluntary and community sector to develop a support offer together, this is having a positive impact on peoples' health and wider wellbeing.
- **Easy access to services and technology (including online):** Whilst online solutions do not suit everyone (as identified through our engagement), being able to access services online at a time and place that suits the individual was highlighted by many people as a significant positive development. Using technology to access GP services, for example, instant messaging or video calling as ways of seeking advice from a GP. Alternative methods for booking appointments within GP practices and hospital service should be explored, with a particular focus on online methods. Using technology to enable patients to know where they are in the queue and digital records to improve information sharing to enable better care.
- **Opening hours:** Introduction of extended hours/additional clinics at different times (shaped by what people have asked for) is having a positive impact. People need easy access to accurate information and support in order for them to engage in lifestyle change.
- **Having good communication,** that is accessible and timely, significantly improves an individual's experience of care. More information is needed about how to get support out of hours as many people still do not know or are unsure what to do. People tell us they would like to know more about how to use the NHS responsibly (i.e. which service to use when). People using local services would like to have more information about their care 'pathway'. In particular, they would like to know where they are "in the system" and what to expect next.
- **Involving people:** A desire from those who use health and care services to be more involved in managing their own health, making decisions about their health and care, and having a say on changes to services that they use now or might use in the future.
- **Greater awareness of carers** and their needs would improve the experiences of carers and those they care for when accessing health and care services.
- **Improved access:** Provide access to GP services outside of working hours. Make it easier to get through to the GP surgery for advice and/or book appointments (more receptionists/better phone system). 'Enable me to see another medical professional if my GP is not available or if someone else can deal with my case.' Ensure access to GP services for people who are homeless. Provide more consistency of access to GP appointments. Improved access to NHS dentistry services, in particular, considering the needs of York's student population.

- **Improved transport links** to existing services (e.g. railway link to York Hospital, park and ride bus services for local hospitals, improving the road network).
- **More joined up care:** One of the key areas for improvement identified in engagement with patients and the public is the opportunities offered by improving integration between organisations and services across the health and care sector. ‘Organisations and departments sharing information with each other about my care when and where appropriate would significantly improve my experience.’ Coordination of tests and consultations.

5.8. Key Messages from the NHS Long Term Plan Engagement Project in York: August 2019

NHS England funded the Healthwatch network to engage across England to find out more about what people would like to see from their local health and care service, based on the priorities identified in the Long Term Plan. Healthwatch York along with its five partners, (Healthwatch East Riding of Yorkshire, Healthwatch North Yorkshire, Healthwatch North Lincolnshire, Healthwatch North East Lincolnshire, Healthwatch Kingston Upon Hull) across the Humber Coast and Vale area, worked together to gather information on people’s views

When asked about what could be changed to improve their health, York responders overwhelmingly stated they need better **GP access**. “Not being able to get GP appointments but continuously and desperately trying.”

However, where it worked well there was praise for GP practices: ‘A GP service where there has been a doctor with no pre-booked appointments and therefore has been able to receive a good response to urgency of getting an appointment.’ ‘Some GP practices have freely available GPs to respond to emergency appointments.’

Others wanted to see better use of **technology** without losing the human touch. People spoke about utilising apps, Skype, video appointments, and text messages. They also recommended making sure facilities that are available are used to their full potential. People spoke about wanting initial support to learn how to use online tools and for these tools to be easy to use. People talked about the ‘use of technology for simple things to free up resources for the more complicated things’, and that we need to ‘get with the times, we have to be able to access information on our phone, book appointments, look at blood results etc.’ However, some commented that ‘technology is all very well but do not lose the human touch.’

People talked about wanted more control through having **access to their records**. and about wanting more flexibility in services, better communication between services and greater person-centred approaches across the support and treatment available.

People also spoke about the difficulties of trying to navigate the system and access the right support.

Transport was discussed as a key issue within York with one person saying that ‘travel is a constant worry.’ People spoke about buses only going into the centre with almost no circular routes to connect neighbourhoods. This causes problems when being re-directed to different GPs. One person spoke about ending up in A&E due to it being in an accessible place.

Better communication was a key theme. People mentioned how communication could have been better, both in terms of how they were listened to and in how different services talk and work with each other. People reported feelings of not always being listened to.

Lack of **integrated care records** was another frustration: “In A&E, and generally, there needs to be more joined up sharing of records. There is disjointed care otherwise and then you have to explain to every clinician about your conditions.”

- ‘To be treated as a person. Not a condition or a number.’
- ‘Online booking for appointments doesn’t work for everyone.’

5.9. Improving access to GP appointments: March 2018

Between February and March 2018 NHS Vale of York CCG gave its population the opportunity to have their say about the national requirement to increase the access to GP services through evening (6:30pm - 8:00pm) and weekend appointments.

- 84% of respondents were prepared to see a GP that wasn’t their own for one-off care needs.
- 64% of respondents were prepared to see another GP for an on-going condition.
- 85% of respondents were happy to receive a telephone call to triage and determine if a face-to-face appointment was needed.
- Weekend appointments: Saturday and Sunday were favourable. 81 respondents (11.3%) said they wouldn’t want a weekend appointment.
- There was a willingness to travel up to 30 minutes to get to a GP appointment.

Quotes:

- ‘If I was that poorly that I needed a GP I’d take any day’
- ‘I would only access weekend appointments for urgent / one-off appointments’

- ‘I think I would be happy to see an out of hours GP somewhere other than our surgery.’

6. Summary and recommendations

Over the last year to 18 months there have been many conversations and submissions of feedback about people’s experiences of seeking care if they have an urgent medical condition.

It is clear that accessing care through a local GP or gaining advice over the phone is a first point of contact for many residents in the Vale of York. However, there is some frustration about not always being able to get an appointment with a local GP. There appears to be a lack of awareness about urgent care centres and of where to go if the GP isn’t available, as the system is ‘too confusing’. People are sometimes unsure about when to use the NHS 111 service, when to call a GP or when to go to A&E and there are a lot of mixed or competing messages about the best route to treatment.

Over the past few months there has also been a significant increase in the use of telephone triage and video consultation due to the covid-19 pandemic. This has resulted in a positive experience for many as the times are more convenient and can be followed up by a face-to-face session if needed. However, it is also important to recognise that a digital solution does not work for everybody. Telephone conversations, and not being able to go into a location to speak to receptionists can be really difficult for deaf people, as well as those with a mental health condition. There are also a number of our most vulnerable population cohorts that do not have access to technology, and these people should not be digitally excluded, as they are often the most in need.

When considering any review of urgent care services there are number of areas that should be considered:

- **Accessibility:** Physical location of services, waiting times, travel and transport, easy access to out-of-hours care, simple way of getting advice for urgent care, phonelines that are answered and have access to healthcare professionals, times of appointments across the day to cater for those who may work or have caring duties.
- **Communication:** People are unsure about which services to contact for an urgent care condition, so messages about where to go for treatment need to be clear. Provide information in plain English, and consider where information is advertised – using a diverse range of channels including NHS and GP websites, local media – press and radio, leaflets and signposting and social media.

- **Joined up care:** The difficulties of having to navigate a complex and at times fragmented health and care system are felt by many patients and citizens in our region. Information is not being shared between departments and so people have to repeat basic facts and information to numerous professionals. It would improve patient experience if there could be more flexibility in services, better communication between services and improving integration between organisations so that they can share information with each other about the patient's care.
- **Technology:** Many conversations, even before the pandemic, focused on how we could make better use of technology. Whilst online solutions do not suit everyone (as identified through our engagement), being able to access services online at a time and place that suits the individual was highlighted by many people as a significant positive development. Using technology to access GP services, for example, instant messaging, telephone or video calling as ways of seeking advice from a GP. However, be mindful that although 'technology is all very well' we should 'not lose the human touch.'
- **Provisions for out of area patients:** The A&E survey highlighted that a number of out-of-area patients , such as tourists and people who are visiting on business, were bounced around the system as they were not registered with a GP locally. As part of the review consideration should be made for these patients to be seen in a place appropriate for their needs.
- **Involving people:** It is important to continue to involve our population in conversations about how they access care, and any changes that may be made to the way in which services are delivered. Have a greater awareness of the needs of carers and our vulnerable population, to help improve their experiences when accessing health and care services.

Further information can be found on the NHS Vale of York CCG website:
<https://www.valeofyorkccg.nhs.uk/get-involved1/engagement-surveys-and-consultations/current-surveys-and-consultations/>

We would like to thank all those organisations who helped contribute toward the feedback provided in this report.