



North Central London Urgent and Emergency Care Programme

What do local people think should be done to improve urgent and emergency care? Summary report

What this report is about:

NHS organisations and councils across five boroughs (Barnet, Camden, Enfield, Haringey, Islington) are creating a big plan (called the Sustainability and Transformation Plan) to improve the way health and social care services work, so that people are helped to stay healthier, services are good quality and the NHS stays within its budget. One part of the plan is looking at urgent and emergency care (when you need care the same day or straight away). The five local Healthwatch organisations from these boroughs are working together to make sure that local people have a say about the plan, and that what they say makes a difference.

The first part of this work was to hold some discussion groups in March and April 2017 with people from four of the boroughs, to ask them to tell us about their recent experience of urgent and emergency care. We also asked them *“If you were in charge of urgent care, what would you do differently to how the service is now?”*

This report is a summary of what people said.

The boroughs involved are: Barnet, Camden, Islington, Enfield.

Who did we talk to?

14 Bangladeshi women (mixed ages); 20 Cypriot women (mainly older women); 5 Gypsy Roma women; 25 Polish men and women (mainly aged 25-50); 22 older and visually impaired people, ethnicity unspecified; group of LGBTQ residents, number unspecified; mixed groups (total 31) mainly North African & Middle Eastern people.

Experience of Urgent care

What was your most recent experience of urgent care; and of the available urgent care options, what made you choose the one you did?

Negative comments:

The biggest number of comments are about lack of awareness of services or not understanding the options available.

The next biggest concern is about difficulty getting GP appointments.

There were specific comments on language & literacy barriers plus a few on not wanting to do things online (linked to language and literacy barriers).

There were three comments on cultural barriers (Gypsy Roma and Polish groups) and some on attitudinal barriers (LGBTQ group).

Also a small number of comments about slow access to diagnostics and about lack of faith in skill of GP (not specialist) - so use A&E to 'fast track' to diagnostics.

Concern about future of NHS was voiced by older people.

Frustration with lack of co-ordination of services - people don't like to tell their story several times.

Frustration with time taken to arrange community services after discharge.

Experience of A&E was poor for some (notably in Enfield) with long waits, poor standard of cleanliness, poor communication.

Most don't see pharmacists as part of urgent care.

Positive comments/suggestions for improvement

Some people reported a good experience of A&E.

Feel A&E is place to get access to experts (with one singling out children's A&E for praise).

Consensus that improved GP services are the best solution (suggestions to make GP access much easier and quicker e.g. GP practices in supermarkets etc. and also to make sure reception staff are more welcoming and helpful).

Desire for a single telephone line on which it is quick and easy to get through to a human as the first point of access with clear subsequent routing to appropriate service.

The 111 system is not well known or understood, with requests for a multi lingual service (or better publicising of the service available).

Need for more and better information targeted at community spaces e.g. places of worship.

Co-locating urgent care and A&E is confusing for some people. Better information about extended hours hubs or walk in centres was the preferred option.

There was support for streaming who gets seen where - giving priority to 'urgent' cases in A&E (the distinction between urgent and emergency is not clear to people, especially those for whom English is not a first language) and for making better use of nurses.

There was a suggestion to give pharmacists access to health records.

There was little evidence that people were choosing A&E as a first resort, many had been directed there by 111 or had initially tried their GP. However, some went there because they did not know of an alternative.

Debate - user driven solutions

If you were in charge of urgent care, what would you do differently to how the service is now? If you wanted fewer people to come to A&E, so that really ill people got seen quicker, what would you do to encourage people to go somewhere else?

The biggest focus for people was on **preventing the need for emergency care**.

The biggest focus among the ideas on prevention was **improving GP services**. There was a lot of comment about improving appointments systems, so that people were more likely to see a GP than to go to A&E.

On GP services there were lots of ideas about expanding or improving services, e.g. *GPs could have pharmacists in them and podiatrists etc.; Turn GP surgeries into specialist clinics'* and about increasing diagnostic services at GP surgeries: *Turn GP surgeries into specialist clinics'*

There was one caveat about centralising GP services: *"People like things to be local - we don't want to have to travel far. So hubs might be a problem."*

There were a lot of ideas about **better community services**, including keeping consistency of home care workers, having GPs target frail older people for proactive follow up, ensuring good links with pharmacies and other local services, expanding the Green Cross system (the information in the fridge) and encouraging people to talk about end of life care.

"I would make sure that people know that pharmacists can help a lot - and you don't even need an appointment to see one!"

A big theme was **joined up services**, cutting down the length of time for referrals, allowing people to self-refer back to services they have already used, having a *"proper*

computer system to put all of the details into at the beginning and share them with all staff instead of having to repeat yourself over and over again” and dealing with repeat visitors differently: “I go to A&E very often with my child... They always help me when I go but they are not interested in the reason and don’t help me sort out the root of the problem. Would be nice if they checked her out further and sent us to a specialist to sort out the reason”

Another theme was **information** -providing more information on what is available, promoting 111 more and differently (including making the availability of multi lingual service more apparent) and recognising the impact of illiteracy.

There were some suggestions on changing the system at A&E, including support for GP led triage at the door, and for having clear rules on who can (and can’t) be seen.

‘Need to be firmer with people who turn up at A&E inappropriately’

Give clear rules on waiting times and priorities depending on the type of injury.

There was also a suggestion this be coupled with psychology training for the staff, so they could be more empathetic.

Other **staff training** needs identified included disability awareness:

“I would want to train nurses and doctors in disability awareness as they don’t fully understand or know how to deal with you”

And general equality awareness:

“I always wonder whether I should come out as the first question I get asked is whether I’m HIV positive - I don’t want my sexuality to define my health conditions”

Among older people there was a lot of **anxiety** about the overload on the system:

Older people need to be reassured that alternative services are available to help them stay at home - so much in the media about being taken to hospital and being left on trollies, that they are scared to talk about issues in case that happens to them.

“Just look after the people. I am so scared for myself. I am scared to be not well. Because the NHS has so many problems.”

For a few people, the answer was to demand **more responsibility from patients**:

“I would want to raise awareness of other services. To make people take more responsibility for looking after themselves”

“I would charge people if they did not attend an appointment with their GP and turned up at A&E instead”

What we will do with this report

The summary report is being shared with the North Central London Urgent and Emergency Care programme board. They will use it to help them to plan improvements in the urgent and emergency care system. As the plans take shape we will hold more discussions with local people to get their ideas. We will have a get-together for local people and service providers and service commissioners to plan alongside each other.

For more information on this report and on the way local Healthwatch is supporting local people to get involved in the Urgent and Emergency Care programme, please contact:

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