

# Welcome!

## Urgent care communications and engagement group

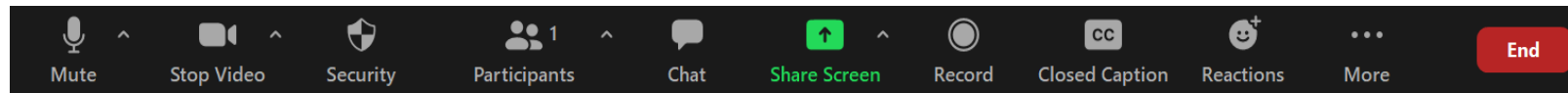
22 September 2020



# Introduction

- **Housekeeping:**

- To avoid lots of feedback mute yourself until you want to speak



- Please post in the chat function if you want to raise a question or hold up your hand
- We want your views!

- **Tools we will be using today:**

- Google jam – interactive white board: [https://jamboard.google.com/d/1okIUcjjJ9KV03iLGD9B6kU-dp01OGjD9Jli7U\\_ve1oQ/edit?usp=sharing](https://jamboard.google.com/d/1okIUcjjJ9KV03iLGD9B6kU-dp01OGjD9Jli7U_ve1oQ/edit?usp=sharing)

- **Who we are:**

- Victoria Binks, Head of Engagement Vale of York CCG
- Gary Young, Lead Officer Primary Care
- Ellena Cressey – Business admin apprentice

# Agenda

1. Welcome and introductions
2. Background to the project
3. Engagement carried out so far
4. Over to you...

- What do you think?
- Identifying communities
- Communication and engagement – connecting with our population

# What is urgent care?

Urgent care services are for when you need medical advice or treatment for a health condition on the same day. Urgent care covers conditions which are not life threatening but cannot wait until a routine appointment with your GP or other healthcare professional is available. These may be conditions and injuries such as:

- sprains and strains
- eye problems
- skin infections and rashes
- minor head injuries
- minor scalds and burns
- feverish illness
- abdominal pain
- severe ear and throat infections



# The context

National 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.

- Opportunity has arisen to review the way that we provide urgent care
- The local contracts are up for renewal
- Many A&E attendances over the last 12 months have been able to be managed in an urgent care setting
- Focusing on our population and its differing needs.
  - City centre locality (high number of out of area patients/tourists, businesses and a student population)
  - Rural areas to the north and south of the patch, with differing levels of deprivation, rurality, ageing populations and demand.
  - Selby – some of the highest areas of deprivation in our patch
- 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



# The project



## Where have we got to?

- Clinical engagement
- Getting organisations on board – working closer
- Review of contracts
- Public engagement
- Improving pathways – easier to access and clinically safe

# Engagement so far



**Last 18 months – surveys, reports, interviews, focus groups and events.**

- National GP Patient survey 2020
- Healthwatch Children and Young People Report (March 2020)
- Impact of Covid and accessing services (May 2020)
- Key messages from our population on the long term plan – events and report (August 2019)
- Improving access to GP practices survey for evening and weekend appointments (2018)

**Face-to-face survey of patients attending A&E – August 2019:** 22% were out of area, 75% had tried to access another healthcare option before attending, 29% had tried a GP, 21% contacted 111, 12% had brought in child

**Commissioned piece of work aimed at our vulnerable and seldom heard community:** 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.

**Urgent care specific survey – July 2020**

**Reaching a diverse community**

**Will be presenting to health scrutiny committees in October – formal process**

# What our population has told us



- **The system is too confusing:** 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
- **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:** . 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.
- **Use of technology:** 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. It is important to be mindful to not digitally exclude patients. For those who had difficulties – cost, ease of use and access to good quality broadband were some of the main concerns.



# What our population has told us



- **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.
- **Type of appointment:** 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
- **Using the telephone to get advice:** Generally people were used to accessing services via telephone.
- **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.

# What our population has told us



- **Low awareness of online service, and appointments at the weekend and evenings through the GP surgery.**
- **Urgent care for a child:** If people had a child who was unwell, they are more likely to go to A&E.
- **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.’
- **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.
- **Young people** also told us that information about their own care was not always provided in an easy to understand or accessible way
- **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.
- **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.

‘Too many options that are too confusing.’  
A clearly accessible list explaining the options available with necessary contact info would be of use.

‘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.’  
‘Best option is the GP that I see whenever I need medical help who knows my medical history and my personality.’

‘The word urgent is difficult to assess, an individual’s urgent is not always medically urgent.’

‘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.’

‘There appears to be a lot of locations available but not too sure of where to go’.

‘I believe A&E should not be used as a drop-in service.’

‘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. ‘

‘We need better information and clear pathways to help us to act and help ourselves effectively.’

‘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.’

For my child I would phone 111 and maybe go more directly to A&E if nowhere else was easily available immediately.

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	Try to keep away from acute care unless really required
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.	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.
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	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.
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!	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
It would be nice if, a few times a year, a leaflet could be posted by GP surgeries to patients.	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.

# We want your ideas!

- What do you think? Have we done enough?
- Are there groups of patients/communities that we can work with?
- Communication of the key messages
  - Who? What? Where? When? How?
- Google jamboard  
[https://jamboard.google.com/d/1okIUcjjJ9KV03iLGD9B6kU-dp01OGjD9Jli7U\\_ve1oQ/edit?usp=sharing](https://jamboard.google.com/d/1okIUcjjJ9KV03iLGD9B6kU-dp01OGjD9Jli7U_ve1oQ/edit?usp=sharing)



# More information

- <https://www.valeofyorkccg.nhs.uk/get-involved1/engagement-surveys-and-consultations/current-surveys-and-consultations/>
- [Read the urgent care engagement report 2020 here.](#)
- <https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=4297>