

Torbay Health-related Community-based Services Review

Full
Report

Sept
2015



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Introduction

About **healthwatch**

Healthwatch Torbay is the independent consumer champion for health and social care services in Torbay, ensuring the voice of the community is used to influence and improved services for local people.

An officially registered charity (Registered Charity Number 1153450) and a company limited by guarantee (Company No. 8396325), Healthwatch Torbay's role is to ensure that local health and social care services, and local decision-makers, put the experiences of people at the heart of their care.

We gather and analyse information to identify key issues and trends and have statutory powers to hold poor services to account and report all feedback to relevant local and national bodies in order to improve services.

The Project

In June 2014, we were asked by the South Devon & Torbay Clinical Commissioning Group (CCG) to find out what Torbay residents thought of the current community-based ways for them to obtain advice and treatment for illness or injury.

Healthwatch Torbay worked with the local CCG to develop a questionnaire to gather a baseline of how people currently access community-based health services and their understanding of available services, including the minor injury units (MIUs) in Paignton and Brixham.

For the purpose of this project, community-based health services are those you independently choose to access to help manage a health problem while living in the local community, e.g. crisis care services such as A&E.

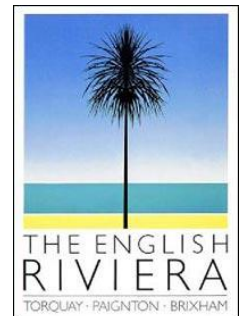
The questionnaire was made available online and also distributed at local engagement events across Torbay for six weeks in June and July 2015.

The survey was closed on 1st August 2015 after collating the views of 328 Torbay residents across all age ranges (52% over fifty, 48% below 50) and localities.

This report will go into greater detail on the findings of this questionnaire.

About Torbay

There are an estimated 132,000 people living in Torbay - made up largely of the three main towns of Torquay, Paignton and Brixham. Deprivation is lower than average, however there are pockets of severe deprivation and inequalities (mainly in the TQ1 and TQ3 postcodes). The percentage of Torbay aged 65+ (23.6%) is significantly higher than both the South West (19.6%) and the national average (16.5%). [Source: ONS Census 2011]. The ageing population (and long-term conditions associated) was highlighted as a key health & social care issue in the 2014/15 Joint Strategic Needs Assessment (JSNA) for South Devon and Torbay, along with alcohol/drug-related admissions, crime, obesity and self-harm - attributed to the poor mental health of children and young people. Torquay has the highest overall rate of suicide and the highest rates of mental health-related emergency admission regionally, for conditions including Dementia, Depression and Mental/behavioural disorders due to psychoactive substance abuse.



Key Findings

This project uncovered three major findings which led to three major recommendations. These findings were:

- There is **not enough information** on local community-based health-related services available to the public locally, including information on the criteria for visiting each place and its opening times.
- Minor Injuries Units (MIUs), although quite highly rated, **are used a lot less than other services**, with TQ1 and TQ2 residents (Torquay) significantly less aware than others where MIUs are, when they were open and how to contact them.
- The **most frequent community-based health-related services** used in Torbay by far are Torbay Hospital A&E, local GPs and Pharmacists. The Mental Health Crisis Team is used least, but those who have used it rate the service as the lowest quality amongst the remaining services, with many citing the need for more mental health support services locally.

Based on these findings, the following recommendation have been made:

Recommendation 1 *An extensive local marketing campaign is required, particularly in the TQ1 and TQ2 postal areas, to inform residents of the types of community-based health-related services available to them locally, particularly centred on MIUs and why they should be used before Torbay A&E for less serious medical issues. This campaign should include information on opening times, location, and why/how each service should be used. A list of possible scenarios should also be used. An extensive leaflet should be*

developed and distributed to ALL Torbay residents, along with adapted advertising for use in locally newspapers, advertising billboards, bus stops, and social media for young people, etc. Healthwatch Torbay can also offer to support this campaign by including details of “Making the right choice for which health care service to use” in the next signposting directory.

Recommendation 2 *A review of the current MIU signage should be conducted to ensure that both Paignton and Brixham MIUs are clearly signposted, including in the TQ1 and TQ2 postal areas. Where possible, opening times should also be included. Perhaps a public consultation could be set up exploring innovative signage on arterial roads such as using existing and future road signs to inform the public and shift demand e.g. “Had an accident? Torbay Hospital 3hr wait, Dawlish Hospital 30mins wait”.*

Recommendation 3 *A further investigation asking the community exactly how they would like to access community-based health-related services should be conducted. As most people tend to want to see a person rather than deal with their issue online or over the phone, this significantly increases the demand for other services. Many people make reference to the need for more mental health services, an MIU centre in Torquay, a central information hub for all local service information, or more flexible evening/weekend services on offer. It would be useful to ascertain public opinion on which services they find most useful and which **potential** services they would make most use of. This could have a positive effect on the demand of emergency services.*

Methodology

In June 2014, we were asked by the South Devon & Torbay Clinical Commissioning Group (CCG) to find out what Torbay residents thought of the current community-based ways for them to obtain advice and treatment for illness or injury.

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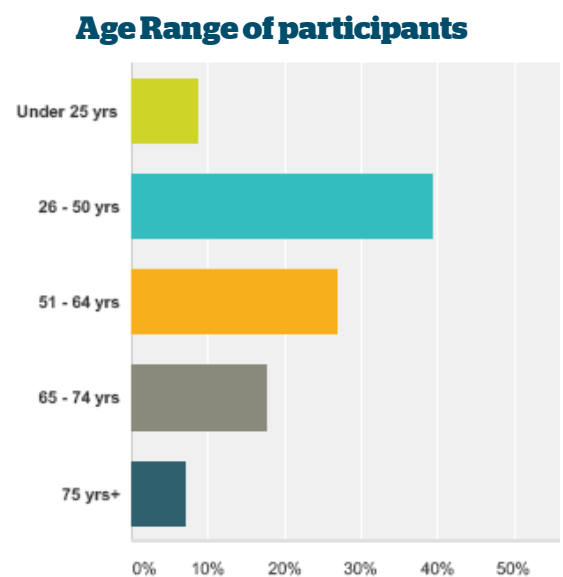
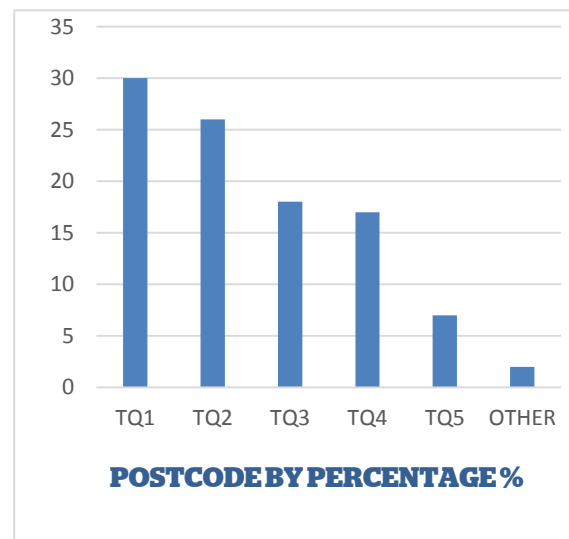
The questionnaire was made available online and also distributed to the local voluntary network and at local engagement events across Torbay for six weeks in June and July 2015.

The survey was closed on 1st August 2015 after collating the views of 328 Torbay residents. More detailed participant information is below:

- The majority (68%) identified themselves as a ‘patient’, with 19% identifying themselves as a ‘parent with young child’ and 12% as a ‘Carer’.
- The majority were from a TQ1 or TQ2 postcode (56%), with 35% from TQ3 and TQ4, and 7% from TQ5. (See graphic above right)
- The majority were in the 26-50yrs age bracket (39%) with 27% aged 51-64yrs, 18% aged 65-74yrs, 9% aged under 25 and 7% aged 75yrs+. (See graphic on the right)

Overall, it was felt that this represented a relatively accurate representation of the Torbay population.

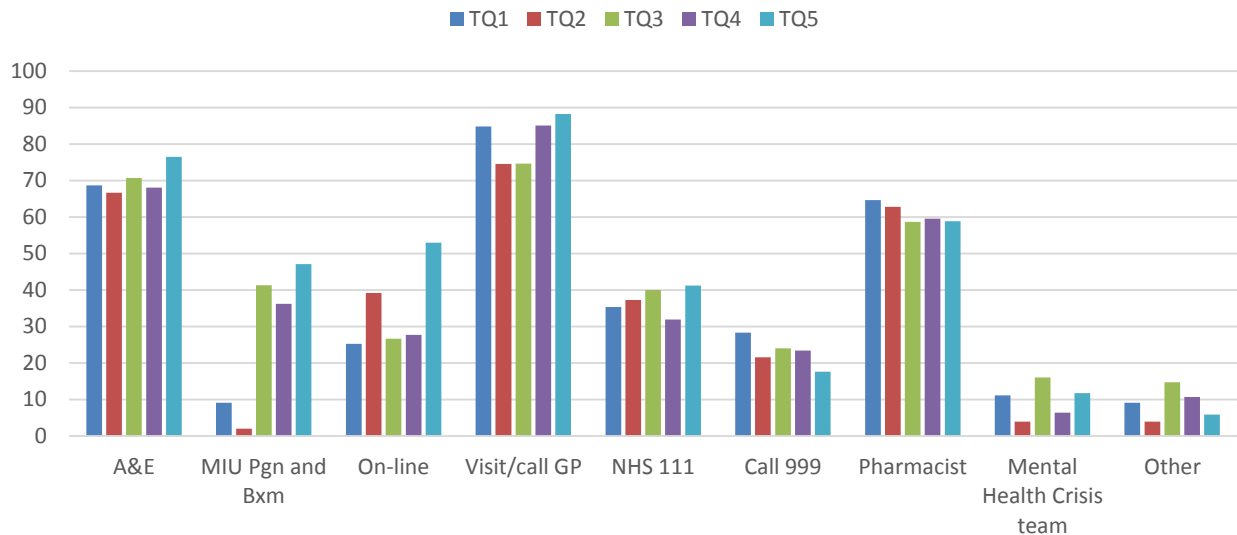
Surveys were thoroughly analysed by the Healthwatch Torbay team with the help of the online survey tool SurveyMonkey . This enabled the team to decide on clear evidence-based recommendations that will be shared with the public and the South Devon & Torbay CCG.



Results

Community Services

Which of these services have you used?



Participants were initially asked which community-based services they had used.

- The most frequent services used were Torbay Hospital A&E, GP or Pharmacist (Average of 70% of participants had used all three).
- Just 22% had used a Minor Injuries Unit and 11% had used the Mental Health Crisis Team.
- Interestingly, just 9% of participants from the TQ1 postcode, and 1% from TQ2 (home to Torbay Hospital A&E) had used a Minor Injuries Unit (MIU). See above graphic for further information.
- The Mental Health Crisis Team seems to be used more by those in the TQ1 and TQ3 areas, somewhat reflecting the pockets of severe deprivation and health inequalities highlighted in the South Devon & Torbay JSNA.
- ‘Other’ responses include Devon Doctors, NHS Direct, Cool House Recovery, and both Dartmouth and Teignmouth MIUs.

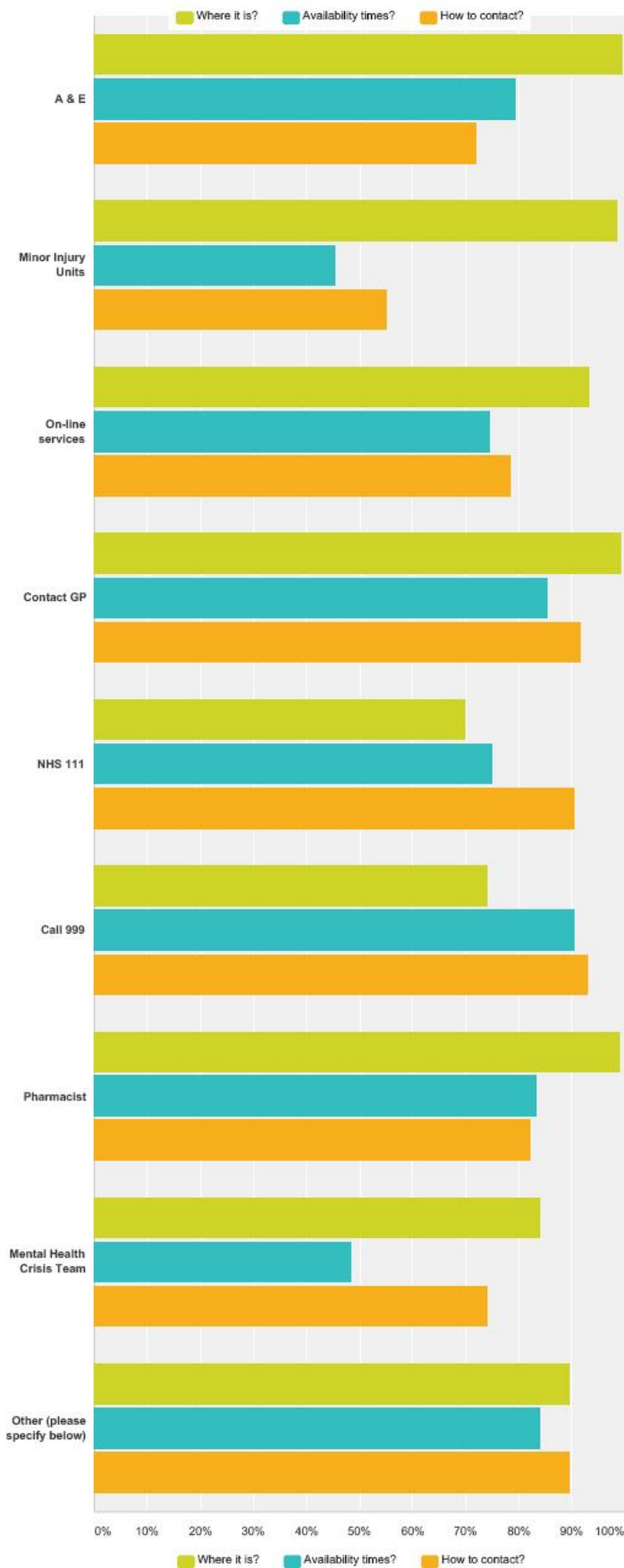
Participants were then asked whether they knew where each service was located, the availability times of each service, and the contact details of each service. The graphic on the next page shows how each service performed for this question.

Again, the highest figures came from Torbay Hospital A&E, GP or Pharmacist.

When comparing these via postcode, each area had a similar response to the Torbay average apart from the two services below:

- Those in TQ1 and TQ2 postcode areas were significantly less aware than others where MIUs were, when they were open and how to contact them. (Average 29% of TQ1 and TQ2 compared to 55% of TQ3, 4 and 5).
- This was a similar pattern with the Mental Health Crisis Team service, although less of a notable difference than with MIUs. (Average 60% of TQ1 and TQ2 compared to 80% of TQ3, 4 and 5).

Location, availability & contact details



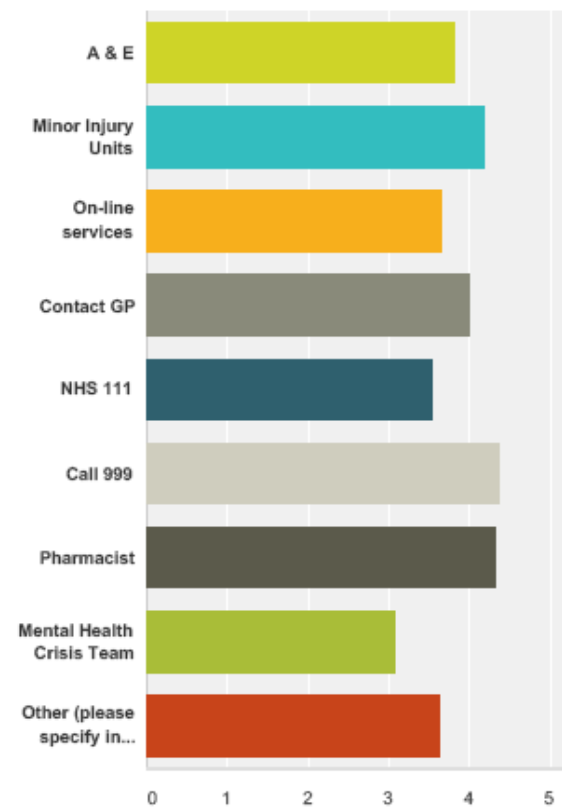
Service Ratings

Participants were then asked to rate their experiences of the services they had used (in the last 12 months) out of 5, 1 being 'terrible' and 5 being 'excellent'.

The highest rated services were 999 and pharmacists (average 4.3 out of 5) and the lowest rated services was the Mental Health Crisis Team with an average of 3 out of 5.

The latter was the only service to receive ratings of less than 2.5, these were from the TQ2, and TQ3 postcode areas.

The graphic below shows how each service performed in this area.



The following page highlights specific **constructive** quotes from participants on their experiences with community-based health-related services in Torbay, with a detailed case study from one participant.

Participant Quotes

A & E

“Efficient, kind and caring, despite being horrendously overworked and overstretched!”

“Very long waiting times to be seen, then long waiting times for treatment and long waiting times to take me to X-ray.”

Minor Injury Units

“Pleasant, caring staff, excellent communication and follow up advice. Quicker than A&E too as all services are available.”

“Relatively easy to get an appointment but waiting time does depend on how many others are there and your injury. Paignton MIU lacks parking facilities.”

Online Services

“Good info on NHS sites and able to obtain explanation of illness diagnosed by GP and treatments, inc. medication and side effects.”

“Some information but no depth. Questions often ambiguous and without talking to someone it can be scary.”

GPs

“Becoming more difficult to get a convenient appointment. Often have difficulty phoning through first thing in the morning and found that the appointments have already been taken. Ring back system doesn't work either.”

“My GP is always very supportive and efficient, and gives me clear instructions. I always feel I'm listened to and heard, even though I know GPs have to make appointments as quick as possible.”

NHS 111

“Took a long time to answer, but got a quick call-back. Thorough discussion about the symptoms and was reassured.”

“Polite but didn't accurately know opening hours of local MIUs or distance between units. Recommended we attend Tiverton rather than Newton Abbot or Totnes.”

999

“Received really fast response, they responded to my needs, listened to me as the patient and provided appropriate care.”

Pharmacist

“Prescriber in hospital not aware of what is stocked by community pharmacists.”

“Listened to my query and examined the problem area in question. Gave good advice as to what to do and how to treat.”

Mental Health Crisis Team

“Over 7 months for wait for 1 on 1 treatment, 6 months for group support. All they seem to do until then is give you leaflets.”

Case Study - MIUs

“I was walking around Paignton Harbour when I tripped over and fell on the tarmac. I cut my nose, chin and more seriously on my left

eyebrow. It was suggested that I should go to the Minor Injuries Unit in Paignton to get the cut looked at. I knew Paignton MIU was at Paignton Hospital, but upon arrival there we found it to be closed at weekends and a notice directed us to Brixham Hospital MIU instead. This is not signposted however and we only found it by asking a pedestrian. On arrival though, we found this was closed too. A friend then found out that Teignmouth, Newton Abbot and Totnes MIUs were open at weekends so we decided to go to Teignmouth. After a wait of 20minutes I was seen and my wound dressed by a nurse who asked why I had come there. I explained that I did not want to go to Torbay hospital as I thought that using MIUs instead of A&E was encouraged to relieve the pressure at Torbay Hospital. This is never going to be achieved if no MIU is open in Torbay at the weekends and people aren't signposted effectively. I was lucky to have a car and friends to help me, but I couldn't help thinking how a single parent with an injured/distressed child would find help with no transport.”



Eliza Lawler, Torquay

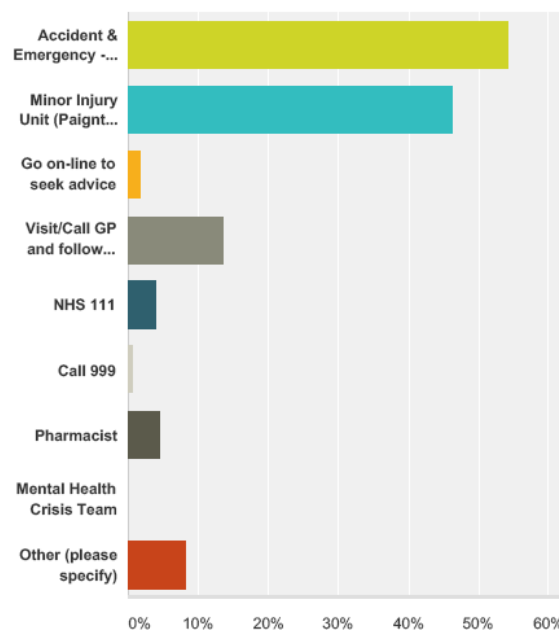
Scenarios

The final section ran through a series of scenarios - proposed to us by the CCG - and asked participants how they would respond to each in terms of which service they would use, how they would get there, and how quickly they would respond.

Badly Cut Finger

The first scenario asked participants how they would respond if they cut their finger badly:

- **54%** of participants stated they would go to Torbay A&E, and **46%** said they would visit an MIU. (See diagram on the right)
- However, less than a quarter of those in the TQ1 and TQ2 postal areas (**24%**) would visit an MIU, compared to an average **70%** of those in the TQ3, TQ4 and TQ5 postal areas.
- In turn, an average of **70%** of those in the TQ1 and TQ2 postal areas would visit Torbay A&E, whereas just **43%** of TQ3, TQ4 and TQ5 residents would visit.
- This would suggest that TQ3, TQ4 & TQ5 residents are much more likely to visit an MIU, whereas TQ1 & TQ2 residents are much more likely to visit A&E.
- A further **13%** (some participants clicked more than one answer) stated that in this situation they would also visit or call their GP and follow the advice provided.
- Most 'other' responses stated it would depend on how bad the cut was and whether they could effectively treat it at home first.
- The majority of participants (**90%**) stated they would either get a lift or drive themselves.
- **21%** (some participants clicked more than one answer) said they would get a taxi, with **11%** saying they would get the bus.



- **2%** of participants (8 people) said they would call an ambulance.
- **86%** of participants said they would deal with it immediately, **14%** said they would wait until a more convenient time.

Run out of medication

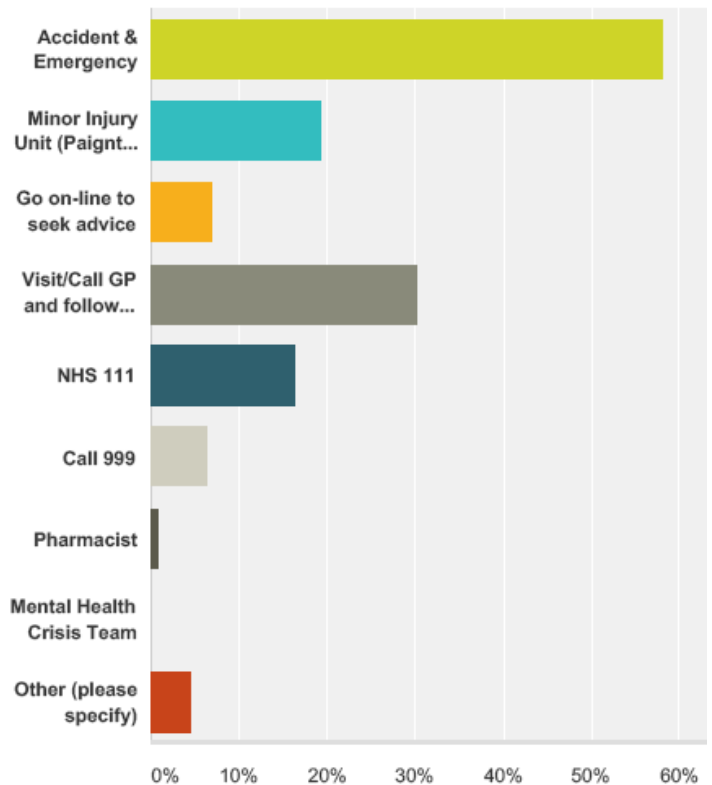
The second scenario asked participants how they would respond if they had run out of medication:

- **80%** of participants said they would visit or call their GP, **44%** (some participants clicked more than one answer) said they would visit their pharmacist.
- **5%** said they would either call NHS 111 or go online to seek advice
- **1%** (6 people) said they would visit Torbay A&E, with 3 people saying they would call 999.
- There seemed to be no distinguishable postcode differences for this scenario
- The majority (**90%**) said they would either drive themselves or walk.
- 1 person said they would call an ambulance.
- **55%** said they would deal with this immediately, **45%** said they would wait until a more convenient time.

Banged your head & feel sick

The final scenario asked participants how they would respond if they banged their head and felt sick:

- The majority of participants **58%** would visit Torbay A&E, **30%** said they would visit or call their GP and follow the advice provided, and **19%** said they would visit an MIU (some participants clicked more than one answer - see diagram on the right).
- **57%** of those in the TQ1 and TQ2 postal areas chose Torbay A&E, compared to **52%** of TQ3, TQ4 and TQ5 residents.
- **10%** of TQ1 and TQ2 residents would choose to visit an MIU, compared to **30%** of TQ3, TQ4 and TQ5 residents.
- Although less significant, it would still seem that TQ1 and TQ2 residents would go to A&E rather than MIUs and vice versa for TQ3, TQ4 and TQ5 residents.
- **87%** of participants said they would either get a lift or a taxi, with **13%** stating they would drive themselves.
- **11%** said they would walk, **8%** said they would get a bus, and **10%** (31 people) said they would call an ambulance. (some participants clicked more than one answer)



- **90%** said they would deal with this immediately, **10%** said they would wait until a more convenient time.

In all of the scenarios, parents and Carers were more likely to deal with a problem immediately rather than wait until a more convenient time, compared to patients.

Further Comments

The final question allowed participants to offer further comments concerning Torbay health-related community-based services.

A variety of comments were left, with many commenting that their experiences of using the service were good when they were being seen to and staff were pleasant and capable, however, waiting times were very long and booking appointments was sometimes difficult.

Many comments were received - mainly from TQ1 and TQ2 residents - about the lack of information surrounding MIUs and how people are unaware of when and why they would use them.

A selection of the more constructive responses from this section are on the following page.

“Would like to see a separate unit at Torbay Hospital, similar to A&E but smaller, i.e. to deal with cut fingers or medications.”

“Although I would always try to attend a service straightaway I would telephone first to see whether I could be seen. Staff always seem overstretched and services very busy. I wish they had more money.”

“Services for people with mental health needs are patchy at best and at worst, inadequate. We have less community-based services now Cool House is closed and the need for residential units has desperately increased.”

“I think that being able to access a GP and/or prescribing nurse at A&E during the weekend and evenings would be very helpful. GPs appear to be overwhelmed with work and cannot see anyone at short notice so one has to go to A&E. Therefore perhaps more advertising for MIUs may help as this is not my first thought when injured.”

“I live in Torquay so am unlikely to visit Paignton or Brixham MIU. Also I don't know when the minor injury units are open or whether they have an xray or anything like that.”

“Not Enough Information on services. It's too hard to find out what's which local service I can access myself and when to access it. E.g. I'm not too sure when to visit MIU or why I would. Need ONE local place to go to ask someone.”

“Services for people with mental health needs are patchy at best and at worst, inadequate. We have less community-based services now Cool House is closed and the need for residential units has desperately increased.”

Summary

Based on the survey results on the previous pages and the comments from participants, the following can be concluded:

- The most frequent community-based health-related services used in Torbay by far are Torbay Hospital A&E, local GPs and Pharmacists.
- The Mental Health Crisis Team is used least, but those who have used it rate the service as the lowest quality amongst the remaining services, with many citing the need for more mental health support services locally.
- Many people state the service they receive from community-based health-related services (when they get to use them) is good or very good, however, just as many make note of long waiting times, difficulty to book appointments, busy departments and overworked staff. The latter was less mentioned amongst MIU users though.
- Minor Injuries Units are used a lot less than other services, with the significantly high majority of users from the TQ3, TQ4 and TQ5 postal areas.
- TQ1 and TQ2 residents (Torquay) are significantly less aware than others where MIUs are, when they were open and how to contact them.
- In any given scenario, TQ3, TQ4 & TQ5 residents are significantly more likely to go to an MIU, whereas TQ1 & TQ2 residents are more likely to go to A&E.
- Parents and Carers were more likely to deal with a problem immediately rather than wait until a more convenient time. Most people will drive or get a lift, but a very small minority are calling ambulances for non-serious conditions.
- There is not enough information on local community-based health-related services available to the public locally, including information on the criteria for visiting each place and its opening times.

Many Torbay residents are unaware of the types of local community-based health-related services available to them and exactly when & why to use them.

MIUs are rated quite highly but hardly used. Although Torbay A&E is used significantly, but users specifically complain about long waiting times.

Recommendations

Based on all the survey results, participant comments and summary points on the previous pages, the following recommendations are proposed by Healthwatch Torbay:

Recommendation 1 *An extensive local marketing campaign is required, particularly in the TQ1 and TQ2 postal areas, to inform residents of the types of community-based health-related services available to them locally, particularly centred on MIUs and why they should be used before Torbay A&E for less serious medical issues. This campaign should include information on opening times, location, and why/how each service should be used. A list of possible scenarios should also be used. An extensive leaflet should be developed and distributed to ALL Torbay residents, along with adapted advertising for use in locally newspapers, advertising billboards, bus stops, and social media for young people, etc. Healthwatch Torbay can also offer to support this campaign by including details of “Making the right choice for which health care service to use” in the next signposting directory.*

Recommendation 2 *A review of the current MIU signage should be conducted to ensure that both Paignton and Brixham MIUs are clearly signposted, including in the TQ1 and TQ2 postal areas. Where possible, opening times should also be included. Perhaps a public consultation could be set up exploring innovative signage on arterial roads such as using existing and future road signs to inform the public and shift demand e.g. “Had an accident? Torbay Hospital 3hr wait, Dawlish Hospital 30mins wait”.*

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