Review of urgent care patient insight for NHS North Tyneside CCG

Background:

As part of the ongoing work into reviewing urgent care arrangements in North Tyneisde, a review of the insights the NHS has gained

Methodology:

A desk top review of past reports that have been published was carried out across a range of sources of patient engagement over 10 years, contained in Appendix 1.

From this review, key issues and themes emerged. The patient's forum then prioritised the issues and themes, appendix 2 describes this methodology and the issues identified.

The themes and insights in this main report are recorded in priority order, to reflect the importance placed on the messages from the patient forum reviewing them.

Areas of urgent care and insights gained

Self-care – looking after yourself

The group said that they felt strongly that guidance, local information and sign posting should always be up to date in where people can find local help and advice on 'how to look after themselves'.

They questioned the accuracy of the information on NHS choices and other local NHS websites.

They also said that there were sustainability issues about this information and there should be ongoing campaigns on the television/radio to constantly remind people about Self Care. They also commented that self-care was a difficult term for people to understand – what did it mean?

Pharmacy

The most important message was around the promotion of pharmacist as expert clinician, there was a feeling that many people did not recognise what expert clinician pharmacists were, and that they were not just glorified shop keepers.

There was a feeling that the community pharmacy was an under used resource which actually had great potential with the right promotion.

This was linked to the public perception that some people might feel that being asked to see the pharmacist was being ‘fobbed off’ when in reality it was not the case or a concern if a health condition is more serious what a pharmacist might do.

In terms of the Think Pharmacy First scheme, there was a lot of support for the scheme but again there was a need to have better awareness of it across the board, and in particular by GP practices and for them to sign post into it. However a problem was identified around access to Think Pharmacy First (for low income – not free for children if parents have a higher income)

NHS 111 service

In principle people really liked the concept of NHS 111, an easy to remember number for when it was not an emergency (so not calling 999) and helped direct to local services.

The strongest messages was the lack of awareness of NHS 111, for example people did not know that this is how you accessed out of hours GP services and put this down to no publicity about NHS 111 and felt this needed to be done.

When people knew more about NHS 111, they felt it was a really good way to help integrate local health services – and in particular telling their story only once.

There was a perception that when patient called NHS 111 they would speak to an actual doctor or nurse. People felt assured that the NHS 111 service would escalate the call to 999 depending on the circumstances, and were pleased when they knew the ambulance service and NDUC ran the service together and call handlers worked side by side.

They felt that the public needed to be educated to understand NHS 111 better and what it was there to do.

GP practices

The strongest message was that people felt they had a strong relationship with GPs and that it would be in the main their first choice for the majority of ill health.

However, the issue of accessing appointments was a very strong theme including telephoning the practice at 8.30 am appointments in the early morning, evening and weekends, and contacting the practice on Monday morning. Also some practices closed at lunch times which was felt to be out dated.

Also being ill at the weekend and having to try to get a Monday morning appointment. A suggestion was that you should be able to ring up at a weekend and make a GP appointment for Monday if you know you are going to need one – but how would this be done?

There was a want to see more flexible appointments, in the evenings and weekends to fit in with people's busy lives. This would not have to be their own GP practice if local GPs were working together as long as it was in their local neighbourhood.

There were also concerns about GP premises including DDA access was a problem in one GP practice where the waiting room and reception were upstairs.

Out of hours GP services

Linking back to the discussions about NHS 111, the strongest message was the need for promotion of how to access OOH via NHS 111. There was also a need to have a choice of venues and for those people unable to leave their homes, they should be been at home by an OOH doctor.

One member mentioned that it was difficult to access the OOH GPs if they wanted to see you in the surgery and wanted free/accessible/voluntary transport to be available for non-drivers. e.g. if you live in Whitley Bay and needed to get to Rake Lane or even to the Gosforth OOH doctors location in Gosforth and had no transport to do so.

Also there was confusion about getting prescriptions dispensed out of hours and having to go Kingston park in Newcastle.

Walk in Centres

There was a strong feeling that WIC were used so much as they offered convenience especially if no quick appointments were available from your GP.

Geographical access is the most important factor, and the need for Accessibility by foot/public transport/car and car parking that was free.

Also there was confusion about what a WIC was for as used the WIC only to find that the X ray facilities were not open and had to be referred back to Rake Lane hospital – 'bouncing'

Also one member did ask 'Where do they fit – do we still need them?

999 ambulances

The strongest message was not being sure if 999 was needed, however there was a recognition that you can't change people's perception - that sometimes people might blow their ailments out of proportion or indeed be worried they are sicker than they are.

Generally people felt ambulance services were good and paramedics were responsive and well qualified.

A&E

In terms of the new Cramlington hospital, the main issue was to be reassured there would be the right staff left in Rake Lane.

A big concern was about violence against staff, particularly press on staff dealing with patients fuelled with alcohol on Friday and Saturday nights.

They were also concerned about those patients who boomerang back into A&E – (high risk patient pathways) and those at risk of readmission or going into hospital, appropriate support and assessment.

Also a strong message was about discharge at appropriate times with support in the community.

The issue of ‘car park charges’ and how they thought they were expensive and unnecessary.

NHS services 7 days a week

This was a new topic for the patient forum discussion, and was very much welcomed as the ideal for the NHS to mirror modern life. The strongest message for 7 day working was the want to have GP access 7 days a week – filtered through the NHS 111 if necessary. The group felt that if you are ill at the weekend and cannot be seen by OOH GP’s – you would receive a priority Monday morning appointment.

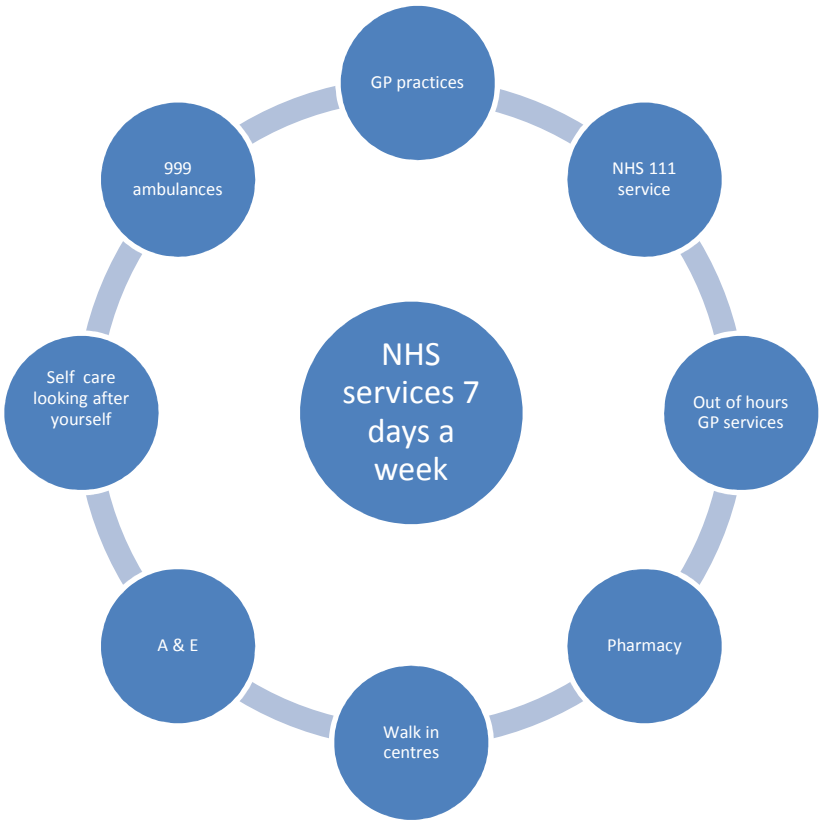
They felt that GP telephone appointments should become more routine, along with the reassurance that it was a GP who can access your records.

Other comments were about how if GP practices were to extend hours, what about all the supportive services such as diagnostics, or social care. There was a need to ensure that all extended working was aligned across the whole heath and social care system.

Priority of all urgent care issues and themes

The members were asked that given all their discussions during the session, to prioritise all the categories discussed.

Their overall decision was access to the NHS 7 days a week and everything else revolves around this, starting with GP practices at the top, going clockwise 360 degrees. Whole there was a strong recognition of all these services being important in the urgent care mix, in terms of the priority that the CCG should give them the are in that order.



Appendix 1

Desk review of stakeholder and patient insights around urgent care in North Tyneside

1 Improving access to GP and community health services in North Tyneside, seeking the views of local people – September 2008

(Local response to the Darzi review)

218 questionaires were returned as part of the formal consultation process along with attendance at meetings.

The majority (167 of 218) said they had no problem registering with a GP practice near to where they live although some commented on the distance they had to or travel to. Of those who said that they had problems registering, some were new to the area, others were still registered in the area where they lived previously and

others said they hadn't been able to register with the practice closest to where they live because there weren't any places available.

Eighty six said they had difficulty getting an appointment with their GP, while 100 said they didn't have any problems (some mentioned that if they wanted to see a doctor of their choice they had to wait up to a week). Twenty three people said they sometimes had difficulties and Fridays, weekends and Monday mornings were mentioned.

Comments were made about difficulties in ringing the practice at 8.30am, not enough lines being available, not being able to make appointments in advance, not being able to see their own doctor and evening appointments being limited.

People suggested a list of services that they would like to see provided at their GP practice. A number mentioned podiatry, physiotherapy and dentistry (including emergency dentistry). There were also requests for audiology, general health checks, healthy living advice, dietician, optician, epilepsy clinics, services for people who have drug related problems, mental health services, x-rays, minor injuries (including walk-in services), minor surgery, complementary therapies and arts and crafts therapy. There were also requests for community rooms and comments about the need for more flexible appointments.

In response to the question about whether people would like to see more flexible opening times, a substantial number (162 of 218) said 'yes' with a range of responses about early/late opening, including weekends. Comments were made about some surgeries being closed over lunchtimes and about how difficult it is for some to get time off work (and that people may not always want their employers to know that they are attending doctors' appointments).

The majority said they did not have difficulty when accessing their GP surgeries but those who did mentioned hearing, sight and mobility difficulties, more accessible communication for people with learning disabilities and the need for interpretation.

2 Urgent care strategy consultations 2008 – NHS North of Tyne

A formal consultation was held during 2008 following a process of engaging with key partners and the public about what was important to them in accessing services when they suddenly become ill or have an accident. During the consultation there was strong support overall for the single telephone number to access urgent care services. It is clear that the public would welcome this but the over-riding message was that it must be an easy to remember number and should not include automated voicemail asking people to press the right button to access particular services. People have said they would wish to see direct access. However, there were reminders about the discontinuation of the 101 pilot by Northumbria Police with

comments that the introduction of any new number would need to be. There was recognition that the quality of the clinical triage was most likely to affect the success of the initiative.

In general primary care expressed the strong feeling that a single access number should not replace direct access to GP practices for urgent triage. Many of the responses from the public and from local organisations called for greater integration across services, particularly in rural areas to help improve response times. In these areas, people said that the NHS should be more innovative and optimise the existence of other local services which could have the right skills to help.

There were also calls generally for greater integration with local authority adult services. Linked to this were comments that the needs of carers should be addressed. A number of people said they would like to see the inclusion of paediatric and community mental health services in the strategy. There were many comments received suggesting that the opportunity be taken to make it easier for people with specific needs to access services. In particular, such comments came from people with sensory impairment, learning and physical disabilities and also for people whose first language is not English.

In both urban and rural areas many people commented on the difficulties experienced in accessing services due to lack of public transport at times when they are more likely to use urgent care services ie evenings, overnight and at weekends. There was a lot of support for the majority of minor illnesses and minor injuries to be dealt with in GP surgeries, with many members of the public saying this would be their first choice because they have an existing relationship with their local practice. However, there were comments that the GPs would need to have the right skills, equipment and accommodation and have more flexible opening hours. There were specific questions about whether the GP surgeries would have the right diagnostic equipment and comments that patients should not be passed from service to service. Some members of the public commented on the difficulties in getting prescriptions dispensed out of hours .

It was clear during the consultation that there was not a high level of awareness of the full range of urgent care services available. Those who had used walk-in centres were positive about the experience, although a point that was raised in a number of written responses and during meetings was whether healthcare professionals in such facilities would have the same access to a patient's health records as the patient's GP or someone involved in the care of their long term condition.

3 Public consultation to develop hospital services – independent research from public consultation period - August 2009 – Explain research on behalf of NHS North of Tyne

In general the majority of the public were in support of the idea of a centralised emergency care centre, the concern was where it was actually centralised to. Everyone wanted the ECC on their doorstep; residents of Northumberland did not consider residents of North Tyneside as they felt that they have sufficient services from Newcastle hospitals.

North Tyneside residents felt that services were being taken away from them for Northumberland and that they weren't being considered. There was also the issue of duplication of services that were available close by in Newcastle.

It was also apparent that Newcastle upon Tyne Hospitals NHS Foundation Trust's involvement within the public forum did cause confusion amongst the general public, who perceived discussions as two parts of the same organisation working against each other rather than together. The general public did not understand the boundaries between the various parts of the NHS, neither geographical nor by the service provided and saw the NHS as their overall healthcare provider. Moving forward, it is suggested that a public information exercise is carried out to show how care pathways work between the two hospitals in order to undo damage caused.

The concern that the ECC would be sited too close to Newcastle hospitals was strong and it needed emphasising that the hospital is for the population of Northumberland and North Tyneside and not Newcastle and is planned to be situated in the best place for the majority. Small differences in ambulance journey times were identified as a huge issue, the perception that even five minutes could mean the difference between life and death. The public did not understand that this increased time in the ambulance made no clinical difference, perhaps this is a message that needs to be communicated more strongly.

In terms of other issues raised such as ambulance response times and perceptions of understaffing as well as NHS budget cuts, these were concerns that were already established prior to the development of the proposals and will continue to exist.

Of the eight themes highlighted as objections the majority can be resolved via information:

Location

- Explain justification in terms of the site being the most accessible for the majority of the population
- Differences in ambulance response times are clinically insignificane

Finance

- Issue resolved in public meetings when finance could be discussed, clear that this information needs to be disseminated further to resolve these objections with the public

Staffing and recruitment

- Again the key is information to resolve concerns. Defining number of new recruits required and how the rota system would work, clarifying that consultants would not be poached from general and community hospitals

Working with Newcastle Hospitals

- Public information exercise, showing how the two trusts do work together via established pathways

Ambulance response times and the air ambulance

- Ongoing issue regardless of whether the proposals go ahead

Maternity services

Communicate why medically led services can't be provided locally. Explain pros and cons of both options i.e. co-location or not, and ask public to make an informed decision

Confusion as to which hospital to go to when

- Will be solved via public information as described by commissioners

Changes to general and community hospitals

- Emphasise the continuing role of these hospitals; continuation of existing services, addition of new services and the upgrades that will take place

Overall, location was the issue that caused the most controversy, objection and concern.

4 North Tyneside LINk– formal responses to NHS North of Tyne's consultation on Northumbria Healthcare's Specialist Emergency Care Hospital - July 2009

- **Also incorporated NHS North of Tyne and Northumbria Healthcare's response to issued raised in italics**

Services at Rake Lane

Concern about the impact that the new hospital could have on services offered at Rake Lane. LINk sought assurances about the impact of the new hospital on services currently available at Rake Lane and wanted a comparison of the position Rake Lane is in currently, and the position it will be in once the proposed hospital opens.

The Trust said majority of patient contacts will continue to be at Rake Lane. Although around 25,000 people who receive their emergency care at North Tyneside will have their initial treatment at the new hospital, there will be nearly 40,000 people who continue to receive treatment at North Tyneside. For the majority of services at Rake Lane there will be no change, it will continue to provide planned treatment, tests, operations, beds for patients returning from the new hospital, cancer treatment, diagnostic tests, scans and procedures, and walk in services.

Staffing

LINk understanding from the presentations was that an unspecified number of new staff would be employed within the Trust and that new, and more efficient, ways of working would mean that there would be no staff reductions at Rake Lane. However, the LINk wanted information about this.

Concern that emergencies will still happen at Rake Lane and that there may not be a sufficient level of specialist staff to manage these situations. And secondly, that staffing levels for services that will remain at Rake Lane may be reduced.

Also further concern that, if there were fewer skilled consultants and specialist nurses at Rake Lane as a result of the new hospital, there could be an impact on the training of both nurses and junior doctors. LINk wanted to know any plans Northumbria Trust might have to mitigate this possible problem.

The Trust informed LINk that specialists will continue to be based at North Tyneside and Wansbeck Hospitals. They will undertake their oncall duty at the new hospital one week every couple of months. As such, the majority of their time will be based at North Tyneside providing inpatient, outpatient and diagnostic care to patients in their local hospital. LINk members raised an additional concern about the team consultants work in, whether the whole team would move between hospitals and who would care for their patients whilst they are at the new facility?

The Trust informed LINk that it expects that there will be a largely permanent team at the new facility to avoid disruption. Staff were being consulted about whether they would like to rotate between sites, but this is not likely to happen on a frequent basis to ensure defined teams at the new hospital. (Nb what was the outcome of this?)

Arrangements for looking after patient’s whilst their consultants are at the new hospital will be the same as current arrangements for when consultants are on call; with a specialist colleague responsible for the patients.

The Trust assured LINk that when consultants are working at the new hospital they will not be expected to move between hospitals.

The current staff:patients ratios at North Tyneside will not reduce after the new hospital is opened and the training of junior doctors will be improved, they will

receive training at both the new hospital and the existing hospitals and will receive more supervision.

LINk members raised particular concerns about nurses at Rake Lane.

The Trust has told LINK that a benchmarking exercise with other Trusts showed that Rake Lane had comparable ward staffing levels. In 2007/8 the Trust invested just over £1million in additional ward staffing and a further £0.5million in 2009/10. In 2008/9 £0.5million was also invested in matrons. The Trust gave assurance to LINk that staffing levels in relation to the number of patients treated will not reduce below the level they are currently at. LINk assumes that commissioners will reflect such issues in contracts with the Trust.

NHS North of Tyne response

Northumbria Healthcare has submitted the following information in response to the LINk's concerns about staffing. Please note that these staffing levels will be closely monitored by the Trust.

The Trust proposals include an expansion of clinical staff for the emergency care hospital of 15 medical staff, 8 nursing staff and 8 other clinical staff.

The Trust's long term financial plan includes discretionary investment each year to raise clinical standards over and above that proposed for the emergency care hospital. The investment value is £0.5m per annum. However, at this stage it is not possible to specify how much of this will be invested and in what types of staff at North Tyneside. The annual investment decisions are made in line with the annual plan and are considered and subject to endorsement from the governing body and the board of directors.

We appreciate LINks' desire to understand the position in terms of staffing at North Tyneside. As previously set out this is complex and needs very careful interpretation.

In terms of staffing – the statement the Trust has made is that the staff:patient ratio will remain as it currently is. Some staff will move to the emergency care hospital from North Tyneside – because the proposals do not involve an increase in activity but instead doing it in a different place. This will allow it to be done to a higher standard because of the model of care we will be able to offer by concentrating emergency care into one place.

As such, whilst the number of staff working at North Tyneside will reduce, this will be in proportion to the transfer of services from North Tyneside to the new hospital (eg "blue light" A&E and admissions, some in-patient beds etc).

The LINk should be reassured that the Trust will ensure that adequate specialists will be available to assess and treat patients who are being cared for in North Tyneside.

The level of consultant, junior doctor and nursing support available to in-patient wards will be in the same proportion to the number of patients as it currently is.

Transport and parking

Transport to the new hospital site is a significant concern for LINk members who want to know if the hospital will be accessible for families and carers. LINk wanted to see a plan of how transport services to the hospital will work and for the Trust to guarantee the public that these services will be up and running on the day the proposed hospital opens. Members wanted to know whether the Trust had estimates of numbers of the public arriving at the hospital by car or on public transport. Congestion created on the Moor Farm roundabout as a result of the proposed hospital and parking facilities were also issues raised by LINk members. Members were keen to see that NEXUS, private contractors and the local authorities are involved early on in the planning process.

Congestion issues were to be considered in the planning application. The Trust was discussions with the local authorities and transport providers at the time of the consulation, but could not guarantee public transport access. The Trust told LINk that it was working with NEXUS to map existing services and those that could be potential adjusted. Shuttle services to interchanges at Northumberland Park and Four Lane Ends have been suggested.

The Trust's Board wished to make car parking free, but this will be subject to an impact assessment.

NHS North of Tyne response

Northumbria Healthcare has assured us that they have been in discussion with the appropriate authorities following the concerns raised during the consultation period. They have made the following points (1-9 below) in response to the LINk's further concerns. However, decisions from the meeting of the NHS North of Tyne commissioning board are as follows:

The board recognised, given the feedback received during the public consultation process, that it was vital for the transport issues to be addressed and agreed to 'seek assurance from Northumbria Healthcare that…….access arrangements and public transport issues are being satisfactorily resolved with public transport providers and local authority highways, as well as patient transport arrangements agreed with North East Ambulance Service NHS Trust within the revenue costs'.

Northumbria's response:

1. *As LINk has acknowledged we cannot make guarantees about public transport.*
2. *The Trust has had initial discussions with both NEXUS and Arriva. These discussions have identified options for utilising existing routes, potential diversions or extensions of routes.*

3. *The Trust has not yet developed a final transport plan but has agreed with NEXUS to second one of their staff to the Trust for a 6 month period to develop the transport plan for the Trust.*
4. *We would also want to see this in place at the same time as the hospital opens.*
5. *The Trust does have some estimates of "trip generation" but these were estimated from the TRICS(2008) database by the Trust's advisors and there is no data within TRICS specifically for emergency care only services.*
6. *As such, the Trust does not at this stage have detailed and robust estimates of arrivals by public transport or car but has developed a planned survey of visitors to North Tyneside and Wansbeck to try and develop an accurate estimate.*
7. *The advisors did estimate the additional traffic that the Moor Farm roundabout would have to handle and this has been shared with the Highways Agency. Again, it was an early estimate and further work is needed to develop a more accurate impact assessment.*
8. *The Trust, both through its advisors and directly, is engaged in discussions with the Highways Agency and the local authorities. There is a regular meeting between the organisations to discuss issues such as these so we hope LINk will be reassured that these discussions are taking place at such an early stage.*
9. *We hope that we have also given assurance about the involvement of the local authority agencies and the private contractors involved in public transport provision.*

Finance

LINk wanted to be reassured that Rake Lane hospital would not suffer as a result of financing the new hospital, and in particular that funding will be available to make some improvements to services at Rake Lane. LINk wanted to know the overall sum available to the Trust, as a result of the proposal, to fund these improvements.

LINk were not clear that £5 million pounds revenue cost includes provision for reusing vacated facilities at Rake Lane. They were not clear as to how the Trust will be able to make the additional 5 million pounds revenue available in future years without recourse to its primary care funders. These concerns seem to be especially pertinent if the new hospital does not attract a substantial net increase in the numbers of patients treated by the Trust.

The Trust has told us that "North Tyneside will not suffer as a consequence of the new hospital. The (capital) cost of the new specialist emergency hospital is funded in the main by a loan from the Department of Health, and as such represents "new" money into the area. It does not "divert" resources away from the investment programme at North Tyneside.

This £5 million will be deployed to reuse space to create more room around beds and additional bathroom and toilet facilities.

The additional £5m was already contained in the Trust's long term financial plan. Each year the Trust had planned to invest a minimum of an additional £1m in quality.

"This is generated through us using the resources we receive in an effective manner, and through the tariff uplift which we receive each year."

The NHS North of Tyne Consultation Document said that:

Northumbria NHS Trust will spend £200 million over 10 years, including £75 million on the new hospital. £60 million of this will be borrowed from a special fund for NHS foundation trusts. These proposals will not result in additional acute care costs for NHS North of Tyne.

NHS North of Tyne response

The LINk has asked about what outcome measures will be used. The assurance about good value for money and quality of services that are provided for local people is sought through a contracting process. Commissioning leads within our organisation hold monthly and quarterly contract meetings with service provider organisations. The frequency of these meetings may increase depending on discussions, such as planning for future contracts.

During the contract meetings a whole range of topics are discussed. These relate to the many schedules detailed in the standard contract (such as capacity and demand, performance indicators, information flows and reporting, cost and payment, quality and performance indicators). The monthly meetings generally relate to contract monitoring and the quarterly meetings are held to discuss quality indicators. The meetings form part of our assurance process that the contracts are meeting the needs of the population, provide value for money and the highest quality of service possible for patients.

Northumbria Healthcare has also commented as follows:

1. *The £200m covers a larger package than just the emergency care hospital. £125m relates to upgrading the environment at North Tyneside, Wansbeck and rebuilding Berwick and Haltwhistle hospitals. Only £75m relates to the new hospital.*
2. *The Trust will ensure value for money on the capital investment associated with the refurbishment and rebuilding of hospitals through its usual processes of competitive tendering and cost benchmarking.*

Out of hours care

LINk was interested in the rationale behind the proposal that consultants in the hospital will work 8am-10pm and be on call at other times. LINk would like more assurance that patients taken to the emergency hospital will have 24 hour access to appropriate specialists.

The Trust has told LINk that the majority of patients who require emergency assessment and admission present in between the hours of 8am and 10pm. As such

the Trust has targeted the resident (on-site) availability of specialists during this period. Outside of this time, there will be a resident A&E consultant and a range of other doctors present in the hospital to treat patients who do present between 10pm and 8am.

The Trust also said very few (if any) hospitals currently have an A&E Consultant present at the hospital 24/7 and this will be one of the first in the country to provide this level of cover and the standard of care that goes with it.

Performance

LINk members would like the Trust to demonstrate how its current performance (compared with national benchmarks) will be improved in terms of reduced morbidity and hospital lengths of stay, as a result of the proposed emergency facility.

The Trust has told LINk that it already has a low Hospital Standardised Mortality Rate (HMSR). It expects the proposals to help to reduce this further ("Our clinicians are clear that there are significant benefits in terms of survival and receiving the most up to date treatment that result from being treated by a specialist."), but has not yet placed a figure or timescale on this perceived benefit.

In terms of length of stay, the Trust expects that on average length of stay will be reduced by approximately 1 day. This is because people will be seen much earlier by a specialist and will have more of their care delivered by senior, trained doctors.

Movements between the new centre and Rake Lane

Concerns were raised about what happens if a patient needs to stay in the new centre for longer than 3 days. Will they be transferred to Rake Lane if their bed in the new centre is needed by another patient? This reflects wider concerns about availability of beds and moving patients from one hospital to another.

The Trust assure LINk that patients will only be transferred back to North Tyneside when medically fit for transfer. Patients will stay in the new hospital as long as they need to.

Maternity services

During the three month consultation led by NHS North of Tyne, comments have been sought on possible changes to maternity services. LINk members wanted to know more about the process for consulting on these changes.

Reflecting the depth of the discussion preceding the recent changes to maternity services in North Tyneside, LINk members are concerned about the way in which the important issues of medical led and midwifery led care have been subsumed within the wider emergency care hospital debate. Although the focus has been on the future of the unit at Wansbeck hospital, the potential closure of the Rake Lane facility

should not be considered without a more public assessment of its performance as a midwifery led unit.

NHS North of Tyne response

At the NHS North of Tyne commissioning board agreed that further discussions were required on maternity services. Such discussions would involve the LINk.

Ambulances

LINk wanted assurances that ambulance crews will know which emergency centre to take patients based on initial assessments and that there has been sufficient dialogue with the ambulance service.

NHS North of Tyne response

In terms of which hospital to take patients to, NEAS will always take patients to the receiving A&E department that can treat the patient fastest and will continue to do so. For some conditions, this may not be the nearest – an example would be ST elevation heart attacks, where a patient in North Tyneside would be taken direct to the Freeman Hospital. NHS pathways, which is a clinical triage system used by NEAS, will also help identify people who have called 999 who could be taken to their local hospital services. We expect the clinical networks and particularly the two acute hospital trusts to work closely with NEAS to identify which groups of patients this might be appropriate for.

Northumbria Healthcare has engaged the ambulance service very early in the discussions about the proposals and has confirmed this involvement with the overview and scrutiny committee. The Trust and NEAS have agreed to continue and strengthen that involvement with a specific task group if the proposals go ahead. They have assured us they are committed to continuing dialogue with all stakeholders over the course of the coming months and years if the proposals go ahead.

Mental health

LINk was concerned that the Trust had not resolved issues concerning the handling of patients with a co-morbidity of a mental health illness – it is unclear how Northumberland Tyne and Wear Trust will cover existing A&E sites and the new hospital.

NHS North of Tyne response

Northumberland Tyne and Wear NHS Trust (NTW) responded to the consultation about this issue. It said it was pleased to support the plans and looks forward to 'working together in an honest and robust manner to develop high quality, effective services and pathways'. As commissioners, we will be working with them and

Northumbria to ensure that patients get access to the appropriate care that they need.

Northumbria Healthcare has said:

1. *The Trust has a clear proposal for how patients with a mental health problem will be cared for.*
2. *They will be treated at the new hospital, by the clinical teams in the same way as they currently are, and we will access the appropriate specialist team from NTW as we currently do.*
3. *NTW teams are not currently based in the hospitals, and travel to the hospitals when patients are referred to them for assessment.*
4. *If a patient has a medical condition they will be admitted to hospital in the same way as they are at present.*
5. *We hope that LINk would be reassured that the Northumbria and NTW Trusts have already met to discuss the proposals and have agreed to work together on specific pathways and potential closer working relationships.*
6. *For older people with a mental health problem the psychiatry of old age service pathway remains as currently stands, with those services based at North Tyneside.*

4 Think Pharmacy First – understanding attitudes, barriers and perceptions – ICE agency for NHS North of Tyne - 2010

Focus groups with patients regarding pharmacy local enhanced service minor illness and ailments scheme

The most frequently noted ailments experienced by participants were as follows; eczema, colds, cold sores, hay fever, diarrhoea, ear wax and aches and pains.

Participants' health seeking behaviour differed, with some reporting that they would go their GP, others stating they would buy something 'off the shelf' and another group noting that they would try a pharmacy as their first point of call.

A small number of participants stated that they would seek help on the internet first - this advice typically said 'seek advice from your GP'.

A small minority of participants indicated that they had heard of the Think Pharmacy First scheme, with only one participant reporting using the scheme. This participant rated the service highly although her condition couldn't be treated on the scheme.

No participants recalled being advised about the scheme via a health professional. Those with awareness of the scheme stated that this had been built from information leaflets and information in the local press.

Initial perceptions of the scheme were positive, with participants noting that the scheme would save GPs time, save appointments for those with urgent needs and speed up the process of accessing medical advice.

Overall, participants did not feel that there were any differences in the credibility of a pharmacist over a GP, however it was noted that some residents are not aware that they can speak to a pharmacist about these conditions. It was felt that some residents require re-education, particularly older residents, in terms of making them aware that the GP is not the only port of call for medical advice.

Participants noted a number of potential concerns with regards to the scheme, in particular, privacy concerns about talking to a pharmacist over the counter and questioning why the receptionist may be making a diagnosis. A number of participants explained that they may feel like they are being “dismissed” if the time is not taken to explain the scheme fully to them. Participants highlighted that the scheme needs to be portrayed in a manner where they feel it will be beneficial to them, rather than feeling as if they are being ‘fobbed off’. Participants highlighted the need to build awareness of the scheme in order for it to be utilised to its full potential. Effective channels of communication were suggested to include: increased promotions in GP surgeries, leaflets with prescriptions and local press advertising.

Twelve health professional interviews were conducted with representatives from 6 different practices across NHS North of Tyne.

The health professionals were from different roles including: administration, General Practitioning, and Practice Management.

Although the majority of the health professionals were aware of the Think Pharmacy

First scheme, on further questioning, it became evident that awareness was very limited specifically with regards to the criteria for the scheme.

Four of the 6 practices noted that they were actively encouraging the scheme within their practices, however, this was mainly through leaflets on the reception desk. Only a minority reported that reception staff were referring patients to the scheme, however the accuracy of advice given was questionable, with receptionists noting that they had referred parents to the scheme, however, because of their income status, these individuals were unable to use the scheme for their children.

Awareness of the scheme among health professionals had been built from various different sources including pharmacists, GPs and Medicines Managers. A lack of formal briefing was evident, with health professionals stating that they had received ‘bits’ of information from these sources.

On the whole, the scheme was perceived to be very beneficial for practices if utilised to its full potential.

Concern arose as to the suitability of its eligibility criteria and lack of promotion to residents.

It was felt that the lack of awareness about the scheme was one of the main factors preventing receptionist staff from discussing the scheme with patients. It was noted that receptionists would be confident in discussing the scheme, however this would depend upon them having an adequate level of knowledge about the scheme and knowing ‘how and when’ to refer patients.

Lack of time and concern about asking questions about current ailments were not perceived to be major barriers, however, a number of receptionist staff expressed concern about asking about patient incomes in order to refer to the scheme accordingly.

It was widely noted that the scheme was not well promoted in the area, and furthermore, it was acknowledged that patients have a very low knowledge of the scheme. The health professionals put forth suggestions in order to increase awareness.

5 North Tyneside GP access survey July 2011 – March 2012

In the North Tyneside area, 3,665 surveys were returned. A total of 59% of these respondents knew how to contact the OOH services. Ten per cent of them (412) had used the service in the last 6 months, either for themselves or for someone else. Of the 10%, a total of 87% of people found it fairly or very easy to contact the service. Confidence and trust in the out of hours clinician was 85% (to some extent or definitely). Overall 72% said their experience good or very good.

6 NHS North of Tyne GP out of hours research – Autumn 2012

The majority of people had positive experiences of the services and where people had young children they felt reassured by its existence. A choice of service venues would be welcomed but residents did accept that this had a major cost implication and probably was not feasible. There was an expectation that there would be contact with a GP either through an appointment or home visit rather than advice on self-care. A dedicated telephone line is seen as the sensible solution especially for vulnerable and older people.

Response times of 30 minutes were considered acceptable and people felt they had been seen in a reasonable amount of time.

Dedicated phone line

Members of the public did feel a dedicated phone line would be ideal as they saw this as a separate service to the GP surgery and should be treated as such.

There was appreciation that there needed to be a high profile campaign to ensure the public knew what this was. Also the NHS needed to ensure there were enough staff to cope with all eventualities in the service was viewed as important.

Service location

Most felt the service should be located somewhere local in the community in either a walk in centre, community health centre or hospital. However, others were not aware of walk in centres or whether there was one in their area.

The service could be improved by moving to local areas, increasing the number of Doctors in order to deal with patients quickly and wider promotion of the service.

Transport

Lack of public transport out of hours was a major concern in accessing the service together with personal safety issues when travelling late at night or in the early hours, some felt that this would deter them from using the service.

For non-drivers an ambulance or patient transport should be provided but appreciated there would be cost implications to this.

There was also acknowledgement that some residents live in a rural location within the borough and what constitutes local to one person is not local to another.

Treatment offered

Most did feel they would not expect to be given self help information for an out of hours call and would expect there to be a visit from the doctor. People did say that they would not make the call out of hours if they could wait for self help information from their own GP surgery or pharmacist.

The majority of people rang their GP surgery when they wanted to use the out of hours service, with one person ringing a local clinic. All but one person thought that a dedicated phone line would make for a better or more efficient service.

With regard to transport issues, there were comments that many buses are taken out of service at night, two people were concerned about personal safety and two said that it shouldn't be assumed that everyone has a car. They thought the out of hours service should be close to residents. There were also comments that the ambulance service 'is great for emergency treatment'.

Suggested improvements to the existing service were:

- More GP or nurse home visits
- More localised 'hubs' accessible to all
- One phone number staffed by doctor
- Could be quicker in an emergency

Generally most people would prefer a dedicated telephone line staffed by doctors and none expressed concern or lack of satisfaction in relation to how long they waited for a call back.

The service should be within the community, local and easy to access.

Transport is a concern as some felt they did need access to a car to be able to use the service. Personal safety was raised as a worry for people who were vulnerable in some way and had no support.

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References

Improving access to GP and community health services in North Tyneside, seeking the views of local people – September 2008

Public consultation to develop hospital services – independent research from public consultation period - August 2009 – Explain research on behalf of NHS North of Tyne

Urgent care strategy consultations 2008 – NHS North of Tyne

North Tyneside LINk – formal response to NHS North of Tyne's consultation on Northumbria Healthcare's Specialist Emergency Care Hospital - July 2009

NHS North of Tyne's response to North Tyneside LINk on issues raised in formal response - September 2009

Think Pharmacy First – understanding attitudes, barriers and perceptions – independent market research ICE agency for NHS North of Tyne – 2010

North Tyneside GP access survey July 2011 – March 2012

NHS North of Tyne GP out of hours research – Autumn 2013

Appendix 2

Interactive session on urgent care in North Tyneside with the patient forum members

Objective:

- Active consideration of themes, issues and data about urgent care in North Tyneside and how it affects the local community
- Understanding of issues
- Understanding of challenges faced by the CCG
- Members of the group to identify and rank issues for consideration by CCG, individually and collectively

Process

Preparation

- Identify two facilitators and chair (Caroline/Michelle/Eleanor?)
- Identify range of themes / issue from desk top review into simple terms.
- Each facilitator is appropriately briefed on each theme and can explain it succinctly
- Copy onto sheets / post-its that can be moved about
- Available sheets/ post-its for them to include what they know/ their own experiences to go with themes and issues identified.
- Room divided into two tables for group work

Style

- Interactive approach
- This is about patient forum views and their choices on what they think they would like to see

Outline programme – three defined sections

Part 1:

Split into two groups

Section off the themes evenly into the number of groups for discussion, they must be a real mixture with contrast if possible.

Get groups over a period of say 10-15 minutes to consider what is most important about the group of themes they are considering.

Move onto the next group, same exercise, till every group has considered and ranked the themes. This would take approximately one hour.

Coffee break - put the results on the wall during the break and ask them to look at what's come out in terms of ranking – top, next, third etc.

Part 2

Next, chair asks ask them to consider each theme as a whole group and their ranking – is it too high too low or about right – voting on each theme by hands for a move to a consensus.

Move post-its accordingly

Park difficult issues for consideration at a later date - have a section of wall to park what isn't CCG issue/ can't be tackled (and someone to comment on it about where it fits in commissioning, eg local authority links with social care, any integration etc.

Chair asks them to consider what is the stand out issue for them – vote of hands.

Part 3

Break back into groups – ask for three things the CCG should do, which should come first, following the discussion in Part 2.

Must have facilitators for each small group

Assumptions for this method to be effective

- Advantage is it should foster ownership and commitment in a group or when you want to reach consensus to move forward.
- It could deliver a consensus about direction and strength of feeling on certain issues.
- Demonstrates that everyone has very different opinions and the group will challenge others in the group when they don't agree.
- Hopefully the patient forum will feel it is involved, they will need to know how it has influenced the decision making and there must be commitment from the CCG exec to use this to influence their decision-making.

Issues and questions to be raised – sorted by area of urgent care

Self-care – looking after yourself

Question: What are the sources of self-care advice?

Question: What are the concerns about self-care?

Question: How can self-care be encouraged?

Pharmacy

Think pharmacy first scheme – free treatment for minor ailment and illness

Promotion of pharmacist as expert clinician

Pharmacy – an under used resource

Feeling of being fobbed off to a pharmacist

Concern if health condition is more serious what a pharmacist might do

Better awareness of Think Pharmacy First scheme by GP practices

Issues around access to Think Pharmacy First (for low income - not free for children if parents have a higher income)

Question: What would stop you from using a pharmacist?

Question: What would encourage you to use a pharmacist?

NHS 111 service

Continuation of NHS 111 service in the future confirmed

More promotion of NHS 111 service

Greater integration of NHS 111 across the local health service

Concern about quality of advice and triage

Question: What do you like about the NHS 111 service?

Question: What would stop you from using NHS 111?

Question: What would encourage you to use the NHS 111?

GP practices

First choice for the majority of ill health

Strong relationship with GPs

Registering with a practice near to where you live

Difficulty of getting appointments with GPs

Difficulty of appointments with a named GP

More flexible opening hours

Making GP appointments in advance

Telephoning the practice at 8.30am

Appointments in the early morning, evening and weekends

Appointments on Monday mornings

Practice closed at lunch time

More accessible communication for those with hearing, sight and mobility issues

Translation and interpretation in GP practices

Question: Are there any other key issues about accessing GP services?

Out of hours GP services

Getting prescriptions dispensed out of hours

Having access to patient records

Choice of venues to access out of hours

Lack of public transport out of hours

Non drivers need patient transport

Promotion of how to access OOH (via 111)

Access to services in bad weather

Question: Are there any other issues about accessing OOH GP services?

Walk in centres

Having access to patient records

Using the WIC as no appointment at GP practice?

Walk in and wait

Question: Are there any other issues about accessing walk in centres?

Question: If Walk in centres closed – what would be the key issues to consider?

999 ambulances

Increase of ambulance journey times to new hospital

Response times for ambulance attendance

Not being sure if 999 is needed

Question: Are there any other issues about ambulance services?

Commitment of ambulance staff – thinking about some of the media coverage on staff not dealing with patients appropriately

Location of ambulances – they've reviewed and re-located, or did they scrap that idea?

Handover times at hospitals – could include this in A&E

A&E

Mental health

Friday night is alcohol night?? Pressure on staff dealing with patients fuelled with alcohol,

Violence against staff

Enough qualified staff in the existing hospitals once staff once ECC open

Quality of service at Rake Lane

People who boomerang back into A&E – high risk patient pathways

High risk patients – at risk of readmission or going into hospital, appropriate support and assessment

Discharge at appropriate times with support in the community

NHS services 7 days a week

Accessing services outside of normal working hours – public transport

Prescriptions out of hours

Question: What 'routine' services do you think should be available 7 days a week?

Question: How might there be better access to routine services 7 days a week?