



Health and Wellbeing Board Update Briefing March 2017



Background and Introduction.

There is an accepted recognition that there are increasing pressures on all services in the Health and Social care sector. It is obviously important to alleviate these pressures and ensure adequate service provision. To be able to do this in a sustainable and effective manner there is a need to understand the end users (patients) requirements and build services around them. However, there is also a need to understand why people use services, what services they are aware of and why they end up choosing those services when they may have alternatives. This report is a snap shot of why people are attending the Emergency department (A&E) at the Royal Derby Hospital.

The report follows on from the A&E in focus report that was published in 2016. That found:-

- In a difficult and challenging environment A&E staff provided a very good service.
- Patient satisfaction with A&E staff was an overall positive.
- Patient perception of A&E being an excellent service is shared across the city.
- A&E's ability to provide excellent service increases footflow into the service (people know they will be seen on attendance).
- Over usage of A&E can also be directly linked to the poor access of services such as GP appointments.
- A&E is a trusted and well known service. In contrast, services such as walk in centres (urgent care centres) are not as well known or understood.
- There is lack of clear publicity about other routes into care such as services offered by pharmacies, or community nursing etc.

The following recommendations were made

1. Improved education and awareness of services for the general public when to use A&E, and what alternatives are available.
2. More attention needs to be given to the screening process prior to attendance at A&E (review of screening processes).
3. Continued integration of services.
4. Patient experiences and feedback needs to be used as an important resource into service shaping for the future. Patients should be given every opportunity to express concerns with a view to improve and better align all existing and future services.
5. A review of the local capacity and provision of GP services.
6. Access to GPs has been highlighted as a major concern - recommend commissioners continue to emphasize the need to improve access for this key service.

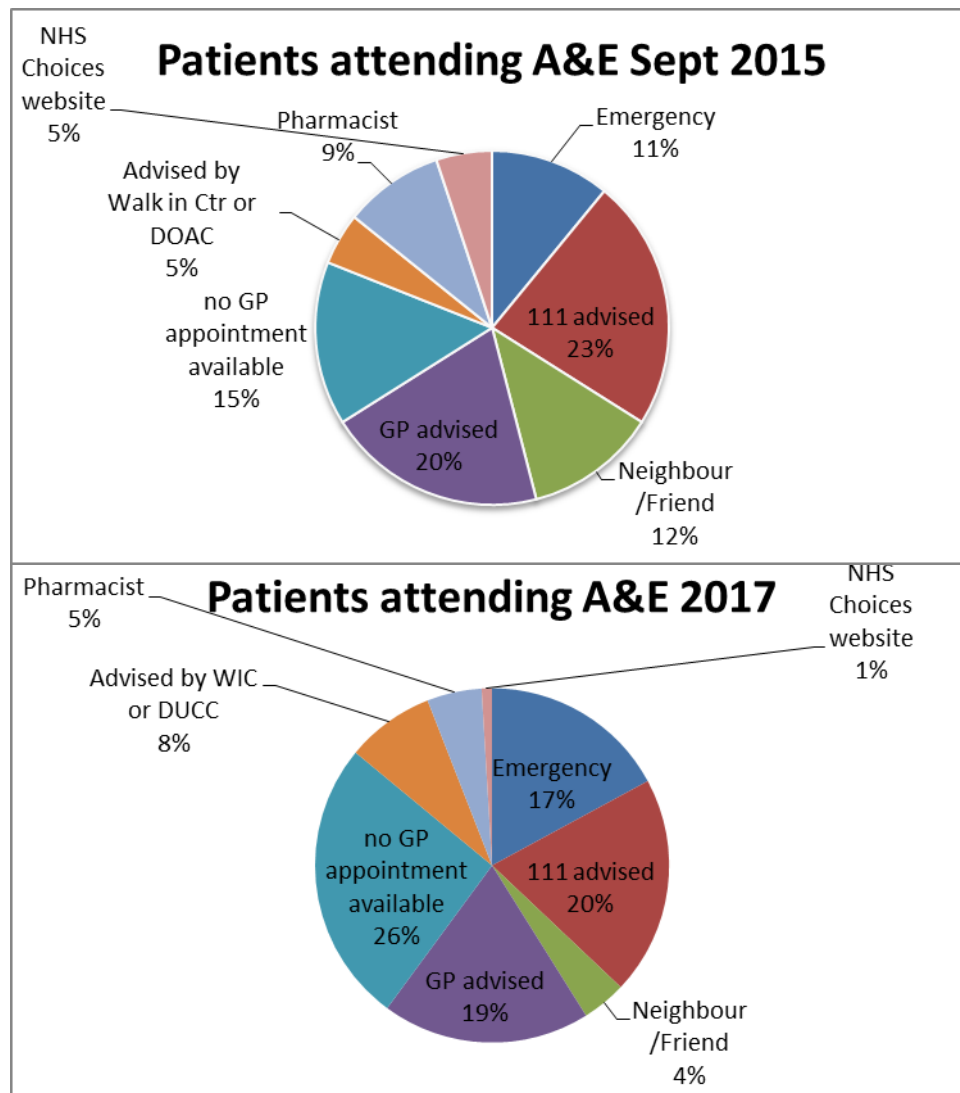
(The full report [A&E In Focus, Emergency inpatient services in Derby City](http://www.healthwatchderby.co.uk/usefulinfo) is available to read on the Healthwatch Derby Web page www.healthwatchderby.co.uk/usefulinfo)

Since the report there have been efforts to make improvements and ensure that the A&E services are used for the right reasons.

- Hospital website the public can view waiting times at A&E as well as the Derby Urgent Care Centre (DUCC) , frequently the DUCC has a significantly less of a wait to be seen than A&E.
- There have been various efforts to educate the public to use alternative provision (pharmacies, adverts, posters)
- Efforts to move to a more integrated approach underway.

Much of the report was based on Healthwatch Derby volunteers and staff talking to some 315 people in September 2015. These had no obvious outward signs of injury and did not attend A&E by ambulance. The following uses the same methodology carried out in January and February 2017 where 421 people were spoken to. A comparison of the previous findings is provided wherever possible.

Findings



In 2015 35% of the overall were related to GP surgeries with 15% of those asked stating it was due to being unable to get an appointment and 20% stating they were attending after being advised to go to A&E by GP surgery. The 2017 findings show an increase of 10% overall in those related to GPs and most significantly an increase of 11% to 26% (109 people out of 421) of those saying they had been unable to get an appointment with a GP.

There was an increase of 6% from 11% to 17% of those saying they believed it was an emergency or needed to be seen quickly. This may

be due to the data being collected in January/February as opposed to September and the weather having an effect.

There was also an increase of 3% of those saying they had been advised by the Derby Urgent Care Centre (DUCC) to go to A&E taking it up to 8% of the total.

Many of those who said it was an Emergency said they believed they needed an x-ray, some said they did not think anywhere else could help them, DUCC was too far away, A&E closest, some were unaware of the DUCC or that a walk in centre existed.

Most of those who had been advised by DUCC said it was because they needed an x-ray or may need further tests.

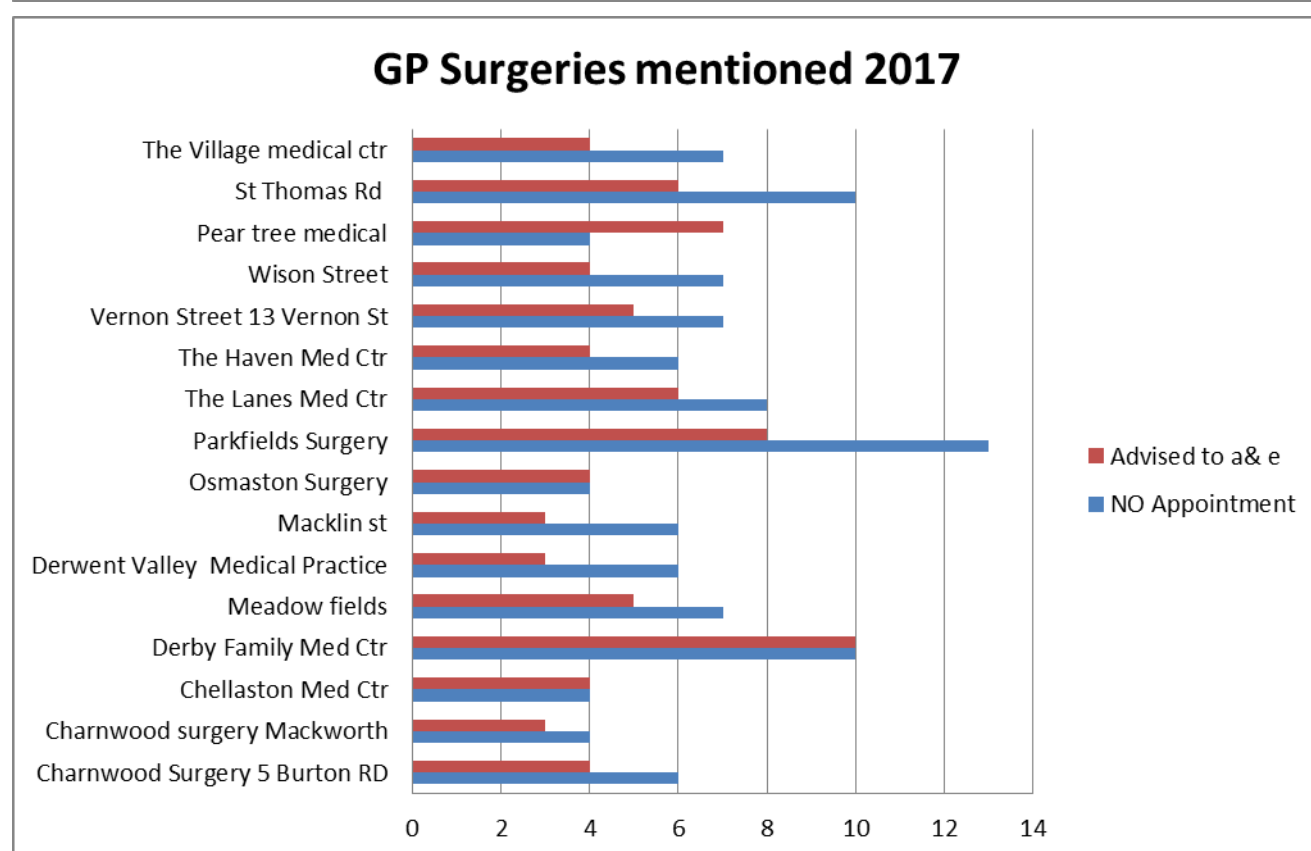
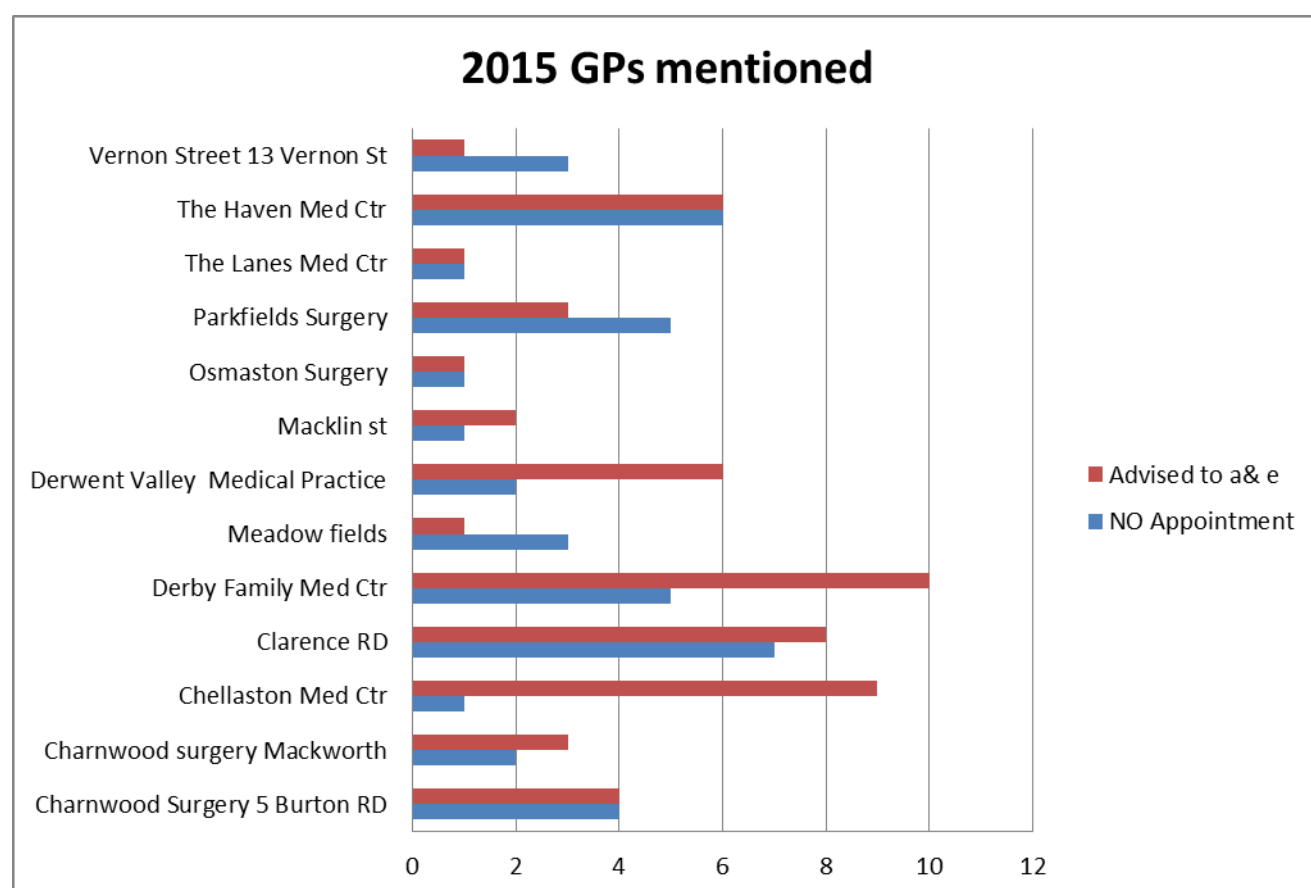
There was a decrease from 12% to 4% saying they had taken advice from a friend or neighbour.

There was a decrease of 4% from 9% saying they had been advised by a pharmacist to go to A&E.

Also a 4% decrease to only 1% saying they had used the NHS Choices website.

There was also a decrease of 3% to 20% overall of those who said they had been advised by 111 to go to A&E.

Some of these decreases could be an indication that people are becoming aware of or being signposted to alternative services better.



The report recognises that the surgeries mentioned are reflective of where those we spoke to were from and accepts that where they have advised people to attend A&E they had good reason to do so.

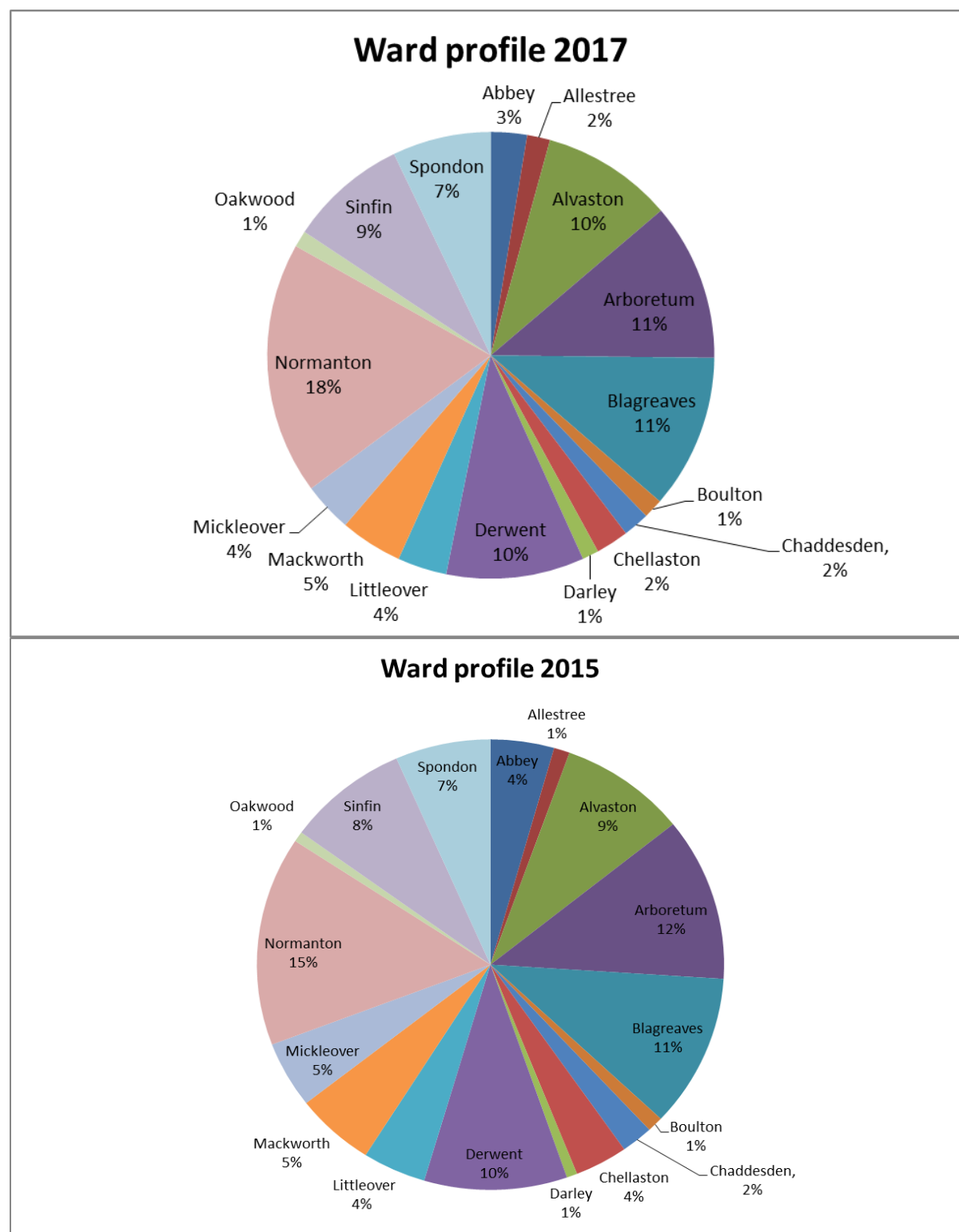
Since the 2015 report all of the surgeries that were mentioned then apart from Clarence Road Surgery which no longer operates were named in 2017 also with the addition of 3 other surgeries. However, the data clearly shows that the biggest shift in trend is that more people are saying they are attending A&E as they were unable to get a GP appointment.

Access to GP services was highlighted in the Healthwatch Derby 2015 GPs in Focus report available at: <https://healthwatchderby.files.wordpress.com/2015/05/suda-13-gps-in-focus.pdf>

This report was part of the Derby City Council Overview and Scrutiny Committee special public meeting into GP access concerns in 2015.

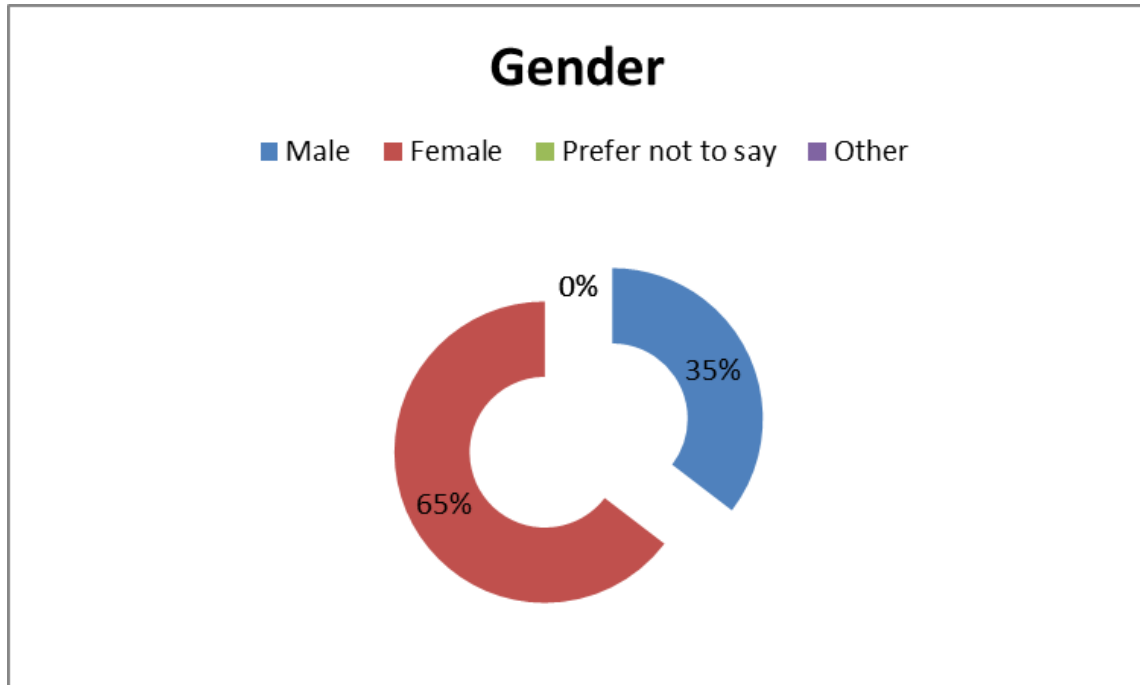
Demographics

The following are for information purposes only.

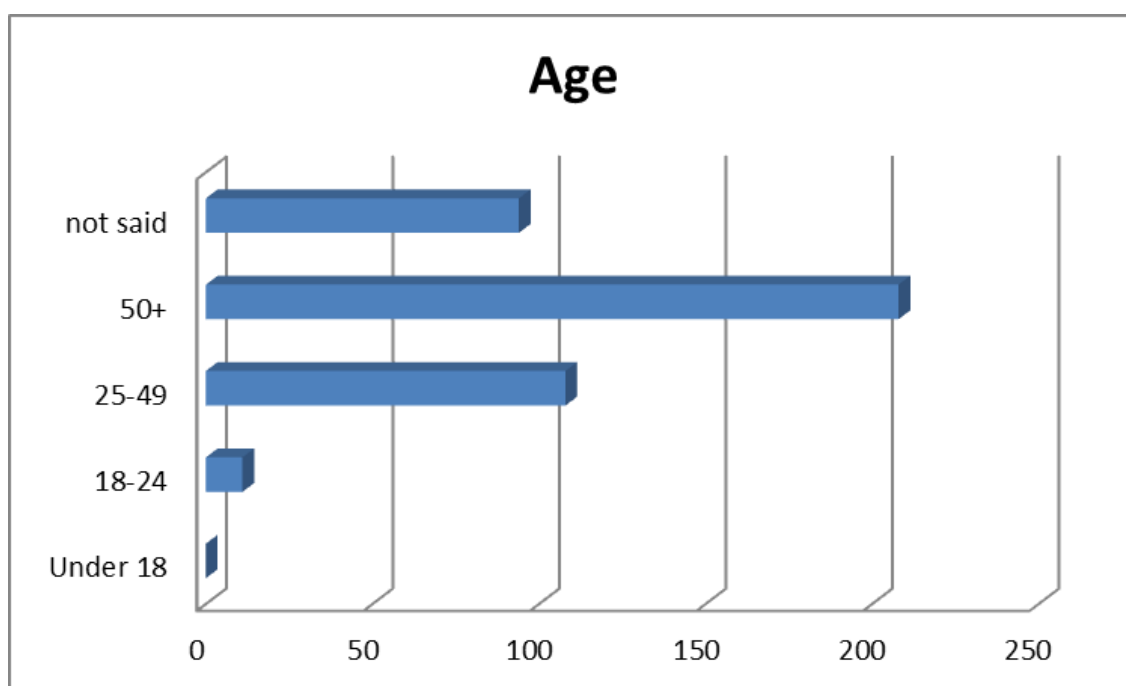


There is little change in the profiles over the 2 years with an indication that the majority presenting to A&E are in close proximity to the hospital or from wards that are classed as having high levels of deprivation.

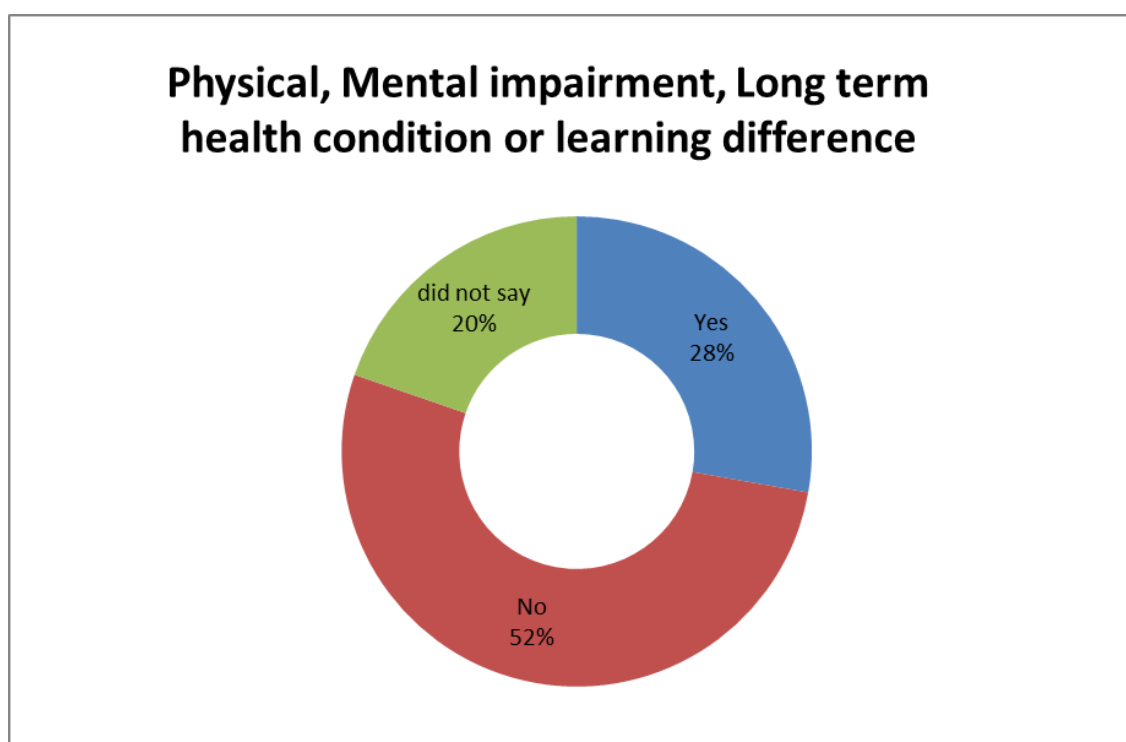
Whilst those that live close are using A&E for convenience, in some incidences, those in the other wards may need more education in alternative services available .

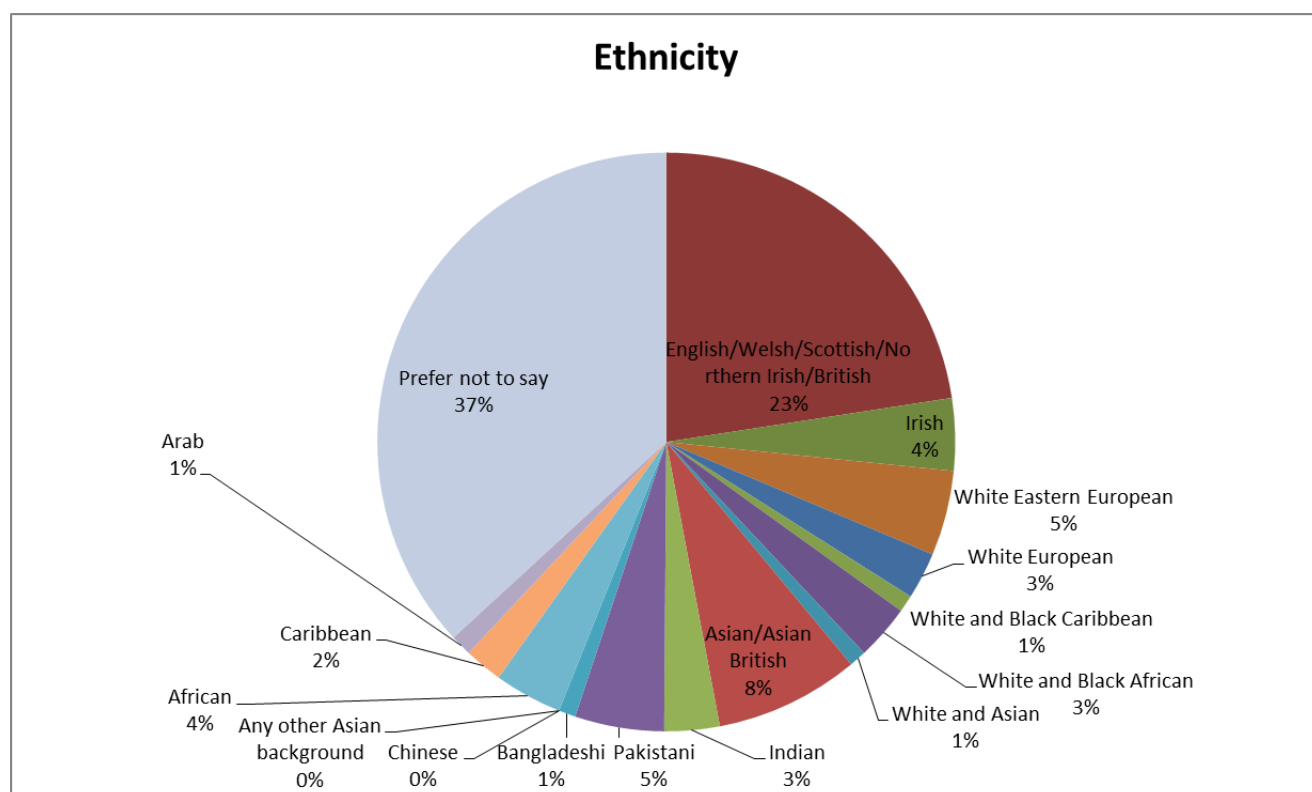


More women spoke to the team than men, however it was noticeable to the team that more men they approached seemed more guarded or were quickly dismissive and unwilling to take part. This was most noticeable with those under the age of 50.



The team found those over the age of 50 were the most forthcoming.





The team spoke to a wide range of people from many backgrounds; however 37% of those who were willing to talk to the team were reluctant to provide information about their ethnicity.

Conclusion

The findings show that whilst there have been efforts to educate the community to use alternative services there is still a lack of awareness and understanding of what is available across the city. This lack of knowledge and also where people live in proximity to the hospital, as well as people knowing if they present at the Emergency Department they will be seen, adds to the footfall. There is evidence that more people are saying they cannot get an appointment with their GP and this lack of GP access is leading to people presenting at the Emergency Department. When compared to the 2015 report access to GP services seems to be worsening with 1 in 4 of those we spoke to saying they were unable to get an appointment.

The team observed that it was difficult to engage with people under the age of 50 particularly males who had no interest in being involved.

Recommendations

The Health and Social Care community working as a whole to:

1. Improve awareness of services.
2. Provides an intervention to educate the general public about using services appropriately.
3. Improves access to GP services or provides suitable alternatives.
4. Reaches out and engage with the community at all levels.
5. Full integration of services and clearly communicated pathways across the system.