

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

Venue: Community healthcare forum, Wallsend

Date: 25th February 2014

Present: Gillian Bennett
Anne Carlile
Susan Dawson
Caroline Latta
Victoria Mayer
Sheena McGeorge
Lindsay Perks
Michele Spencer

1. Introduction

Caroline Latta gave an overview of the meeting and asked members to participate interactively and give their choices of what they think they would like to see on behalf of the patient forum.

2. Objectives

The objectives of the session were:

- Active consideration of themes, issues and data about urgent care in North Tyneside and how it affects the local community
- Understanding these issues
- Understanding the challenges faced by the CCG

3. Procedure

The original plan was to divide the members into groups and have two separate sessions, however, it was agreed to proceed as one group, allowing individuals to voice their views but coming to a conclusion as a collective group.

Once the procedure was understood by the group, the members were asked to identify and rank issues for consideration by CCG, individually and collectively.

The group were shown categories on an A3 sheet and given corresponding cards to place in order of priority.

Each section was given a brief introduction of each category and explained that the cards had originated from statements received at previous public engagement work.

4. 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?

The forum had already discussed this previously and the conclusions from that session would be put forward to identify issues raised.

The group said that they felt strongly that guidance, local information and sign posting should always be up to date.

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.

5. Pharmacy

Question: What would stop you from using a pharmacist?

Question: What would encourage you to use a pharmacist?

Cards: 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)

The conclusion of the group in priority of importance was: (importance being ranked as top to bottom – with issues on the same line being equally important or closely linked to each other)

Issue or theme			
importance	Promotion of pharmacist as expert clinician		
	Pharmacy an underused resource	Feeling of being 'fobbed off' By a pharmacist	Concern if health condition if more serious – what a pharmacist might do
	Better awareness of Think Pharmacy First scheme by GP practices	Think pharmacy first scheme – free treatment for minor ailment and illness	Issues around access to Think Pharmacy First (for low income – not free for children if

			parents have a higher income)
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6. NHS 111 service

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?

Cards: 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

Here are some of the comments from members around the table:

They were unaware that this was how to access the 'out of hours' GP service' – many did not realise that it was now NHS 111 – many put this down to no publicity about NHS 111.

It is an advantage that this is a free service and a 1 stop shop, which means only having to give security once.

It seems to be perceived that when you ring NHS 111 some people are expecting to speak to an actual doctor or nurse. Those who had used the service were called back by a doctor after passing over details to the NHS 111 service.

People felt assured that the NHS 111 service would escalate the call to 999 depending on the circumstances.

One lady had used the service at the weekend and found the service to be fine – she commented that it was the same procedure as using NHS direct.

One member commented that they didn't understand that all GP practices could be accessed through NHS 111.

They liked the NHS 111 service was able to tell one story with a single point of access for any medical treatment including being referred to hospital if necessary.

Most members had no experience of using the service.

The conclusion was that people needed to be educated to understand this service better and what it was there to do.

This is the priority they made:

Issue or theme	
importance	It was agreed that these two points would be on the same level of importance and would go 'hand in hand'

	More promotion of NYHS 111 service	Greater integration of NHS 111 across the local health care
	Continuation of NHS 111 service in the future confirmed	Concern about quality of advice and triage

7. GP practices

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

Cards: 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

The members voiced their opinion that it was difficult to get appointments on Monday morning.

One member commented that some buildings were not fit for purpose and that DDA access was a problem in one GP practice where the waiting room and reception were upstairs.

These are the priorities the members decided:

Issue or theme			
importance	Strong Relationships with GPs	First choice for the majority of ill health	
	Telephoning the practice at 08.30 a.m.	Appointments in the early morning, evening and weekends	Difficulty of getting appointments with GPs
	Making GP appointments in advance	Difficulty of getting appointments with	Appointments on Monday mornings

		named GP	
	More flexible opening hours	Practice closed at lunch time	
	Registering with a practice near to where you live	Translation and interpretation in GP practices	More accessible communication with those with hearing, sight and mobility issues.

8. Out of hours GP services

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

Cards: 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

The members mentioned that English needs to be the first language when speaking to someone – both doctors and call centre staff.

They also commented that for those people unable to leave their homes, they should be seen 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.

Another member mentioned the inconvenience of 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?

These are the priorities the members decided upon:

Issue or theme			
Importance	Promotion of how to access OOH (via 111)		
	Choice of venues to access out of hours		
	Non drivers need patient	Lack of public	Access to services

	transport	transport out of hours	in bad weather
	Having access to patient records	Getting prescriptions dispensed out of hours	

10. Walk in Centres

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?

Cards: Having access to patient records

Using the WIC as no appointment at GP practice?

Walk in and wait

The members agreed that geographical access is the most important factor.

They also mentioned that the prime requirements were:

- Accessibility by foot/public transport/car
- Car parking facility

At the minute they feel that people can only get there if they have a car.

One member mentioned that they went drove by the hospital to use the walk in centre, only to find there were no X ray facilities for OOH and had to be referred back to Rake Lane hospital – ‘bouncing’

One member asked ‘Where do they fit – do we still need them?’

Issue or theme	
Importance	Using the WIC as no appointment at GP practice?
	Walk in and wait
	Having access to patient records

11. 999 ambulances

Question: Are there any other issues about ambulance services?

Cards: Increase of ambulance journey times to new hospital

Response times for ambulance attendance

Not being sure if 999 is needed

Commitment of ambulance staff

Location of ambulances

Handover times at hospitals

They wondered if the hospitals would keep the same staff and therefore the A&E dept would be less busy as ambulances would now transport patients to the new hospital at Cramlington.

One member suggested that bigger organisations lose a dimension of knowledge, that smaller practices would know.

They wanted to know if the ambulance drivers had access to a patient's records – e.g. in some circumstances a patient may have requested DNR.

They recognised that you can't change people's perception - that people blow their ailments out of proportion or indeed be worried they are sicker than they are.

These are the priorities the members decided upon:

Issue or theme			
Importance	Not being sure if 999 is needed		
	Handover times at hospitals	Increase of ambulance journey times to new hospital	Response times for ambulance attendance
	Commitment of ambulance staff		

12. A&E

Cards: 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

The main annoyance from the members of the forum was 'car park charges' and how they thought they were expensive and unnecessary.

These are the priorities the members decided upon:

Issue or theme			
Importance	Enough qualified staff in the existing hospitals once staff once ECC open		
	Violence on staff	Friday night is alcohol night?? Pressure on staff dealing with patients fuelled with alcohol,	
	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	Mental health
		Discharge at appropriate times with support in the community	

13. NHS services 7 days a week

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?

Cards: Accessing services outside of normal working hours – public transport

Prescriptions out of hours

- They would like GP access 7 days a week – filtered through the NHS 111 if necessary
- If you are ill at the weekend and cannot be seen by OOH GP's – you would receive a priority Monday morning appointment.
- Telephone GP appointments in advance
- Reassurance from a GP who can access your records
- What happens if you need an emergency dental appointment
- Mental health emergency access -self harm potential and those who are under the influence of drink/solvent abuse/drugs – the crisis teams will not look at them if they are shown to be under the influence of any of the above and they are bounced in and out of hospital
- Diagnostics
- The need for self help to be promoted better and an ongoing campaign

The members were asked 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.

