

healthwatch
Rotherham



**Rotherham General
Hospital
UECC Survey Dec 2019**

Background

Demands on Accident and Emergency departments have been steadily increasing year-on-year¹ while fewer and fewer patients are being seen within the 4-hour government target². In light of this, Rotherham Hospital's Urgent & Emergency Care Centre is working with National Teams to focus on different parts of the pathway and testing new performance measures³. Healthwatch Rotherham is interested in patients' reasons for choosing UECC for treatment and their use of alternative healthcare providers such as GPs, NHS 111 and pharmacists.

Method

In order to research patients' reasons for attending UECC and what alternative options for their treatments are available, we surveyed 100 people on three occasions. We surveyed:

- 30 people on Wed 4/12/19 13:00 - 15:00
- 40 people on Thu 5/12/19 11:00 - 13:30
- 30 people on Mon 9/12/19 11:30 - 13:30

All surveys took place in the adult and paediatric waiting rooms at UECC, Rotherham. If the patient was a child, the parent/carer was surveyed on their behalf. Not all respondents chose to answer all the questions.

We introduced ourselves as Healthwatch Rotherham representatives. The questions we asked were:

1. Why did you choose to come to UECC today? Please select all that apply:
 - a. No GP appointments
 - b. Convenience - so I don't need to take time off work or make an appointment
 - c. I prefer to be seen at UECC
 - d. I don't have confidence in my GP
 - e. 111 or Out-of-Hours told me to go to UECC
 - f. Ambulance brought me to UECC
 - g. GP told me to go to UECC
 - h. GP receptionist told me to go to UECC
 - i. Carer/relative told me to go to UECC
 - j. Another healthcare professional told me to go to UECC
 - k. I think I need UECC for an x-ray or hospital treatment
 - l. No other options available
 - m. Other reason [free text]
2. Would you have liked to have seen a GP or pharmacist instead?
 - a. Yes (if so what prevented you?)
 - b. No
3. Did you speak to any other healthcare providers before coming to UECC?
 - a. Yes (who?)
 - b. No
4. Do you believe UECC is the right place for your condition today?
 - a. Yes (why?)
 - b. No (why?)
5. Can you briefly tell us what you are expecting from UECC today?

¹ <https://fullfact.org/health/accident-and-emergency-attendances-and-performance/>

² <https://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters>

³

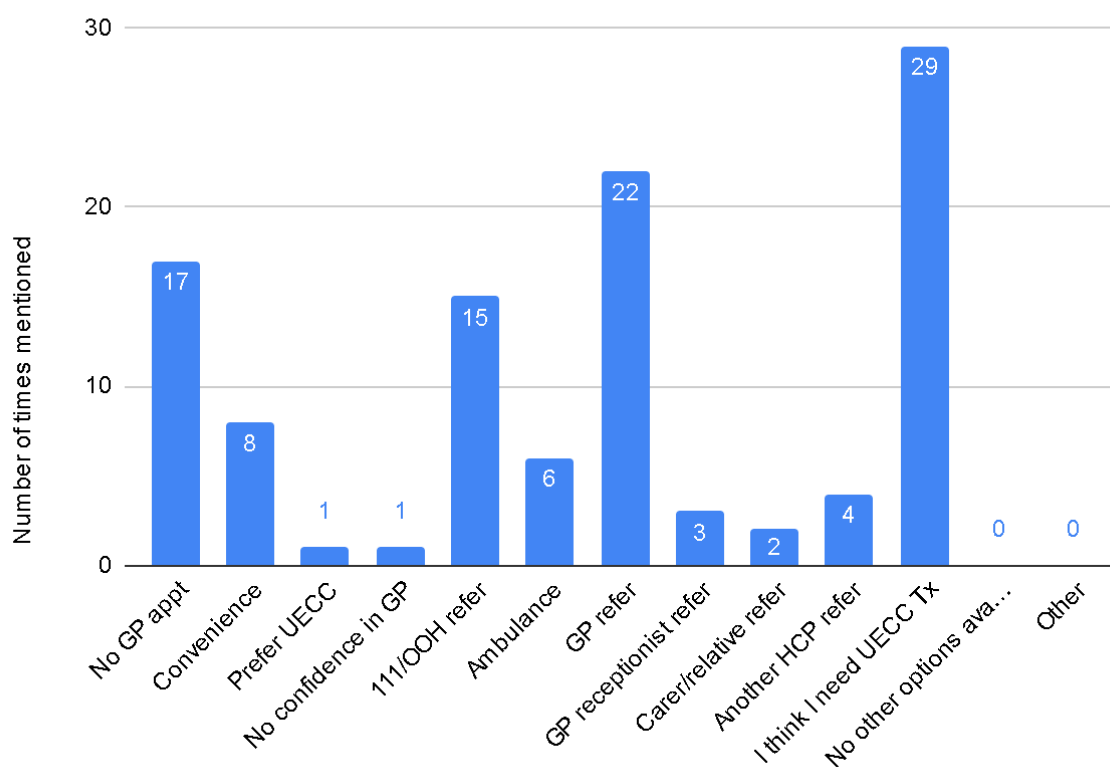
6. Have you used the A&E department within the past year?
 - a. Yes (how many times?)
 - b. No
7. What is the name of your GP surgery?

These questions were followed by standard equality monitoring questions, see appendix.

Results

Question 1 asked patient's reasons for choosing UECC on that occasion. The results are shown in the graph below. The most commonly chosen reason was 'I think I need UECC for an X-ray or hospital treatment'. This option was chosen by patients 29 times. The second most common reasons were related to accessing GP's or alternative services; combining lack of GP appointment, no confidence in GP practices and perceived convenience of UECC, these options were chosen 26 times (17+8+1). The third most common reason was patients being referred to UECC after calling their GP practice and being advised by the doctor or receptionist to attend UECC (22+5).

"Why did you choose to come to UECC today?"



Question 2 asked whether patients would prefer to have seen a GP or pharmacist instead of UECC treatment. 44.8% of patients said that they would have preferred to have seen a GP/pharmacist instead of being seen for the first time in an A&E department. Of these people, the most common reasons that prevented them were:

| | |
|---|-------------|
| There were no GP appointments available / I don't think there would have been GP appointments available | 21 patients |
| Attending UECC will save me time | 7 patients |
| My GP doesn't have the facilities I need to be treated | 4 patients |
| My GP is closed today | 2 patients |

55.2% said they would prefer to be seen for the first time in UECC. Common reasons mentioned were that patients perceived that a GP or a pharmacist would be unable to manage their presenting condition or would not have the right facilities. One patient had already spoken to their GP on the phone but the patient did not feel confident in their GP or feel listened to, so decided to come to UECC and answered no to this question.

"Would you have liked to be seen by a GP or Pharmacist instead?"

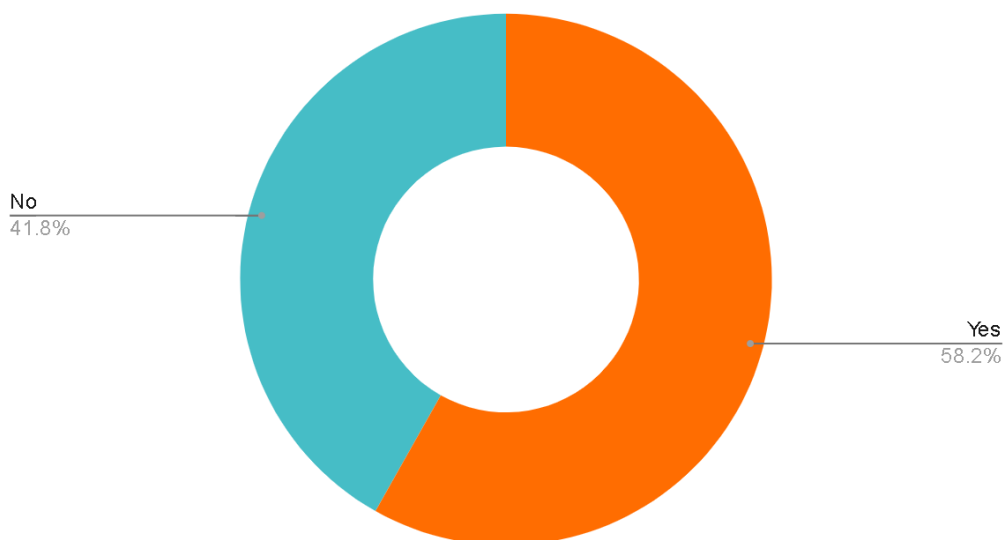


Question 3 asked patients if they had spoken to any other healthcare providers (HCP) before attending UECC. 58.2% of patients stated that they had spoken to a HCP. Of these people:

- 33 had spoken to their GP practice (receptionist or doctor)
- 20 had spoken to NHS 111
- 7 had spoken to an HCP friend or relative
- 5 had spoken to a 999 call handler
- 2 had spoken to a pharmacist
- 1 had been referred from the Royal Hallamshire Hospital Minor Injuries Unit

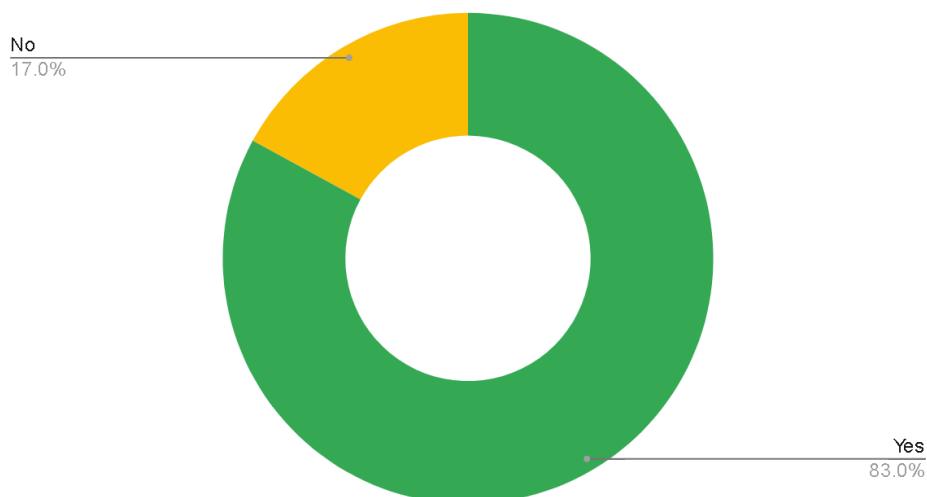
41.8% of patients had not spoken to a HCP before attending.

"Did you speak to any other HCP before attending?"



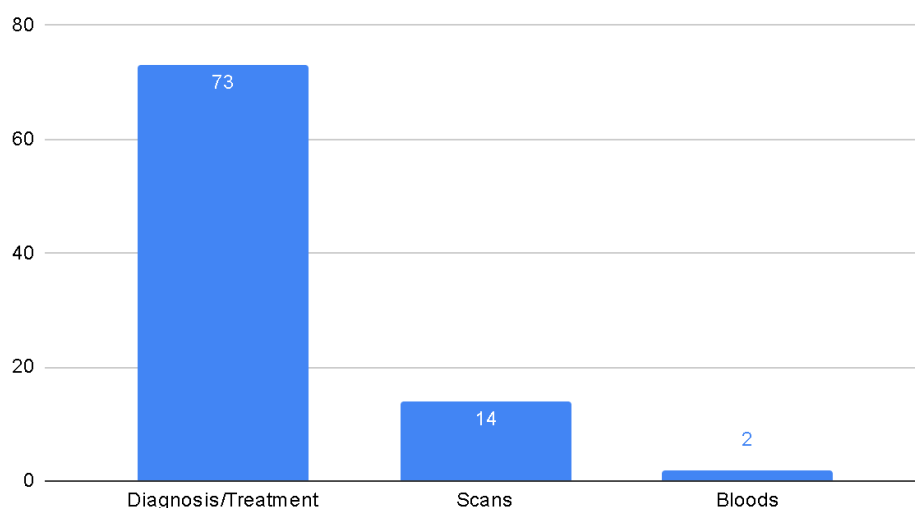
Question 4 asked patients if they believed UECC was the right place for their presenting condition to be treated/managed. 83% of patients answered yes to this question. Most patients answered this way because they believed they needed treatment, investigations or scans that only UECC could offer. One patient believed it would be the quickest place to be seen. 17% of patients didn't agree that UECC was the best place for their condition. 3 of these people said that they would have rather been seen by their GP but were unable to.

"Do you think UECC is the right place for you today?"



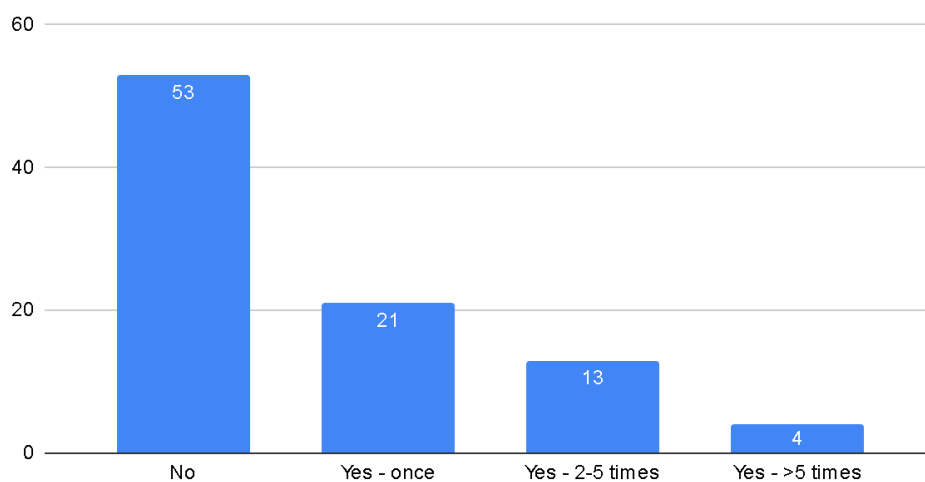
Question 5 ascertained patients' expectations of their UECC attendance. The majority of patients who gave an answer to this question wanted diagnosis and/or treatment for their condition. 16 patients had specific requests from the department - 14 were expecting scans (X-Ray, MRI, etc) and 2 blood tests.

"Can you tell us what you're expecting from UECC today?"



Question 6 asked patients if they had attended UECC before in the past year. 53 patients had not. The remaining 38 who answered had attended previously. Their number of attendances is shown in the graph below:

"Have you attended UECC in the past year? If so, how many times?"



Question 7 aimed to find out which GP practices patients were registered with. Across the 100 surveys, 45 different practices were mentioned, alongside some patients who were unsure of their registered practice. The practices to whom 5 or more patients surveyed were registered were:

| Practice: | Number of patients surveyed in UECC registered to this practice: |
|------------------------------------|---|
| Woodstock Bower Surgery | 9 |
| Magna Group Practice | 7 |
| Dr Patel & Partners (Broom Lane) | 5 |
| Greenside Surgery | 5 |
| <i>Did not know their practice</i> | 11 |

All other practices were stated by 4 or fewer patients.

Demographics

With regards to the demographic of patients surveyed, please see the charts in the Appendix. In brief, of those who answered our equality monitoring questions, we found:

- 78.7% lived in Rotherham, 17% in Sheffield, 3.2% in Doncaster and 1.1% elsewhere.
- We had representation of all 7 Rotherham postcode areas (S60 - S66)
- 58.2% of patients were female, 40.7% male and 1.1% non-binary.
- 4.3% were pregnant or had given birth in the past 12 months.
- Patients from all age groups were represented almost equally; under 20's, young adults (20-30), middle-aged adults (31-50), older adults (51-70) and those >70 years old.
- 88% were White British / White, 6% Asian, 4.8% Other and 1.2% Mixed.
- 92.1% of respondents described their sexuality as heterosexual.
- Half of respondents described themselves as non-religious. A further 38.2% described themselves as Christian.
- We had representation of patients living in various relationship statuses, with the majority being single, married or living in a couple.
- Over three-quarters of respondents did not describe themselves as a carer.
- 61.5% of respondents did not live with any long-term health conditions. The remainder had a variety of health conditions that impacted their activities of daily living.

Discussion

From this research, certain points for discussion are raised. We received a variety of reasons as to why patients came to UECC, the most common being the belief that they needed emergency treatment. However, we were unable to judge if this was the correct choice from a medical perspective, or if they ought to have been seen elsewhere (e.g. GP). It would be beneficial to do further research into the patient's journey through UECC and discover if they had indeed chosen the right place for treatment according to medical staff. It was worrying to hear that the second most common reason for attendance was a lack of access to or trust in GP practices, leading patients to attend UECC for convenience, even if it wasn't the right place for them. These patients may have received more appropriate treatment at a GP or pharmacist had they felt able to access it; which would also free up time and resources in UECC. On the other hand, it was encouraging to hear the third most common reason for attending was patients who had contacted (or already seen) their GP and been told UECC was the correct place for them to receive treatment.

We also asked patients if they would have preferred to have seen a GP or pharmacist if possible, rather than UECC. The general consensus among patients who would have preferred to have been seen in primary care was mainly lack of access prevented them: no appointments, perceived lack of appointments, perceived lack of facilities at GP or GP closure. The remainder of patients said they would not have liked to have been seen in the community, but interestingly, for the same reasons e.g. perceived lack of appointments or lack of facilities at their GP.

Question 3 asked patients if they had spoken to another HCP before coming to UECC. It was reassuring to hear over half the patients had spoken to a HCP, however, this still left 41.8% who had not made any attempt to contact a HCP before attending. Because we are unable to ascertain if these patients had a genuine medical emergency, we are unable to comment on if it was necessary to speak to a medical expert before attending UECC. However, we believe that there would be an overall benefit to reduce strain on secondary care as a whole, if patients were to call the GP or 111 for an initial assessment before going to A&E.

Questions 4 and 5 asked patients if they thought they had come to the right place for treatment. The vast majority of patients believed UECC was the right place for their presenting condition to be treated, as they thought the treatment, scans or investigations they needed were only available in the hospital. Conversely, almost 1 in 5 patients believed they did not need to be in UECC to be treated but that this was the only option available to them (mainly due to problems with getting a GP appointment). Understandably, the most common expectation of patients in the department was "to find out what's wrong", that is, diagnosis and treatment.

Further, we asked how many times people had attended UECC in the past year. More than half the patients had not attended the department before. Of the people who had attended more than once, reasons were given such as: 'the GP would have sent me here anyway', 'I work near the UECC so it's more convenient', 'it's my child's health, so I feel more at ease being treated in a hospital'.

Finally, we asked patients which GP practice they were registered with. Four practices were mentioned on >5 occasions. It would be interesting to further research if there is a correlation between appointment availability at these practices and A&E attendance.

There were some limitations to our research. We only sampled a small number of 100 patients over 3 days. In the future it would be ideal to expand and speak to more patients on multiple days, and look for correlations between the day of the week and time of attendance compared to access to the GP. It would also be useful to know the outcome of the patient and to follow their journey through secondary care to assess if their medical problem was appropriate to be treated in A&E, or better managed in the community.

Conclusions & Recommendations

From our data we can draw various conclusions and make possible recommendations on appropriate use of UECC and alternatives:

- Many patients said they had chosen UECC because they thought they needed accident or emergency treatment. It would be beneficial for patients to be more aware as to what constitutes as an accident or emergency; through self-education and public health campaigning.
- Many patients stated that it was more convenient to attend UECC as they felt unable or were unable to access their GP within a satisfactory time frame. Among patients, there is little awareness of alternative ways to seek medical treatment. Examples of these are: private consultation rooms available in pharmacies, the *Connect Healthcare Rotherham* out of hours service, and the recently introduced *Rotherham App* through which patients can book appointments. No patients we spoke to mentioned any of these services so they should be more greatly promoted.
- GP practices in the Rotherham area should be made more aware that their patients are having difficulty accessing appointments and therefore are turning to UECC. Another common reason for A&E attendance was that patients believe that their practice was not sufficiently equipped to treat their presenting complaint. GP practices could address this by better promoting which services they can provide and which conditions they are able to manage.
- Given that less than half of the patients surveyed had spoken to a HCP before attending A&E, patients should be made more aware of the range of advice services they can access. These include their GP, pharmacist, NHS 111 and 999. These services can aid patients in deciding if A&E is necessary for them.
- Since almost a fifth of patients surveyed claimed that UECC was not the right place for their presenting condition to be managed, it would be worth investigating access to alternative walk-in health services e.g minor injuries, mental health services etc. This may decrease the pressure on UECC and GP's and increase patient satisfaction if they can use a service better tailored to their specific condition.
- As an aside, we found that the UECC waiting area was not suitably set up for vulnerable patients. On one occasion we spoke to a carer attending UECC with a patient suffering from dementia. The patient was clearly agitated, distressed and the crowded, noisy waiting room was not a suitable environment for them. Other patients, many of whom were also in discomfort from their presenting conditions, appeared somewhat concerned by this patient's distress. After discussion with her carer, it became apparent that a quiet room designated for vulnerable patients would enhance the experiences of these patients and other patients in the waiting room.

Acknowledgements

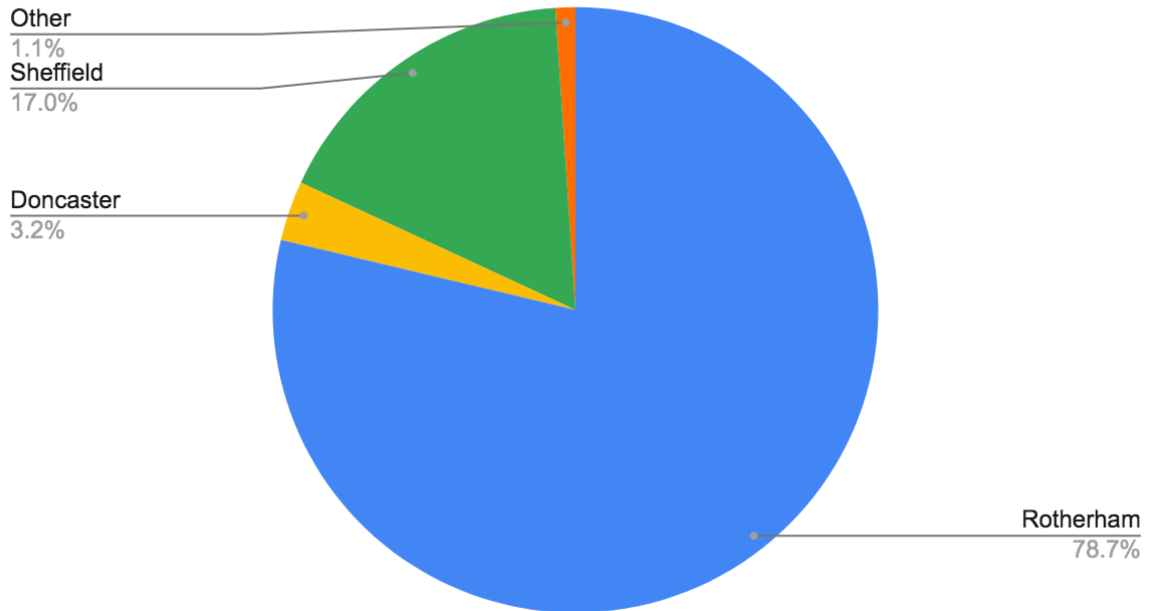
Healthwatch Rotherham would like to thank James Dudfield and Lucy Hunter from University of Sheffield Medical School for undertaking this piece of work on our behalf during their Community Placement.

We would also like to thank The Rotherham Foundation Trust for accommodating us with a special mention to Fiona Middleton (Head of Nursing UECC), Jez Reynard (Acting Divisional Director of the UECC) and Janine Wolstenholme (Head of UECC)

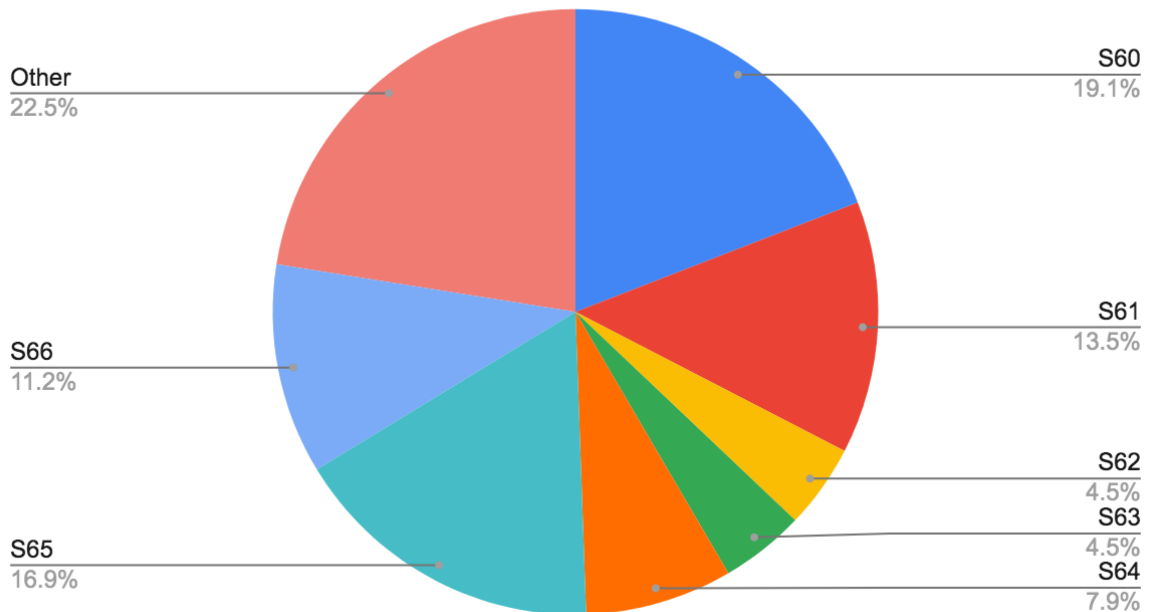
Appendix

These charts give the demographic data of the 100 people we surveyed. Note that not all respondents chose to answer all the equalities monitoring questions.

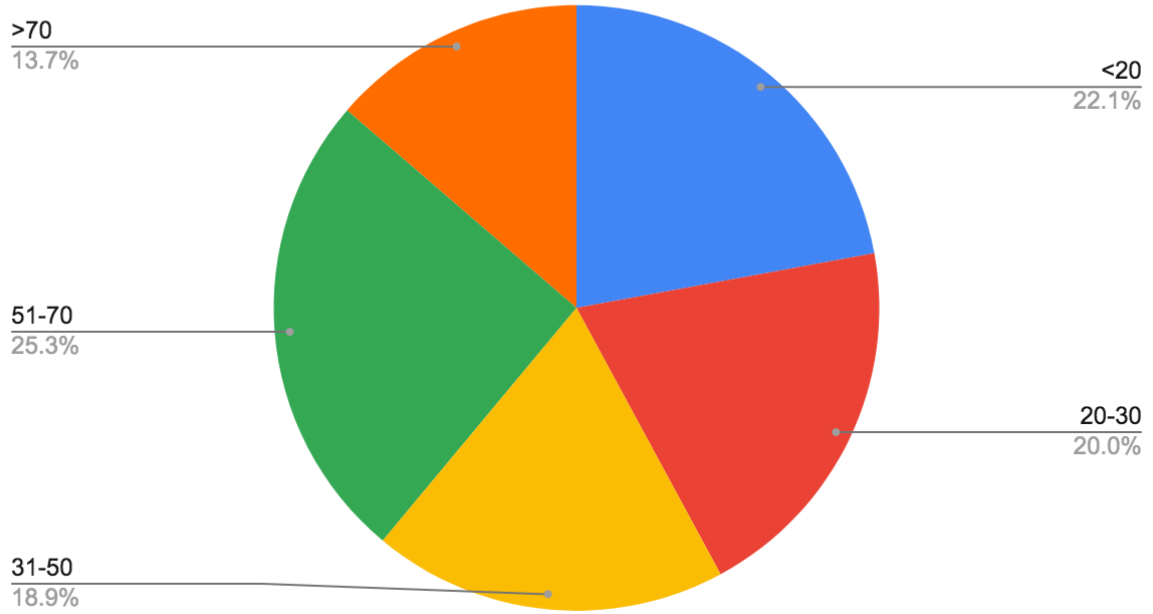
"Where do you live?"



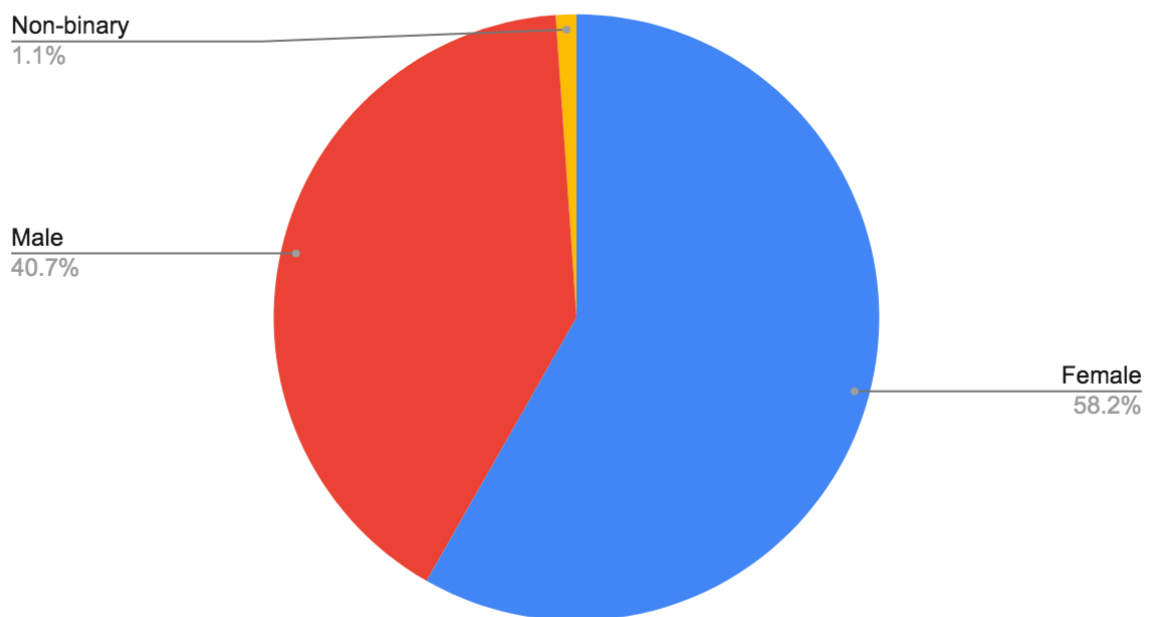
"What is the first half of your postcode?"



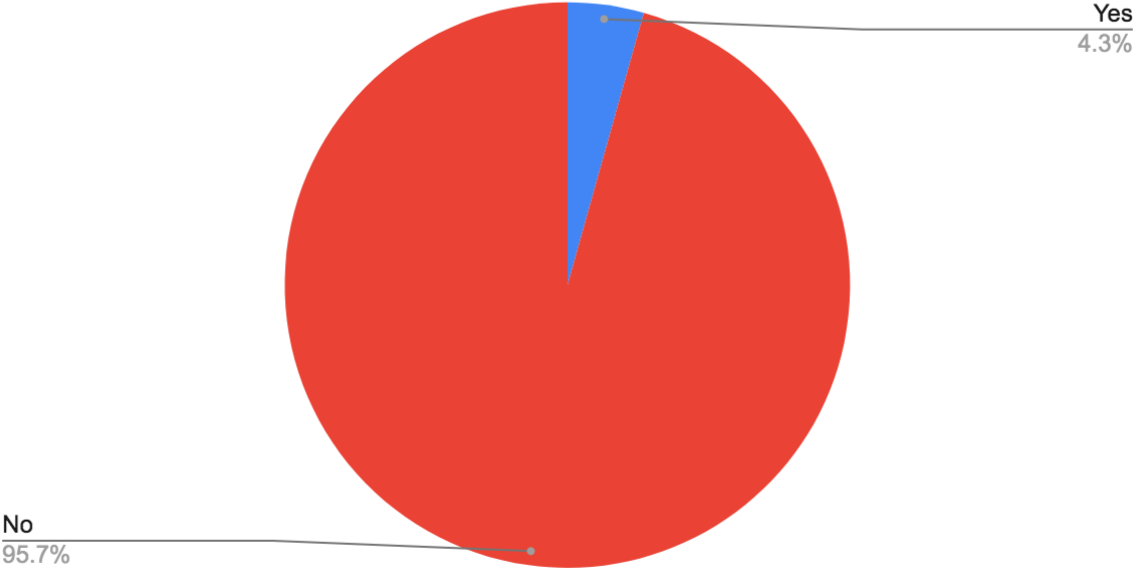
"What is your age?"



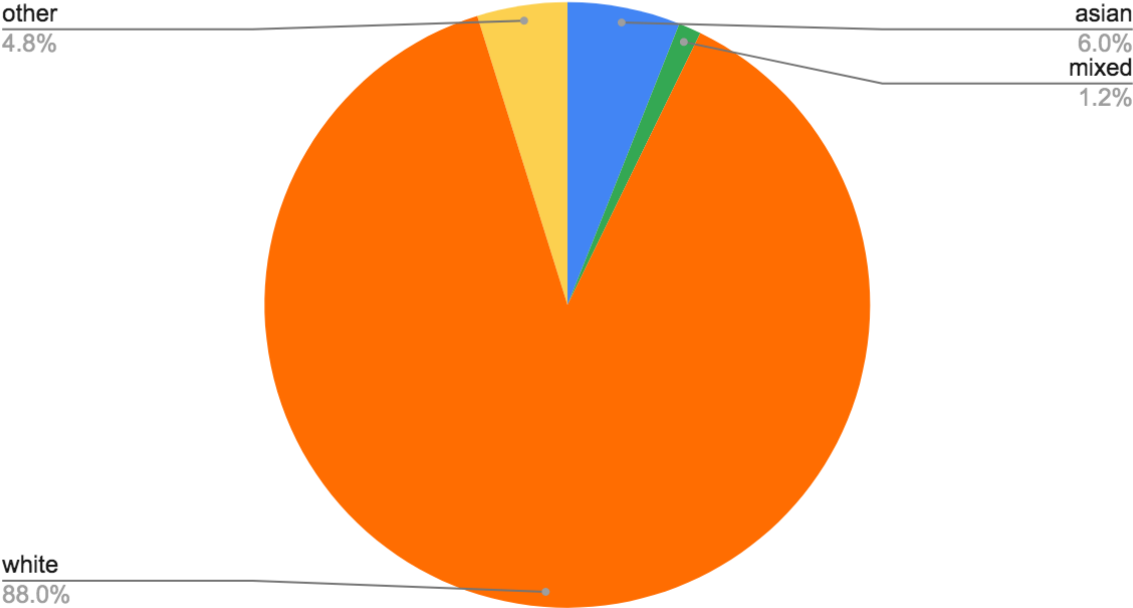
"What is your sex?"



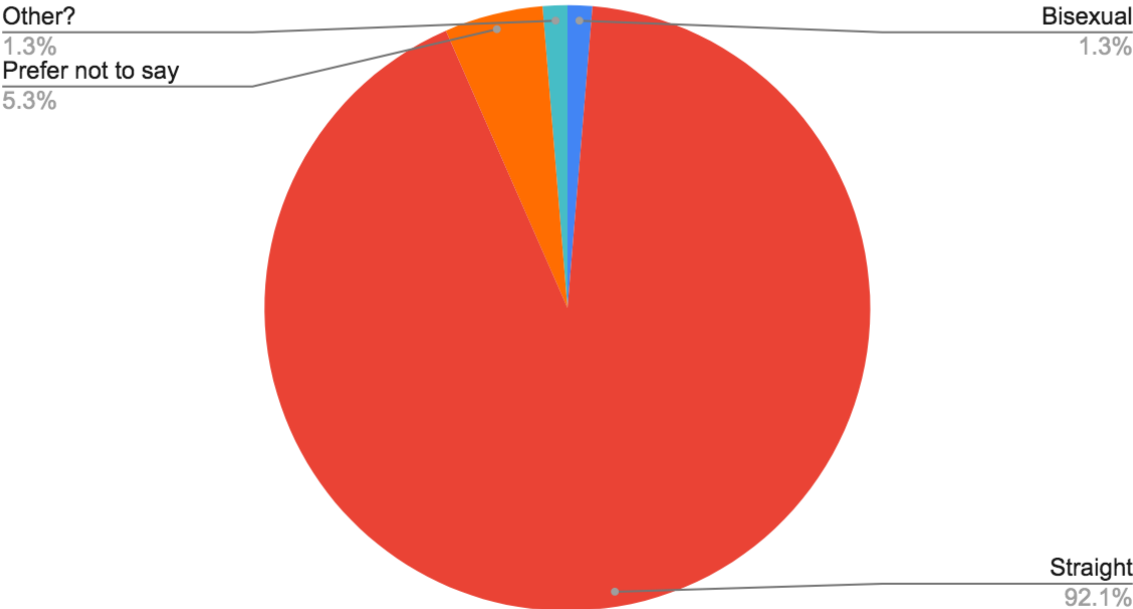
"Are you pregnant or have you given birth in the past 12 months?"



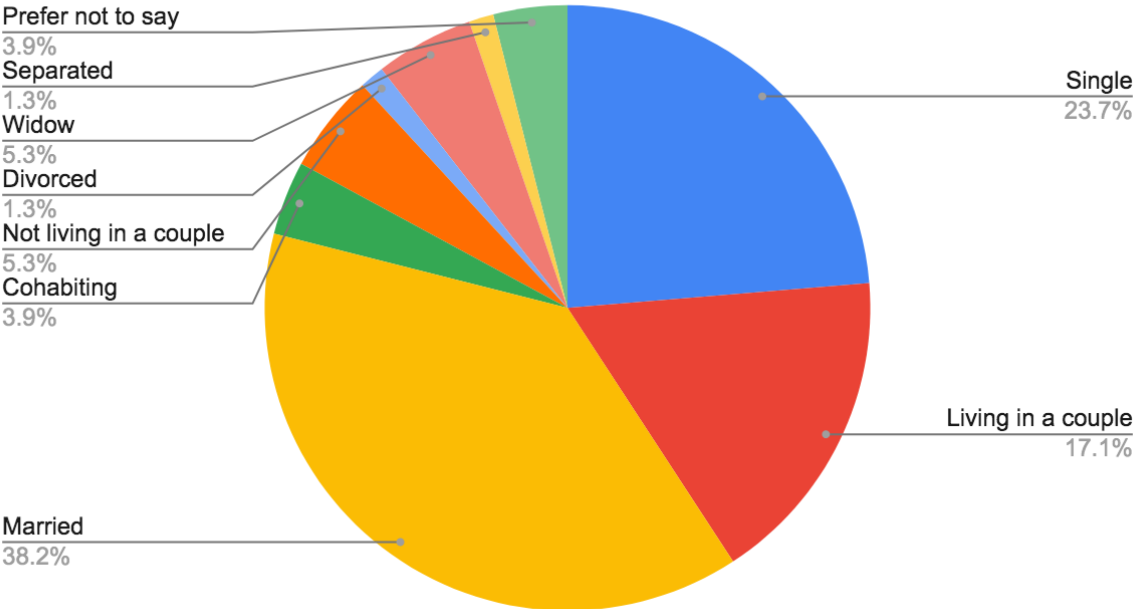
"What is your ethnicity?"



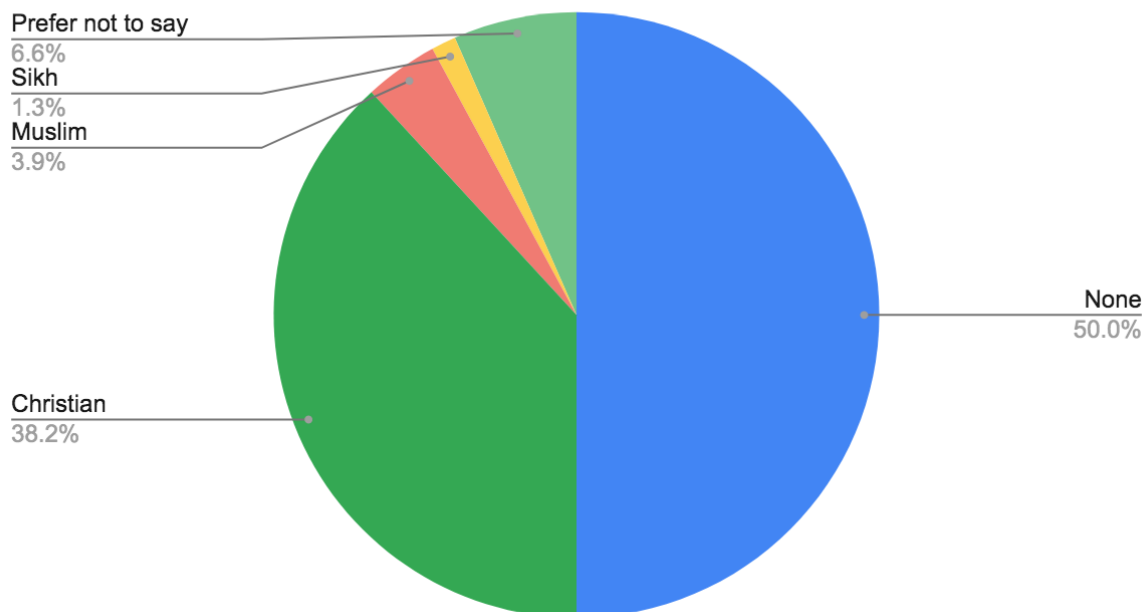
"What is your sexuality?"



"Are you..."

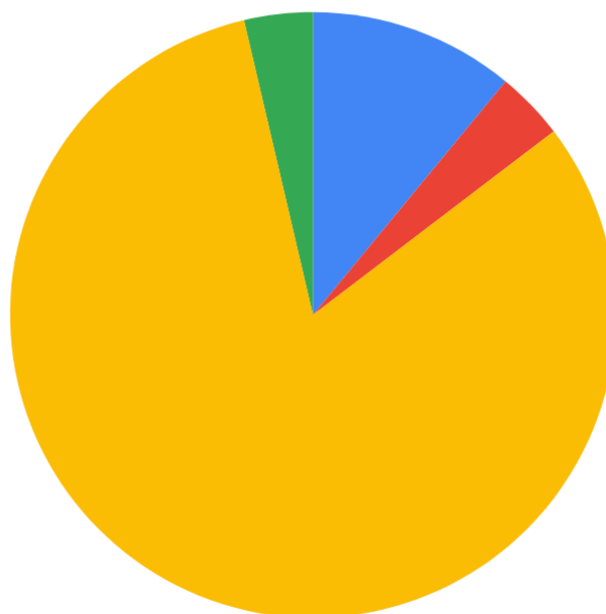


"What is your religious belief?"

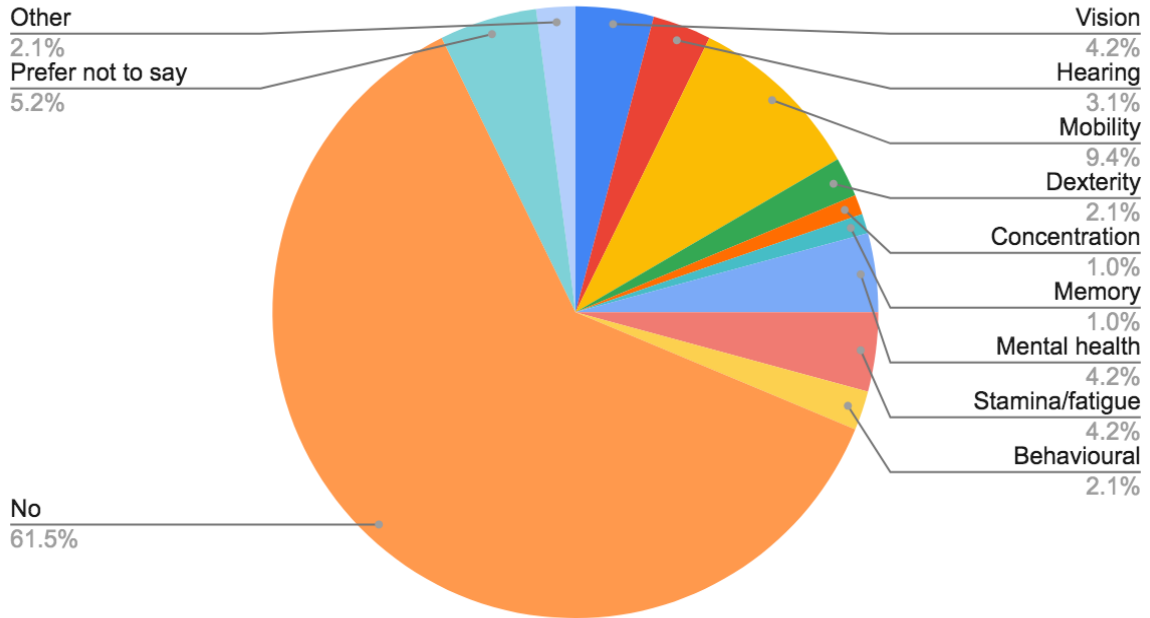


'Are you a carer for anyone?'

- Yes; someone with long-term health conditions
- Yes; someone with problems related to old age
- No
- Prefer not to say



"Are your ADLs affected by any long-term health conditions?"



*ADLs (Activities of daily living)

"What is your sexuality?"

