

# Report on Urgent Care focus group discussion

By Elders Council of Newcastle

Date of event: 08 / 01 / 2018      Date report completed: 09 / 01 / 2018\_  
Facilitator: Julie Irvine & Anita Davies (Elders Council members)  
Venue for event: Commercial Union House, Pilgrim Street, Newcastle upon Tyne\_  
Organisation: Elders Council of Newcastle  
Number of participants: 16      Males: 3      Females: 13  
Number of data monitoring forms completed: 11  
Event audio recorded?: Yes / **No**      (If yes) signed consent received: Yes / No

## Using NHS Services in Newcastle

In the last 12 months 14 participants have used different health services as listed in Appendix 3. How often the services were used is listed below:

1 participant – 1 time  
1 participant – 2 times  
3 participants – 3 times  
2 participants – 4 times  
3 participants – 6 times  
1 participant – 7 times  
2 participants – 12 times  
1 participant – 16 times

It was noted some of these visits were on a regular or weekly basis so the overall figures would be far higher.

## **Awareness of urgent care services in Newcastle**

Most participants (12 out of 16) were aware of the urgent care services listed in handout 3.

GP out of hours: 1 participant was not aware this service offered urgent care treatment.

Walk-in Centres: 1 participant was not aware this service offered urgent care treatment.

Bullet Point 1: How you can look after yourself (self-care). It was suggested including NHS Choices and Information NOW ([www.informationnow.org.uk](http://www.informationnow.org.uk) – information and advice website for older people in Newcastle upon Tyne) as options.

Many participants did not agree with the definition of urgent care. A & E was not seen as simply a service for people with life threatening conditions. It was pointed out that someone might attend A & E with a broken leg despite this being recognised as NOT 'life threatening'. Some individuals visited urgent care services for routine matters so were not 'urgent' in the normal sense of the word but were visits following on from referrals by GP for X rays. Another example was arrangements being made for the collection of prescriptions from urgent care services.

## **Pharmacists, NHS 111, GP out of hours**

6 participants had used these services in Newcastle in the last 12 months and it was noted 3 participants had a positive experience.

### Pharmacist

1 participant mentioned her local pharmacy offers health checks and felt there should be more links up with health centres regarding the promotion of healthy exercise. Another participant went to the pharmacist for her flu jab.

Pharmacists were generally seen as helpful but it was felt knowledge of their expertise and availability for individual advice was limited.

### NHS 111

A number of participants found this service irritating and frustrating, often with an unsatisfactory outcome.

1 member thought she would get more in depth information by calling NHS 111, but by the time she had answered all the questions asked of her, she felt she could have worked things out for herself.

More than often, after answering all the scripted questions, most participants who used this service said they were advised to visit their GP. What they often wanted from NHS 111 was to check out symptoms and proposed remedies but then found themselves at the receiving end of a checklist approach, which was seen, as irrelevant and potentially dangerous. 1 participant said she would not use this service again.

A small number of participants had mentioned on occasion when calling NHS 111 that they were told phone lines were busy.

### GP Out of Hours Service

Many participants thought this service no longer operated. 1 participant mentioned when you call this service you are advised to call NHS 111.

Another participant said she was aware there had been a change to the Out of Hours service as she read about it in a newsletter in her GP practice.

1 participant mentioned his GP has an Out of Hours Service, but he has not tried it.

### **Walk-in centres**

More than half of the participants (9 out of 16) have used Walk-in Centres in the last 12 months at the following times:

- mid morning (5);
- early morning (4);
- evenings (2)
- weekend (2).

Some of the reasons participants chose to use a Walk-in Centre included:

- closer to home;
- 1 participant knew what the problem was and knew she would be issued with a prescription;
- 1 participant knew she would be seen at a Walk-in Centre, but not so certain she would get a GP appointment;
- quicker to be seen than waiting for a GP appointment;
- GP surgery closed

1 participant visited a Walk-in Centre and her wrist was x-rayed. Staff were unable to provide the results of the x-ray, so she ended up having to visit the RVI.

It was recognised that Walk-in Centres have prescribing nurses but there may be limitations in what can be prescribed. 1 member mentioned the Walk-in Centre did not address his medical need as it did not issue antibiotics. He therefore had to visit the GP Service at Freeman Hospital.

1 participant was given the wrong information by a nurse practitioner and acted on the information that was given. Another participant felt the service she received was good, but had to wait 2 weeks for results.

1 participant mentioned her sister was referred to a Walk-in Centre for an X-ray which showed she had fractured her hip. An ambulance was called.

### Location of Walk-in Centres

Some participants felt the location of Walk-in Centres are convenient because:

- they are located within walking distance;
- they are located on bus routes or direct bus routes;
- some parking facilities are better than others.

Negative points included problems with parking, not accessible if you didn't have a car and lack of good signage to Walk-in Centres.

With regards to where Walk-in Centres should be located, suggestions included:

- Regent Centre (next to Metro and bus station);
- near to Freeman Hospital or
- in the City Centre (previous closures centres in the city centre was seen as a loss)

It was felt strongly that there should be a walk in centre in the north of the city and the Regent Centre was seen as a good place to have one as it was a major transport hub and also had parking nearby. This would allow residents from both the outer and inner areas in the north to access the centre. The Ponteland Road centre is not so accessible for many people as public transport there is limited.

1 participant considered if there were too many Walk-in Centres there would be problems with staffing and resources. Walk-in Centres would take pressure away from A&E, but would be filled themselves and services would be under pressure.

Concerning opening times, the majority of participants felt these were currently acceptable if, when they were open, you could get there and services would be available.

1 participant said he would call 999 for an ambulance if there was an emergency outside of opening hours.

Outside of the opening hours, one member said she would call NHS 111 to find out whether a GP appointment is needed or whether to call 999 for an ambulance.

It was agreed unanimously that all Walk-in Centres should offer the same services and be consistent with a GP attached. Currently their services are limited. With regard to other services that should be offered, suggestions included emergency dental treatment and mental health services. Good signage both outside and inside the centres for people with visual impairments was needed.

With regard to use - 1 participant said she would not use a Walk-in Centre for treatment for an urgent care need as there is not one located nearby, whilst 2 participants said would use them before going to a hospital. 1 participant said Walk-in Centres would be more beneficial outside of the city. In general, the problems experienced with locality, limited services and uncertainty about what was on offer made individuals cautious about using them unless they had had a good prior experience. It depended on what the health problem was. Overall, there is not the same confidence in using walk in centres as there is with A & E.

## **GP practices, self-care, A&E**

Depending on the treatment needed for an urgent care health need, most participants said they would make a self assessment regards to whether they would visit a GP practice, A&E or self-care. It was agreed that often some people use A&E inappropriately.

When making a self-assessment, it was agreed that one of the key issues to consider is whether there will be a deterioration in the next 8 hours, particularly at nighttime. However, concerning a person with asthma, this condition could be life threatening, so it would obviously depend on the condition. A person will have to make judgements accordingly.

It was agreed that it would be helpful to check things out with someone who is qualified, or having a pathway available for someone to know where to go.

1 participant said her first port of call would be a GP surgery.

1 participant mentioned people with dementia going to A&E or Urgent Care Centres, who are there because they have a physical condition. It was felt there is a lack of recognition of this condition and the person could be waiting to be seen for some time, which they are unlikely to be able to do.

However most participants felt Question 23 was problematic as the three 'choices' are so wide apart on the spectrum of services that the group found it difficult to say which one they would use if they had an urgent care health need. It would depend on the particular need. The language of 'urgent health care need' used in the question was not one that the public could easily identify with.

## Accessing urgent care services

Regarding whether to access these services physically or from your own home, there was general agreement that usage depended on the condition and if someone was housebound.

1 participant said if someone were aged 95+, where they would go for treatment would be different from where they would go for treatment if they were 75. At 75 a person may be able to walk/travel to a Walk-in Centre, but at 95 someone may have mobility issues or be housebound.

It was agreed that that not everyone has access to a computer or the Internet, nor have the ability or confidence to use online services. The point was made that going online is not the same as speaking to someone on the telephone. It was agreed not everyone has the opportunity to go online, but often there are people who are able to go online for them. NHS Choices was praised and seen as a service available out of hours.

Other points included:

- the ability of some people in accessing services e.g. dementia sufferers. If someone tries to assist e.g. calling NHS 111, an advisor requests to speak to the person themselves.
- it is a person's individual choice as to whether they wish to speak to a GP or a practice nurse.
- It was felt it would be helpful to have someone more immediate to talk to than NHS 111 asking lots of questions..
- Seeing someone face-to-face might be important so and a first port of call would be a Walk-in Centre
- the facility to get a prescription from different services would be welcome.
- a preference for going to the GP surgery or A&E as they have her medical records and know her conditions whilst NHS 111 would not.

As before, the language used in the question (accessing urgent care services) was not an easy one to fully comprehend. The responses varied considerably. Many participants preferred the personal or face-to-face approach so would rather use a walk in centre or GP service.

## **Information on urgent care services**

In response to Question 28, there was general agreement that this depended on one's condition and what is required!

It was felt strongly that there should be a public health campaign on urgent care if services are changing. This campaign could be on TV or local radio but would need to be accessible to people with sensory impairments or no access to the internet. Use of the media should not be confined simply use of Twitter. Clear examples and definitions should be provided - something similar to the successful stroke Act Fast campaign.

It was agreed there is plenty of information, but it does not necessarily get to the people who need it or in an accessible format. One GP surgery appeared not to know about the Urgent Care consultation when asked for a leaflet about it.

Concerning what was considered important when choosing which urgent care service to use, participants mentioned:

- location;
- expertise;
- it would depend if a person needed a diagnosis;
- it would depend on the symptoms;
- life experiences will help make decisions.

What was also important in using urgent care services was prior experience and confidence in the services provided.

## **Any other comments**

One of the major themes running through the group discussion in this focus group was the difficulty with terminology and definitions, which were often seen to be 'professional speak'. There is an urgent need for a common language to be developed between the professionals and the general public. Other comments included:

- Disseminate more information/campaigns through the media.
- Services should be more uniform, regardless of where they are provided
- Better access to information.
- Having a GP available in Walk-in Centres.
- 1 participant suggested that some older people will automatically go to a GP surgery or hospital, whilst younger people will not. It was agreed that this is about education and culture as well as language.
- It was suggested having signposting in place would help people know which service to go to for assistance. People with certain conditions will know where to go e.g. asthma and diabetes. However, there needs to be better communication with people with long-term conditions.
- People with sight loss are unable to see signage at any of the urgent care services centres. Also it was felt it would be more beneficial for someone with this condition to speak to someone in person.
- 1 participant did not think disadvantaged groups are being covered by the consultation