

**Cumbria Health**

**On Call CHOC**

**Independent Review  
of Patient Experience**



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## Executive Summary

Cumbria Health on Call (CHoC) commissioned Healthwatch Cumbria (HWC) to independently carry out an engagement project to establish how its patients felt about their experience of the out of hours service. These patients' experiences would inform CHoC as to how and where they could make service improvements. The focus of the project was the process of accessing and engaging with the service and not the clinical effectiveness of those delivering it.

A survey was developed and agreed by a Joint Steering Group comprising senior representatives from CHoC and HWC who met regularly to oversee the delivery of the work collaboratively. The survey was open to patient response from September 2016 to November 2016 and generated 1,676 responses.

The survey results indicated that respondents were overall highly satisfied with the CHoC service across all patient care pathways. Respondents spoke about the positive manner of staff, the short wait to access treatment, the use of an appointment system and the reassurance provided by having the service in place.

Many respondents did not distinguish CHoC from the 111 call service **despite the 111 service not being operated by CHoC**; however a lot of dissatisfaction was about 111. Dissatisfaction was expressed about 111 being time consuming, repetitive and some of the questions being irrelevant delaying respondents wait to access treatment. As this was many people's primary way of accessing the CHoC service it was perceived as being a negative aspect of CHoC despite it being a separate service.

In a minority of cases some respondents believed that they were not given a good diagnosis; however further analysis of these cases was out of scope for this project as CHoC has its own internal performance management system to measure this.



**The main findings that emerged were:**

- Respondents were overall very positive about their experience of CHoC.
- For some respondents they believed that they were not given a good diagnosis.
- Respondents commented positively about the CHoC doctors and nurses, praising their excellent manner.
- Dissatisfaction with calling the 111 phone service which was considered time consuming and delayed how quickly treatment was received.
- Main reason respondents chose to access CHoC was for reassurance and advice; people liked knowing there was help available for them out of hours if they were unwell.
- Respondents liked being given an appointment, but weren't always seen at the given time. When delays occur respondents would have liked to have been informed when they would likely be seen.
- Some respondents were unsure of how to get into contact with the CHoC service and how to access the treatment centre.
- Inconsistent experiences regarding waiting times.

**Overall recommendations:**

- Share the learning about 111 with the North West Ambulance Service (NWAS).
- Explore why people aren't always seen at the given times and ensure that they are advised when and why appointment times change.
- Improve availability of information to help people know how to contact and access CHoC.
- Explore variation in waiting times and seek to provide greater equity of service.

**A consistently great service would have:**

- Expert and accurate clinical diagnoses.
- Staff who are personable, knowledgeable, thorough and who listen.
- Good communication between doctors/nurses and patients and between CHoC and other departments. Respondent's value joined up working.
- A choice of whether you are seen by a doctor or nurse.
- Accurate appointment times.
- Patients informed of any delay and kept informed when they will be seen.
- Short waits.
- Concise available information on how to contact the service and how to access the treatment centre.

The findings are presented in more detail in the report that follows and provide further insight into patients perspectives of the out of hours service.

This report is set out in sections. These are: background information, about the HWC 2016 CHoC survey, findings, summary and appendices. If you are specifically interested in the engagement findings please go to page 12. An easy read version is also available.

## Acknowledgements

HWC has welcomed the opportunity to work in partnership with CHoC to develop and conduct engagement into patients experiences of the service. We would also like to acknowledge the support of:

- All CHoC staff.
- Our team at HWC.
- All primary schools who agreed to distribute postcards.
- All venues who allowed postcards and posters to be distributed/displayed.
- Local media that helped to promote the project.

Most importantly, we are indebted to the people of Cumbria who have given their time to share their views and experiences.

## Introduction

HWC is the independent consumer champion established in April 2013 as part of the implementation of the Health and Care Act 2012. Healthwatch England acts as the national consumer champion for all local Healthwatch organisations enabling and supporting HWC to bring important issues to the attention of decisions makers nationally. A key role of HWC is to champion the views of people who use health and care services in Cumbria, seeking to ensure that their experiences inform the improvement of services. HWC are constantly listening, recording and reporting on local people's views on a wide range of health and care issues ensuring that people in the county are able to express their views and have a voice in improving their local health and care services.

In November 2015 HWC was approached by CHoC to consider undertaking a commissioned, in-depth piece of work on patients' experience of the service across the county. This would be different from the regular in-house surveys that CHoC had carried out because of the independent nature of HWC.

A CHoC paper titled 'Patient Experience - Working with Healthwatch Cumbria' was presented to the CHoC Clinical Governance Committee (CGC) on the 18th March 2016. This paper sought approval from the CGC to commission HWC to co-design and deliver an independent review of patient experience to provide CHoC with:

- An in-depth understanding of patient experience across the county to inform change and influence CHoC services for the better.
- An opportunity for the organisation to evaluate its performance helping it to meet one of the essential National Quality Requirements.

The CHoC paper noted that HWC would provide an objective and independent platform on which patients could express their views with confidence, having faith that they would be listened to. It was also noted that the work would not include providing any information about clinical effectiveness which is separately managed through the CHoC staff performance system.

The proposition was agreed by CGC and HWC developed a more detailed proposal setting out an offer to do the work over a three month period during 2016. The proposal stated that the work would be developed and shaped by a Joint Steering Group comprising two representatives of CHoC and two representatives of HWC. The objectives of the Steering Group would be to:

- Map out the full range of locations and types of CHoC interventions, including out of hours clinics, phone calls and home visits.
- Consider and agree the proposed methodology to ensure that engagement takes place and responses were encouraged from the full range of patients.
- Design and agree the questionnaire to be used.
- Keep the process and progress of this project under review, meeting at intervals mutually agreed to discuss progress and to consider amendments should that have been necessary.
- Agree the Service Level Agreement (SLA) to be signed by a senior representative of CHoC and HWC that confirmed objectives, deliverables, timescales and costs. *The Service Level Agreement was signed by HWC and CHoC in August 2016.*
- Ensure that CHoC's duty of care to the public informed and underpinned the methodology.



Working in partnership with CHoC, HWC co-designed an internet based survey that ran from the 1st September 2016 through to the 30th November 2016. The survey had 1,676 responses. HWC planned and delivered a range of engagement initiatives to maximise take up of the survey during the three months of the project.

Many people assisted with the process of gathering people's views and this was an example of great collaboration involving CHoC doctors, nurses, receptionists, drivers and office staff, local primary schools staff, pharmacies, local media, HWC staff and all patients who responded.



*Widely distributed postcards promoting the online survey*

The research team at HWC analysed the quantitative and qualitative findings. The qualitative findings were analysed by a content analysis of responses allowing for the recurring themes to be identified. These themes are an interesting and valuable insight into people's views on what they think of the service. It was an opportunity for people to freely and independently express themselves outside of the confines of the set questions.

HWC agreed to provide the following outputs:

- Regular feedback on progress to the Joint Steering Group.
- A full written report for CHoC CGC to be presented at its meeting on 20th January 2017 providing an analysis of all feedback received and recommendations for CHoC to inform service improvement.
- Reflections on the patient review process and its outputs to inform learning for future patient reviews.

In addition, interim presentations were given to:

- CHoC Clinical Meeting on 7th October 2016.
- CHoC Clinical Governance Committee on 18th November 2016.
- CHoC Board on 18th November 2016.

These presentations summarised progress to date along with some early findings.

The following report details the background, process and analysis of results of the HWC CHoC survey.



## Context

### About CHoC

CHoC provides Primary Health Care services in and out of hours for people in Cumbria. This service also extends to the population of Bentham in North Yorkshire.

CHoC has one central hub and six clinical treatment sites across the county; this is to ensure everyone has access to CHoC within their local area. In Carlisle, Furness and Whitehaven the CHoC treatment centres are co-located with the hospitals Accident and Emergency (A&E) departments. The remaining three treatment centres are based in community hospitals. Those CHoC services in community hospitals, where possible, work alongside the minor injuries or Primary Care Assessment Services. CHoC also has at their disposal 12 vehicles which deliver healthcare services to people within the community.

The CHoC treatment centre locations are:

- Carlisle.
- Penrith
- Wigton.
- Whitehaven.
- Kendal.
- Furness.



### Evolution of CHoC

In 1996 an out of hours service provider was established in Cumbria known as Cumbria Emergency Doctors on Call (CueDoc Ltd). This provided healthcare services to those residing and visiting in the North of Cumbria including the Scottish borders, Carlisle, Eden Valley, Solway and the West Coast and extended to Millom in the south of the county.

The Primary Care Trust's out of hours service provider in the South of Cumbria and Morecambe Bay was Baycall. This service became operational in 2004.

Baycall and CueDoc merged in 2009 becoming what is now known as Cumbria Health on Call (CHoC); this provides healthcare services to everyone residing and visiting Cumbria.

### CHoC Role

The role of CHoC is to help those who require urgent medical attention when their GP practices are usually closed. The out of hours period covers:

- Monday to Friday 6.30pm till 8.00am.
- 24 hours throughout the weekend.
- Bank holidays.

This means CHoC provides primary healthcare services covering almost 70 percent of all hours in the week.

Statistics from CHoC show that on average they have 2,400 to 2,800 patient contacts per week.

The majority of patients access the out of hours service via the NHS 111 phone service and are then transferred to CHoC if required.

Alternatively some patients in Cumbria can also access CHoC directly using a designated number that is given to them. These may be, for example, patients with a long term condition that is likely to result in them requiring frequent support.

The outcomes for all patients accessing CHoC will be one of the following:

- Call finished by telephone triage, either a GP or Nurse, which is on average 40% of all calls.
- Patient attends a CHoC treatment centre, on average this is 40% of all calls.
- Patient is seen at home, on average this is 15% of total calls.
- The remaining 5% of patients are referred on to other services, for example the ambulance service. It was not the role of HWC to capture the experiences of these patients.

## Operation of out of hours services

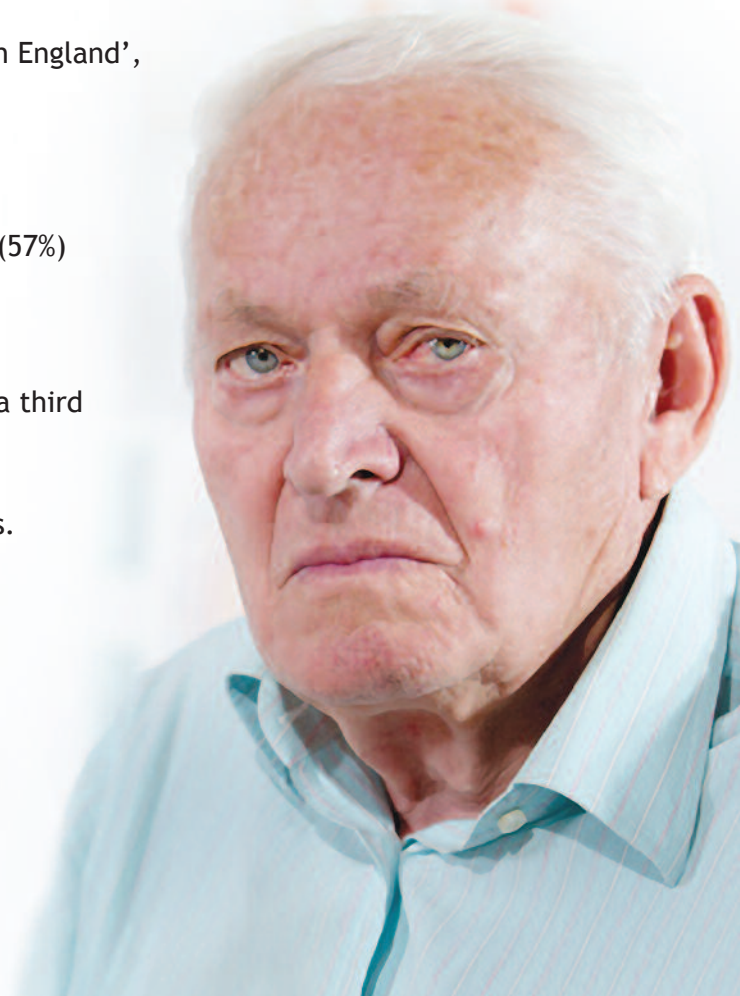
GPs from 2004 had the option of choosing whether to provide out of hours services or to transfer responsibility to the NHS. As a result of this approximately 90% of GP surgeries opted not to provide out of hours services themselves. Responsibility for the commissioning of the CHoC service lies with Cumbria Clinical Commissioning Groups. Prior to 2013 this was overseen by Primary Care Trusts.

The out of hours services have been regulated since 2012 by the Care Quality Commission (CQC), which is responsible for monitoring the quality and safety of a range of health and care services.

Out of hours services are provided differently across the country. These services differ because of: the number of GPs employed, the number of cars available to carry out home visits and the way in which other clinical staff are used to support GPs.

According to a national report, 'Out of hours GP services in England', by the National Audit Office during 2013-2014 there was:

- An estimated 5.8 million cases handled by the out of hours services.
- Of the estimated 5.8 million cases handled 3.3 million (57%) were face-to-face consultations that included 800,000 home visits. The remainder of cases handled were triage by telephone.
- Calls to out of hours services have fallen nationally by a third since 2007-08 partly due to the introduction of the NHS 111 phone service.
- Roughly it cost £400 million to run out of hours services.





## Previous reviews of out of hours services

This section discusses organisations that have reviewed out of hours services across the country including reviews of the CHoC service.

### National Audit Office

In a national report by the National Audit Office (NAO) 'Out of hours GP services in England' published in September 2014 there were a series of key facts published:

- 66% rated their out of hours services as 'very good' or 'fairly good', reported July 2014.
- 85% of out of hours providers had started at least 90% of face to face consultations with urgently ill patients within two hours. Figures from September to December 2013.
- 26% of people had not heard of out of hours GP services, according to a survey from May 2014.

From this report out of hours GP services were found to be performing well overall. It concluded that they were generally meeting essential safety and quality standards; fully or partially complying with the responsiveness criteria set out in the national quality requirements; and that for most patients they were having a positive experience of their out of hours services.

### Care Quality Commission

In the Care Quality Commission (CQC) report 'Our new approach to the inspection of NHS GP out-of-hours services' published October 2014 there was a detailed inspections account of 30 NHS out of hours services. These inspections were undertaken between January and March 2014. These 30 providers were responsible for caring for 36% of the country's population. The CQC chose these providers as they had not been inspected under the CQC's previous approach.

Overall, the CQC reported that the majority of these service providers were safe, effective, caring, responsive and well-led. However, variation was found in the quality and safety of care across these services and it highlighted that some improvements were needed.

## Reviews of CHoC Care in out of hours 2013 report



A patient experience questionnaire was undertaken by CFEP UK Surveys<sup>1</sup> between June and July 2013 on behalf of CHoC. The purpose of this survey was for CHoC to receive feedback on patients views of the service.

The survey had 32 questions and was split into four sections as follows:

1. Initial telephone Contact.
2. About the health professional who called the patient back or came straight on the phone.
3. About the care received at the treatment centre.
4. About the patient.

Results were obtained from 185 patients.

*continues on next page*

<sup>1</sup> Client Focused Evaluations Programme (CFEP UK Surveys) provide patient and colleague feedback to healthcare professionals in primary and secondary care settings. CFEP advise on or design survey tools, analyse and report findings, and provide benchmarks for comparators.

## The most notable survey findings were:

### About the initial telephone contact:

- 75% dialled the service directly.
- 11% called the GP surgery and were diverted to the service.
- The following were all rated as being excellent:
  - Time taken for the call handler to answer the phone.
  - Manner treated while on the phone.
  - Call handler/receptionists ability to listen.
  - Explanations of what would happen next.
  - Ease of contacting the service by phone.



### About the health professional who called the patient back or came straight on the phone:

- The length of time it took for the patient to receive a call back was rated as very good.
- The following were all rated as being excellent:
  - Understanding of why the patient was seeking help.
  - Explanations of what would happen next.
  - Overall satisfaction.

### About the care received at the treatment centre:

- Overall, patients rated the service as being excellent in terms of manner of reception staff, respect for privacy and dignity and the waiting room cleanliness and comfort.
- Overall, the majority of responses to questions about the consultation were rated as excellent except for length of time before consultation which most respondents rated as good.
- 35% of patients rated the service at the treatment centre as being excellent.

### Patient comments:

When asked about what patients liked about the service the two main themes were:

- That the service was very quick.
- Manner of staff. It was commented that staff were very approachable, efficient and understanding.

When asked if there was anything patients thought could be done to improve the service the majority commented “no”. Other comments were about:

- Two commented that the length of time you wait could be improved upon.
- More doctors.
- Doctors should be on time.
- Issue getting an appointment.
- Sharing of information.
- Ability to access prescription on site.

## National GP Patient Survey

In the national GP Patient Survey (GPPS) there were a number of questions that specifically asked about out of hours care. The findings were published in July 2014 and provide information for each NHS England Area Team in the country broken down into individual CCG's across England. NHS England has responsibility for the commissioning of those GP services where their CCG had opted not to do so. Cumbria sits within the NHS England Cumbria, Northumberland and Tyne and Wear (CNTW) Area Team. CHoC is the only out of hours service within the footprint of Cumbria CCG and so it can be said the data provided by NHS England from the GPPS to Cumbria CCG is specific to CHoC.

There were 903,357 surveys completed from the 25 NHS England Area Teams with an average response rate of 34% with 45% of surveys completed in Cumbria. The survey comprised of five questions:

- Do you know how to contact an out of hours GP service?
- Ease to contact the out of hours GP service by telephone?
- Impression of how quickly care from out of hours GP service received?
- Confidence and trust in out of hours clinician?
- Overall experience of out of hours GP services?

Across all five questions the GPPS found that CHoC consistently scored highest within the footprint of its NHS England Area Team and nationally ranked within the top 10% of all 211 CCG's areas reported on.

## Summary of previous reviews of out of hours services

There has been considerable research into out of hours services nationally and within Cumbria. The reviews discussed within this section would suggest that out of hours services are consistently regarded very positively overall and are providing individuals with good quality care and safety. Yet the reviews also highlight areas where improvements could be made to out of hours services.

Nevertheless it is important to ensure the HWC project remains independent of pre-set assumptions and that questions are not influenced to support previous findings. The aim of this survey is to find out what peoples experiences of CHoC are now and then reflect if HWC also finds that patients continue to be satisfied with the out of hours service as has been found previously.





## Methodology of HWC 2016 CHoC survey

The HWC research team chose to collect responses using SurveyMonkey<sup>2</sup> as it is easy for the public to use; it provides real time results; it allows data to be downloaded and is password protected.

The survey comprised of 30 questions over 9 pages (Appendix 1) and covered all possible patient pathways through the CHoC experience. The survey was divided into seven distinct sections:

- About you/the patient.
- About the initial telephone contact.
- About the call to the CHoC service if you/the patient called direct.
- About the doctor or nurse who spoke on the phone.
- About your/the patient's care at the treatment centre.
- About the home visit.

A draft version of the survey was developed incorporating feedback from members of HWC and CHoC. Previous experience proved that this process was effective in refining the questions.

HWC are currently reviewing their ethical procedures and are cognisant of the need for ethical approval when conducting research. However, according to the Integrated Research Application System (IRAS)<sup>3</sup>, the Health Research Authority classifies HWC research as evaluations rather than research, thereby making any application for ethical approval redundant.

HWC included a statement at the start of the survey to assure respondents their responses would be confidential and used in accordance with the Data Protection Act 1998<sup>4</sup>.

Furthermore, to ensure that data was held securely none of the data collected left any of the HWC offices and all data was held on password protected systems.

Prior to the survey going live a senior team member at HWC attended four events over August 2016 to give presentations to members of CHoC staff. The aim of these presentations was to help and encourage staff to understand and invest in the project. These events were at the:

- Healthwatch Best Life Building, Carlisle for staff in the Wigton, Penrith and Carlisle areas.
- CHoC office at Westmorland General Hospital (WGH) for staff in the Kendal area. Another event was held at this office for staff from the Whitehaven area.
- CHoC office at Furness General Hospital for staff in the Barrow area.



Poster promoting the online survey

<sup>2</sup> SurveyMonkey is an online, cloud based, survey building facility.

<sup>3</sup> IRAS is a UK online system that prepare regulatory and governance applications for health and social care research provided by the Health Research Authority

<sup>4</sup> Confidentiality Statement for HWC CHoC survey: This survey is being undertaken by Healthwatch Cumbria and is being commissioned by CHoC. All information supplied will be held by Healthwatch Cumbria and will remain secure and confidential. Your details will only be used for the purposes of this research and will not be passed onto any third parties or used for marketing purposes in accordance with the Data Protection Act 1998.

A paper copy of the questionnaire was created and distributed to CHoC centres by HWC engagement staff. The completed paper questionnaires were collected and the responses uploaded onto SurveyMonkey by HWC staff to maximise the electronic analysis.

The survey ran from the 1st September 2016 to the 30th November 2016 supplemented with extensive engagement activity during these three months. Responses collected are a snapshot of patients' experience of the CHoC service from those who have used it since the 1st March 2016. There were a total of 1,676 responses to the survey.

HWC organised a range of engagement initiatives to take place during the three months the survey was 'live'; however the initial response to this particular piece of work revealed some unique engagement challenges. Despite a focussed launch and wide spread promotion the response rate was lower than expected.

This emphasised the importance of getting call handlers, doctors and nurses to inform patients about the HWC survey and ask patients if they agreed to being called back by a member of HWC staff to talk about their experience and complete a survey. Doctors and nurses had the option not to ask the HWC question if they determined that circumstances suggested this was inappropriate if patients were distressed, anxious or severely unwell. When patients were phoned back by HWC staff they were again asked if they consented to take part. This proved the most effective mechanism of generating responses.

It was noted by the Steering Group during the project that:

- Of the 83% who consented to being called back by a member of HWC staff these numbers were generated by only 14% of doctors, nurses and call handlers informing callers about the HWC survey.
- Some doctors and nurses did not ask the HWC question while talking to callers.

In October, Shirley Reveley, Chair of CHoC, wrote to all doctors and nurses to remind them of the importance of the work and to ask them to remember to ask the HWC question.

In total, there were 4749 phone calls made with 737 unanswered. There were 155 engagement shifts and there were 29 CHoC centre visits over the three months of engagement.

Over the three month period some key engagements findings were:

- 140 surveys completed on average per week.
- On weekdays every hour of telephone calls yielded 2.5 completed surveys. On Saturdays the yield was 4.5 surveys per telephone hour.
- 97% of all the people HWC Engagement Officers spoke to agreed to complete a survey.
- Weekday and Saturday phone calls were found to be much more cost effective and generated much more responses than visiting treatment centres therefore generating responses through phone calls was prioritised.
- On average there was between 300 to 400 patients contacted per week by HWC Engagement Officers.

Engagement staff also visited all six of the CHoC treatment centres across the county on at least three separate occasions. The times of these visits varied to ensure treatment centres were visited at the busiest times for CHoC as identified by CHoC statistics to maximise opportunities to raise awareness of the project and encourage survey responses.

Promotional postcards and posters were designed by HWC incorporating feedback from CHoC (see Appendix 2 and 3 to view the postcard and poster used). The postcards and posters were developed to promote awareness of the survey and were distributed to places where there was the greatest likelihood of those having used CHoC being present.

Primary schools across the county were contacted informing them of the survey HWC was undertaking on behalf of CHoC. Those schools which consented were sent CHoC postcards which were included in children's book bags for their parent's attention. The schools which consented detailed how many cards they would like to be sent. Overall 8,261 postcards were distributed to schools.

The survey was also promoted via social media, the media and through the HWC and CHoC website. CHoC provided weekly facts about their service which HWC tweeted on a daily basis (see Appendix 4 for a list of the tweets).

There were facts on:

- How many people CHoC saw from A&E that were referred to the out of hours service.
- Numbers attending CHoC centres.
- Miles driven by the CHoC cars.
- How many patients visited in residential or nursing homes.
- How many calls call handlers answered.
- How many home visits carried out.
- How many clinical shifts covered that week.

## Analysis

The HWC research team undertook analysis of the survey findings. This provided a quantitative analysis complimented by a qualitative content analysis of peoples comments to the free text questions.

From the content analysis themes were generated based on the words and phrases of greatest density in the free text.

The majority of the survey question types had multiple choice options, there was one drop down box option and there were several open text boxes where greater information was sought on a particular topic. The drop down box appeared as a table on the paper copies of the survey.

The response rate to the survey varied between questions, partly because respondents were only filling in the sections that reflected their journey through the CHoC care pathway.

This project was focussed on establishing patient experience but it should be noted that some respondents filling in the survey were giving patient views on behalf of the patient. These respondents were often filling in the survey on behalf of the patient as family members or friends of the patient.

The results have provided an insight into patients views and experiences of the CHoC service, particularly the themes identified through the content analysis.



## Survey Findings

### Section 1 - Respondent Details

#### Use of the CHoC service

48% responded that their most recent contact with the CHoC service was in the last week and 44% responded that it was within the last month. This means that for the majority they were reflecting on recent experiences. This was to be expected as the majority of survey responses were from patients contacted by HWC Engagement Officers and these patients had used the service the most recently.

Of the responses to the survey 53% completed the survey as the patient.

#### Gender and Age

Of the 1,676 responses, 975 (58%) respondents were female and 696 respondents (42%) were male. The highest numbers of responses were from those aged over 60 - 493 respondents (29%) and those aged under 18 - 474 respondents (28%). The next highest response rate was from those aged 18-30 years as there were 253 respondents (15%) in this age category. The three remaining age groups had very similar numbers of responses with between 8-9% of respondents aged between 31-40, 41-50 and 51-60.

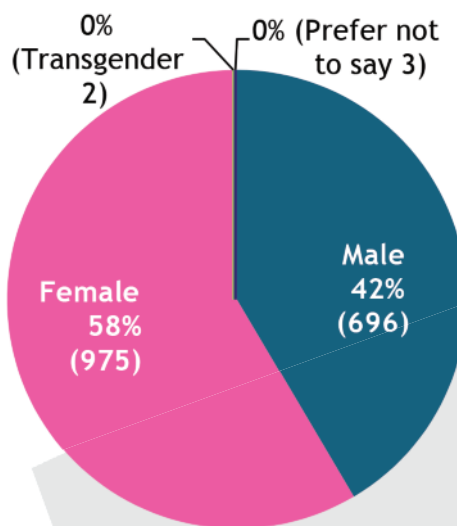


Figure 1. Shows responses by gender.

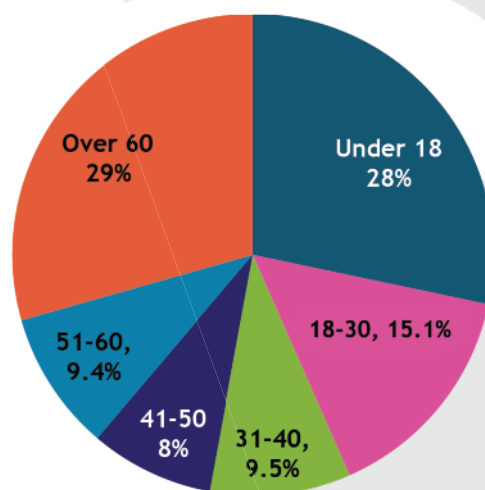


Figure 2. Shows responses by age.

## District and Postcode

The highest response rates were from those in Carlisle-438 respondents (26%) and of those from Copeland-405 respondents (24%). In Carlisle the highest response was from those in the CA2 postcode- 166 respondents (11%) and in Copeland the highest response came from those in the CA28 postcode-185 (13%).



Figure 3. Shows response rate by district.

## Section 2 - About the initial telephone contact

### Reasons for making contact with CHoC

When respondents were asked why they chose to make contact with CHoC, 61% felt that their situation required immediate help and 18% stated it was because they could not get an appointment at their own GP surgery.

Of the free text responses to this question the three main reasons cited in the 'other' box were:

- It was out of hours.
- Respondents feeling they needed advice.
- Respondents needing a prescription.

- You/their situation felt like it required immediate help
- You/they couldn't get an appointment at your/their own GP surgery
- You/they couldn't get an appointment at your/their own GP surgery at a time that suited you/them
- You/they believe CHoC is quicker than your/their own GP
- You/they have used CHoC before and were happy with the service
- You/they don't have a GP
- You/they are a visitor to the area
- You/they felt that you/they had no other choice
- Other (please specify)

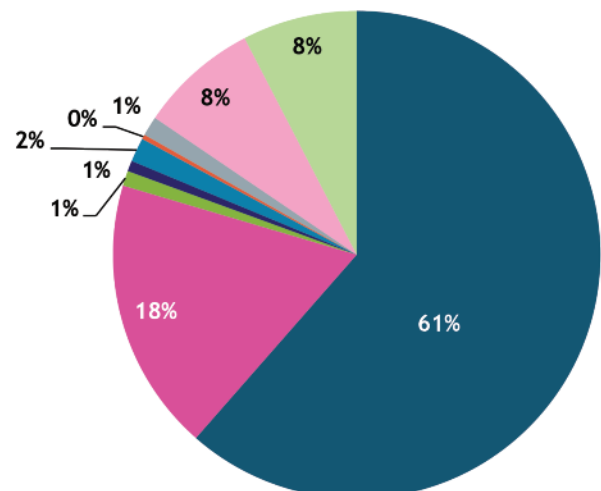


Figure 4. Reasons for choosing to make contact with CHoC.

## How the patient accessed CHoC

In relation to how respondents accessed CHoC, 80% dialled 111 first before being directed to CHoC.

Only 11% of respondents accessed the CHoC service directly.

2% responded that they walked into the one of the CHoC treatment centres.

In the open text box the two other main reasons cited for accessing CHoC were:

- Respondents were referred to CHoC after trying to access another service first such as A&E or their GP surgery.
- Contact with CHoC made on behalf of the patient by a medical professional such as a paramedic or district nurse.

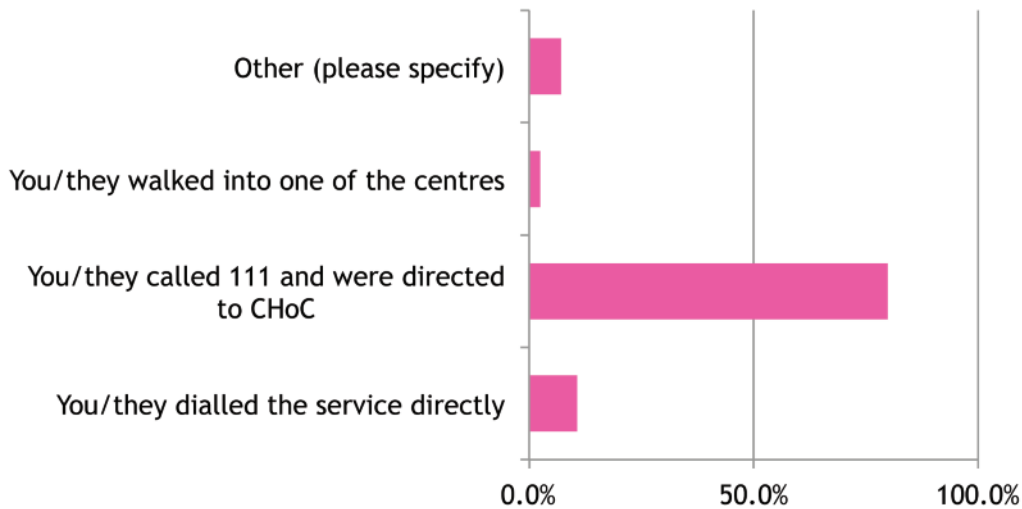


Figure 5. How the respondent accessed CHoC.

'I went to A & E first, then got directed to CHoC'

'District nurse called on behalf of the patient'



### Section 3 - About the phone call direct to CHoC

#### Time taken for call to be answered

Respondents were asked to comment on how satisfied they were with the length of time it took for their call to be answered. 90% of respondents were either very satisfied or satisfied with how long they had to wait before their call was answered.

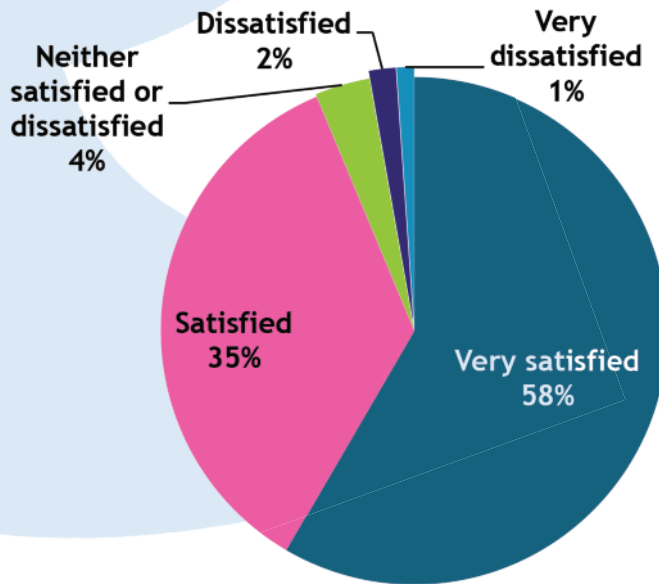


Figure 6. Satisfaction levels of respondents regarding the length of time it took for their call to be answered.

#### Views on whether respondents felt listened to

In relation to how well respondents thought the call handler listened to them, 94% of respondents did feel listened to.

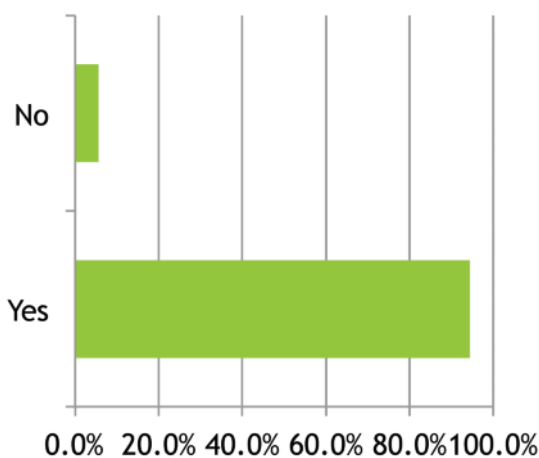


Figure 7. Did you/ the patient feel the call handler listened to you/ them well?

## Respondent views on whether they felt it was clearly explained what would happen next

The overall responses to this question showed that 97% of respondents felt the call handler did explain clearly what was going to happen next.

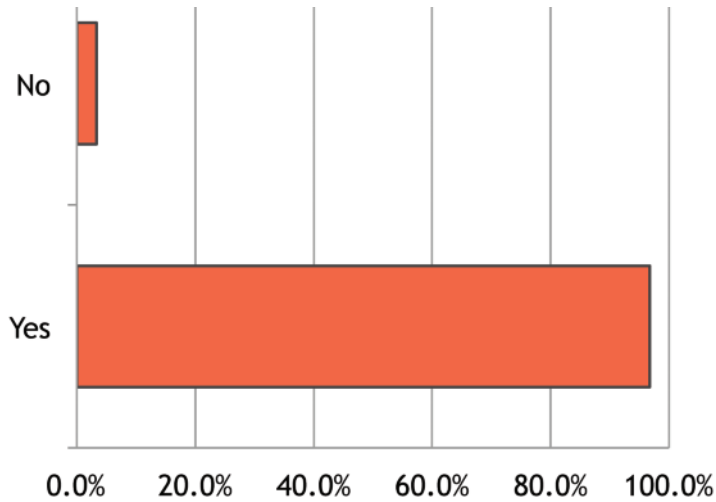


Figure 8. Did the call handler explain clearly what would happen next?

## Section 4 - About the doctor or nurse who spoke on the phone

### Wait for call back

In regards to what the wait for the call back felt like, 89% of respondents felt it was as expected or shorter. 11% felt the wait for the call back felt longer than expected.

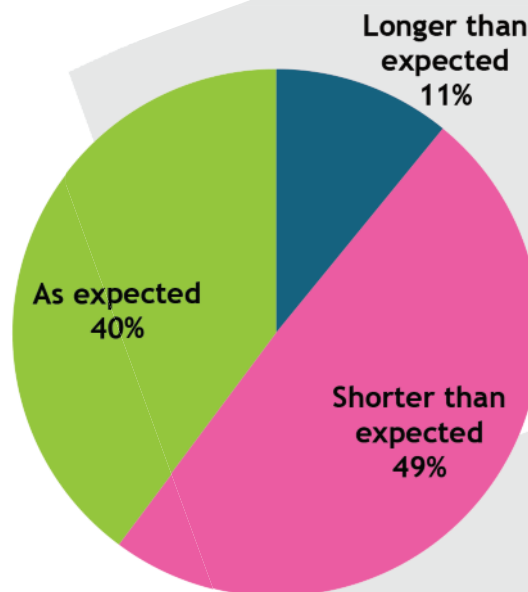


Figure 9. Views on what the wait to be called back felt like.

### Respondent views on whether the patient felt understood

When respondents were asked if they felt the doctor or nurse understood why they were seeking help, 96% responded that they did feel understood.

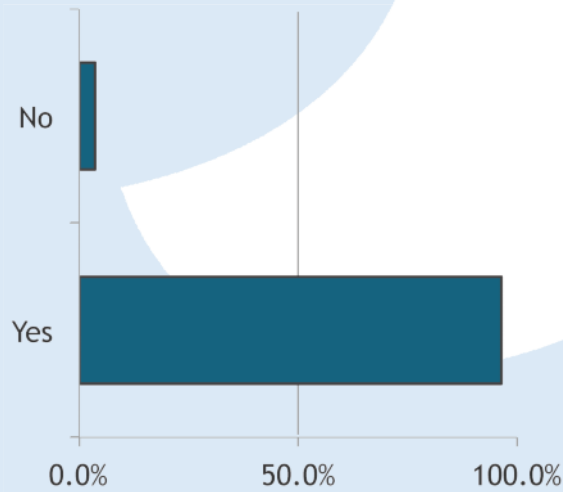


Figure 10. Showing if respondents felt listened to by the doctor or nurse.

### Respondent views on whether the patient understood what would happen next

When asked if the doctor or nurse explained clearly what would happen next, 98% responded that they understood the next stage of treatment.

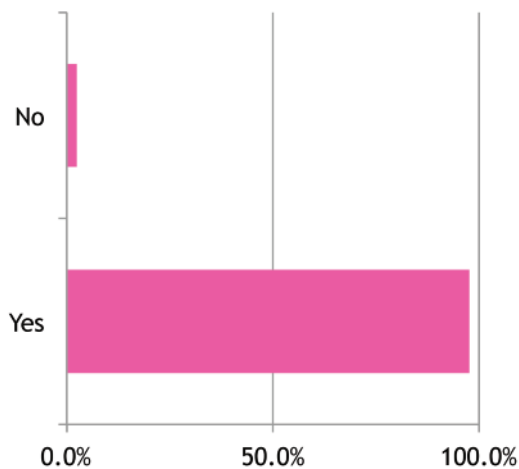


Figure 11. Showing if the doctor or nurse clearly explained what would happen next.

‘Excellent service from arrival to when we left’

## Section 5 - About the care at the treatment centre

### Satisfaction with welcome received

From those who stated that they attended a CHoC treatment centre, 93% were very satisfied or satisfied with the welcome received. 3% of respondents were dissatisfied or very dissatisfied with the welcome received.

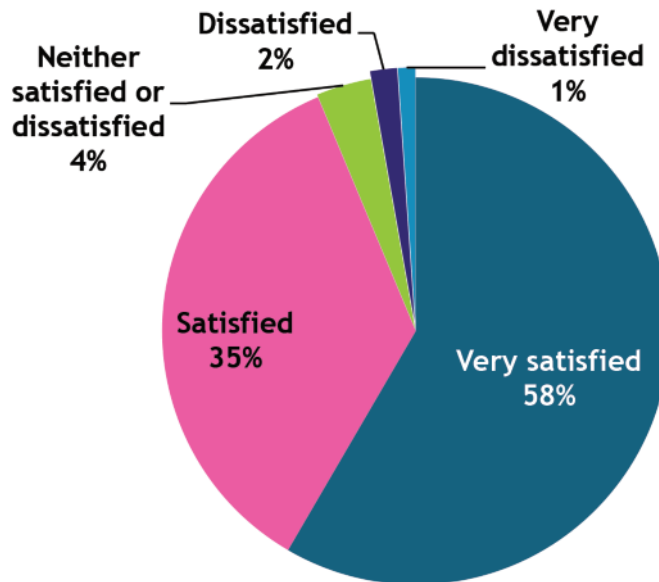


Figure 12. Satisfaction levels regarding the welcome received at treatment centre.

### Length of wait

When asked what the wait at the treatment centre felt like, 88% thought the wait was as expected or shorter, and 13% thought the wait was longer than expected.

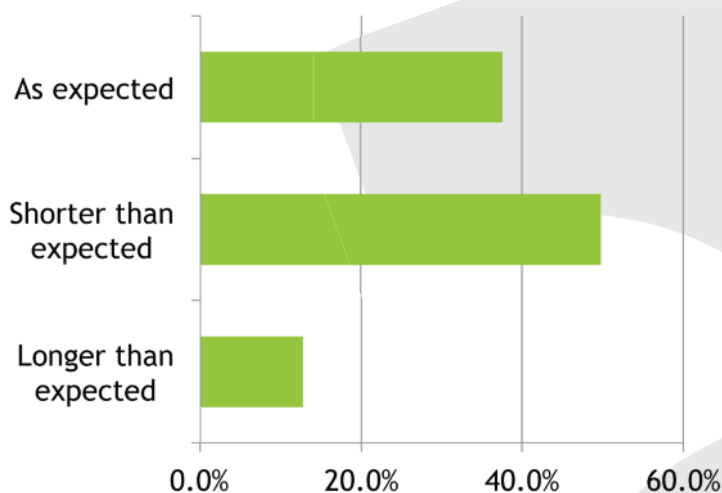


Figure 13. Thoughts on the wait at the treatment centre.

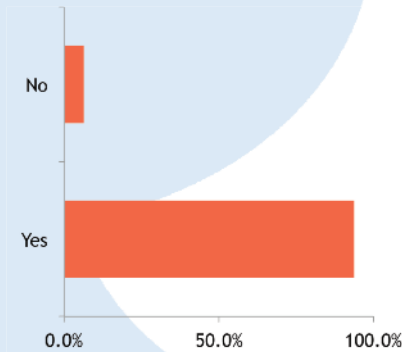
**‘Pleased with the speed from phoning 111 and seeing a doctor’**

**‘the service was excellent, very smooth running with minimum of waiting’**



### Reassurance offered

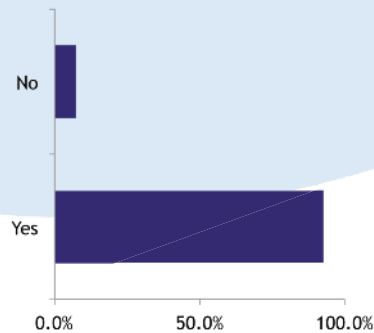
When asked if the respondents felt reassured by the doctor or nurse they were seen by at the treatment centre 94% responded that they did feel reassured.



*Figure 14. Responses on whether respondents felt reassured by the doctor or nurse.*

### Satisfaction with information given about condition

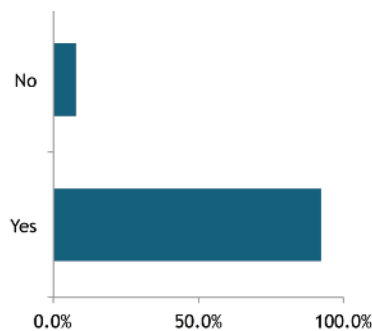
In regards to whether the respondent felt fully informed about their condition the majority (93%) felt that they were.



*Figure 15. Responses to whether respondents felt they were fully informed about their condition.*

### Involvement in decisions made

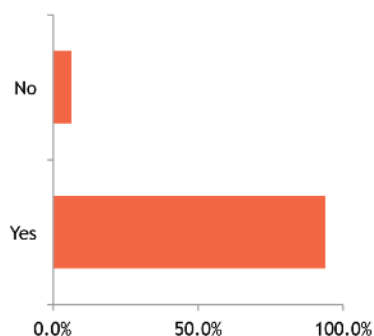
For the overall majority they responded that they were involved in decisions made about their treatment.



*Figure 16. Involvement in decisions made about their treatment.*

### Clarity of instructions in case of condition deteriorating

94% responded that they were given clear instructions of what to do if their condition became worse.



*Figure 17. Respondent thoughts on whether they felt they knew what to do if their condition became worse.*

Overall, based on these questions patients were satisfied with the care they received at the treatment centre.

The main themes highlighted from the free text about the treatment centre were as follows:

- Respondents commented positively about the attitude of the doctor and nurse toward the patient.
- On the whole respondents commented that they were very satisfied with the CHoC service. There were a few comments where respondents remarked that they felt the CHoC service was better than their own GP.
- Respondents expressed that they would have liked to have had the option to choose whether they saw a doctor or nurse; many saw a nurse and would have preferred to see a doctor.
- Respondents commented on the 111 call, leading comments expressed dissatisfaction with how long the process took.
- Comments were made about the setup of CHoC in A&E departments, respondents did not like that it was shared and felt there was a lack of privacy.

‘the Doctor was lovely and reassuring’

‘can’t fault this service’

‘good service. Seen quickly. Reassured. Explained what to do’

While respondent’s experiences were overall very positive some respondents believed that they were not given a good diagnosis. These respondents commented that there were issues with the diagnosis given, medication prescribed and in some of the actions taken in the patient’s treatment which subsequently meant their treatment did not lead to a satisfactory resolution. Some of these perceptions/feelings are quoted below:

‘doctor never looked at injury site which would have identified cause, misdiagnosed’

‘Got medication that I am allergic to...didn’t ask if allergic... didn’t take it...didn’t seem to know what was wrong’

There were a number of observations, positive and negative, made about the treatment centre, the waiting areas and about the easiness of parking.

‘better directions and signage’

‘not private enough, people could hear conversation with patient’

‘clean tidy centre’

‘good, as had a separate children’s waiting area where they could play’

## Section 6 - About the home visit

### Length of wait

In relation to what the wait for the doctor or nurse to arrive at the home felt like, 83% felt it was as expected or shorter.

17% felt that the wait was longer than they had expected.

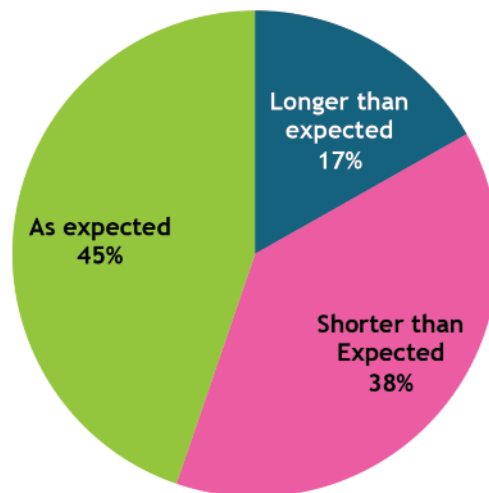


Figure 18. What the wait for the doctor or nurse to arrive at the home felt like?

‘prompt service, much appreciated’

### Reassurance offered

The majority (93%) responded that they did feel reassured by the doctor or nurse they saw at the home visit.

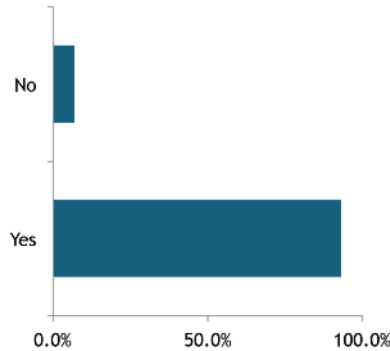


Figure 19. Showing if respondents felt reassured by the doctor or nurse.

### Satisfaction with information given about condition

Similarly, the majority (91%) felt fully informed about their condition

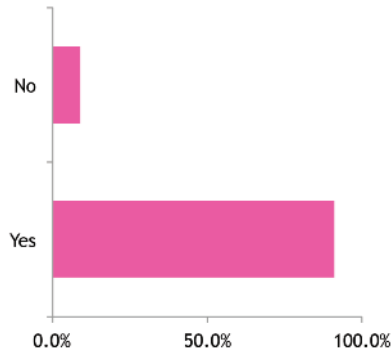


Figure 20. Showing if respondents felt fully informed about their condition.

### Involvement in decisions made

In regards to whether the respondent felt involved in decisions made about their treatment the majority (92%) did feel involved.

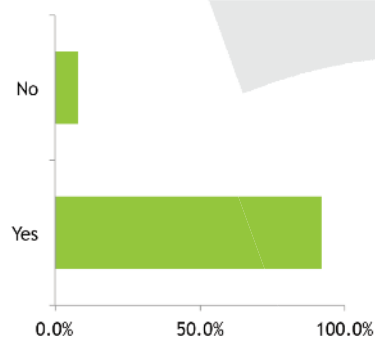


Figure 21. Showing if respondents felt involved in decisions made about their treatment.

Overall, based on these questions respondents were positive about the home visit experience.



The main themes highlighted from the free text comments about the CHoC home visit were as follows:

- Respondents were very positive about the doctor they saw in terms of the doctor being reassuring, thorough, explanations given and that there was joined up working. The most commonly used words to describe the GP were 'excellent' and 'nice'.
- Some respondents believed that they were not given a good diagnosis in terms of the cause of illness identified, ability to access a home visit and the treatment actions taken.

'the doctor was excellent-very thorough and reassuring-  
excellent service'

'GP gave lots of reassurance. Explained follow up  
treatments, excellent'

'wonderful, really assured nice man and included my  
husband in the process'

'wouldn't come out and had to go to A and E, it turned  
out I had a bad infection'

'I later took myself to A and E and was admitted straight  
away and put on morphine!'

## Section 7 - Overall CHoC experience

### Satisfaction with CHoC experience

When respondents were asked to state how satisfied they were with their experience of CHoC overall 91% were either very satisfied or satisfied. There were 82 respondents who were dissatisfied or very dissatisfied with their experience of CHoC.

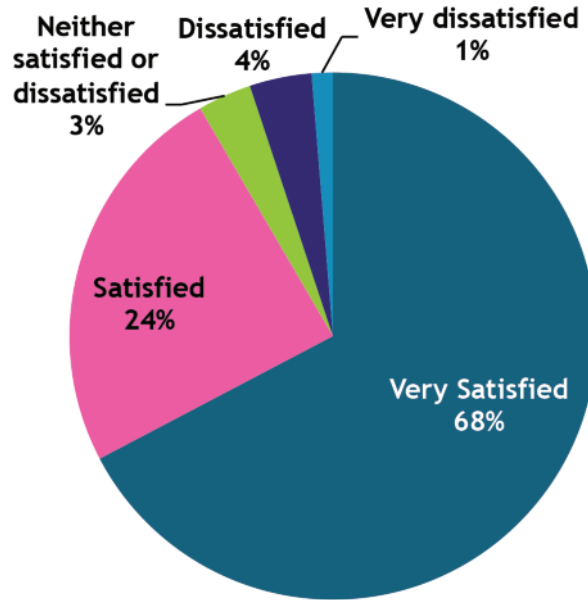


Figure 22. Satisfaction levels of respondents on their overall experience of CHoC.

### What respondents liked or valued about the service

The main themes to emerge through an analysis of what respondents liked or valued about the service; based on what was reported were as follows:

#### *Existence of an out of hours service*

- Respondents liked knowing that there was a service available out of hours that they could go to if they were unwell and it was not an emergency. This gave respondents a feeling of reassurance.

**‘It was reassuring to know that someone was available when GP practice closed’**

**‘reassuring to know that you can get help at the weekend even though it is not an emergency.’**

### *Positive encounters with CHoC doctors*

The majority of respondents commented extremely positively about their experience with the CHoC doctors. Respondents spoke positively about all out of hours staff but in particular the doctors were:

- Valued as being very thorough.
- Appreciated for making the respondents feel listened to.
- Reassuring.
- Appreciated for delivering high levels of care through being friendly, caring, understanding, and professional.

**‘fast, reassuring, competent, made to feel that the ‘problem’ was worth the call out and not trivial.’**

**‘you can quickly access a doctor and they are always reassuring. They are very understanding and most importantly have a very good attitude.’**

### *Comparison between CHoC and the respondents own GP*

- Respondents commented that the service they received by CHoC was ‘better’ than their own GP.
- Some respondents mentioned that it was much quicker for them to make an appointment to see someone at CHoC than it was to see someone at their own GP surgery. Respondents valued how easy it was getting an appointment and how quickly they were seen to from making the initial phone call.

**‘can actually get an appointment unlike the GP when you can wait 45 min you can’t get in to see GP unless you persevere’**

### *Short wait to access CHoC*

- Respondents commented that they valued how quick the CHoC service was. The three most commonly used words to describe the wait to access CHoC were: ‘efficient’, ‘prompt’ and ‘speed’.
- Respondents liked how quick the CHoC service was in regards to the swiftness of the response from the initial phone call through to being being treated.

**‘prompt effective treatment of a rapidly declining health issue’**

**‘provided efficient service in diagnosis, reassurance, explanation and medication.’**

**‘Quick, efficient. Needed advice and it was there when needed.’**

### *Use of appointments*

- Respondents liked being given a set appointment time meaning they knew exactly when to go to the treatment centre for minimising waiting.
- Respondents valued how quickly they were given an appointment.

**‘called back within 20 minutes, appointment given, seen within 90 minutes.’**

**‘good that matter could be resolved so quickly and that we were given an appointment time rather than just waiting’**

Whilst the overall majority of comments were positive there were a very small number that were negative, these commented that:

- There was nothing the respondents liked or valued about the CHoC service.
- A comment that the service was better before the 111 phone number was introduced.
- A comment that ‘CHoC is the worst NHS service provider’.
- For one respondent that there was a communication issue between themselves and the GP they spoke to due to the GPs ‘hesitant and measured’ manner on the phone meaning the respondent felt unconfident and unsure about how they were treated.

### **What respondents thought could be improved**

When respondents were asked to comment on what improvements they thought could be made to the CHoC service the majority suggested they would like to see the 111 phone service improved upon. However, CHoC is independent from 111 and does not have any role in how this service is delivered. Nevertheless of the various complaints about the 111 call, the leading themes were:

- Respondents felt some of the questions asked by the 111 call handler were not relevant to the condition they were calling about, leaving respondents feeling frustrated.
- Respondents felt the process of speaking to a call handler then waiting for the call back to speak to a doctor or nurse on the phone very repetitive. Speaking to multiple people meant respondents had to repeat their symptoms prolonging the wait to receive treatment.
- Respondents felt the time between making the initial call to 111 and receiving treatment was a very long wait when feeling unwell and needing immediate help.
- Respondents commented that they much preferred when they could ring the out of hours service directly.
- Some respondents also commented that in their opinion the 111 call handler requested for an emergency ambulance to be dispatched unnecessarily as respondents felt their symptoms did not warrant urgent treatment.

**‘there were too many questions and I was unwell and not up to answering the questions.’**

**‘some of the questions were irrelevant. Also, the questions that were asked made it sound like I needed an ambulance which was not the case.’**

**‘calling 111 service then waiting for call back and then waiting for treatment-can drag out time’**



Of the remaining comments the other two main areas respondents thought could be improved upon were:

#### *Wait times*

- Respondents commented that they were dissatisfied with the waits involved with the 111 process but also with the length of time it took to access all aspects of the out of hours service.

**‘It would have helped if the receptionist at the treatment centre had told me how long the wait would be.’**

**‘be more realistic when they give appointment time. Waiting 45 minutes with a very young infant was distressing.’**

#### *Experience with CHoC doctors*

In general the following themes emerged from respondents comments on what they thought could be improved about their contact with some of the CHoC doctors:

- Option of choosing whether you got to see a doctor or nurse.
- To not have such a long of a wait to see the doctor.
- More doctors available.
- Doctors to be more personable and listen more to the patients view as well as be more thorough and confident in the delivery of the diagnosis.
- Communication improved between departments.

**‘some of the doctors need to be more polite, more thorough and offer a bedside manner’**

## **Final comments**

When respondents were asked if they had ‘any other comments about their experience of CHoC’ the leading themes to emerge were as follows:

#### *Satisfaction with CHoC service*

- Respondents were very positive about their experience of CHoC.
- ‘Excellent’ was commonly used by respondents to describe their CHoC experience.
- Some respondents commented that they were more satisfied with CHoC than with other out of hours services in the country.
- Two respondents commented that they were so satisfied with the CHoC service they would recommend family or friends to use the service.
- One respondent commented that because they felt CHoC was delivering a good service it would be a good idea if they could share how they organise their service with GP practices.

**‘I wouldn’t hear a bad word said about the service. It’s absolutely wonderful’**

**‘the CHoC service would be hard to improve upon’**

**‘the doctor was very good, quick and through. I liked his manner’**

### *Dissatisfaction with the 111 phone service*

- Some commented positively about their contact with 111 and were satisfied with the time taken for their call to be answered, the manner of the call handler, the helpfulness of the call handler in directing the respondent to the relevant service and generally about the quality of the service received.
- However, respondents did comment negatively about their experience with the 111 phone service. This was commented upon recurrently as an area people would like to see improved.
- Respondents made frequent comments that they would prefer to return to the old process whereby people ring the out of hours service directly.

‘I was not happy with the 111 call, but regarding the rest of the process I was very satisfied’

‘111 call handler to be commended’

### *Accessibility*

- There were comments made by respondents that they did not know how to contact the out of hours service. It was particularly noted by Engagement Officers when ringing patients that there is a lack of awareness of CHoC; many confuse it with CueDoc which CHoC was known as previously. When the out of hours service was CueDoc patients could ring the service directly; however now people have to contact 111 to receive help out of hours which some people are unaware of.
- Some commented that a lack of signage meant people were unsure of the location of the CHoC treatment centres and were unsure of where to go once they had arrived at the hospital.
- Respondents commented that due to circumstances such as being a non car driver or being too unwell this made it difficult to access the treatment centre.

‘promote better how to contact because I wasn’t sure if I had to go through the 111 service’

‘tried CueDoc. Couldn’t find the original number so went to A&E and was sent to CHoC’

‘access can be difficult to the CHoC doctor for people like myself who do not drive or people who are disabled.’

*Fears over changes to the delivery of the CHoC service*

- Interestingly, there were comments made by respondents expressing concerns over the future of the CHoC service. Some expressed concerns that they felt the out of hours service was going to be removed and one commented that they were pleased with the service as long as it does not replace the role of other existing services.
- This concern for the future of the CHoC service may be because of the current consultation on 'The Future of Healthcare in West, North and East Cumbria' which is proposing a number of changes in how and where services are delivered in communities and hospitals. The uncertainty around this public consultation may be why there was concern expressed over the future of CHoC.

'it wouldn't be helpful if services were moved to Carlisle'

'full service must be maintained at Westmorland General-not to go through to Carlisle-might be a problem if didn't have transport'

*Clinical judgement*

In a minority of cases it was believed by some respondents that errors in clinical judgement were made. It was only through seeking treatment from another healthcare department did respondents feel they were given the treatment they needed.

'later diagnosed with a condition which was missed'

'ended up having to refer again to Choc... and my child was admitted to hospital'

'doctors giving wrong diagnosis...having to attend the following day'

## Comments from phone calls

A number of observations were made from the phone calls Engagement Officers made to CHoC patients:

- Many respondents referred to CHoC by its previous name CueDoc.
- Respondents commented that the 111 phone service had too many questions and that these were often irrelevant. The 111 service was also noted as being inflexible.
- Many respondents contacted the out of hours service because they wanted advice over the phone.
- Some respondents felt that in their opinion an ambulance was sent unnecessarily.
- Comments were made about a separate waiting room for children.
- Parents using the service appreciated being listened to and not made to feel paranoid.
- Waiting times at treatment centres was frequently referred to, as was waiting times to get through to the 111 service. This was in relation to waiting times being too long.
- Perception of respondents that GPs would be second rate but that they were happy to discover this was not the case.
- The lack of signage at West Cumberland Hospital was mentioned.
- Seeing doctors that the respondents knew was appreciated.
- Doctors were spoken of positively.
- CHoC was praised for being good at: arranging prescriptions, having an efficient appointment system, clarity and efficiency of staff, doctors initiating tests reducing treatment times.
- Respondents did not like having to share a waiting area with A&E patients; the reason cited was lack of confidentiality.

## Comments from CHoC treatment centres

Despite low numbers recorded at CHoC treatment centres there was some rich qualitative feedback from the face to face conversations that took place. The following are the comments recorded:

- 'CHoC absolutely brilliant...Although I can't understand why I have to ring 111...'
- 'I have been waiting ages, why don't they keep you informed?'
- 'Feel as though because I have an ongoing condition, there was no assessment of that...'
- 'The doctor was brilliant'
- Staff commented that they were 'really proud of the service'.
- 'it's great that it's often staffed by local doctors'
- 'sometimes you have to wait a bit but it's great that it's here'
- 'they called me back much sooner than I expected...'
- The service was referred to by patients as being 'fabulous' and 'excellent'.





## Summary

This project sought to gain an insight into patients' views and experiences of the CHoC service across all patient pathways through the CHoC experience.

Similar to previous reviews of out of hours services and from previous reviews of the CHoC service feedback to this survey also showed that respondents are satisfied with their out of hours service. Specifically comments from the 2013 CFEP UK Survey of CHoC, previously discussed, found that respondents liked that the service was: quick and that staff were approachable, efficient and understanding. Similar themes were found in the HWC 2016 CHoC survey when respondents were asked what they liked about the service. Moreover respondents to the 2013 survey commented that the length of time they waited and doctors being on time were also themes that emerged in the HWC 2016 survey.

### The main findings that emerged were:

- Respondents were overall very positive about their experience of CHoC.
- For some respondents they believed that they were not given a good diagnosis.
- Respondents commented positively about the CHoC doctors and nurses, praising their excellent manner.
- Dissatisfaction with calling the 111 phone service which was considered time consuming and delayed how quickly treatment was received.
- Main reason respondents chose to access CHoC was for reassurance and advice; people liked knowing there was help available for them out of hours if they were unwell.
- Respondents liked being given an appointment, but weren't always seen at the given time. When delays occur respondents would have liked to have been informed when they would likely be seen.
- Some respondents were unsure of how to get into contact with the CHoC service and how to access the treatment centre.
- Inconsistent experiences regarding waiting times.

### Overall recommendations:

- Share the learning about 111 with the North West Ambulance Service (NWAS).
- Explore why people aren't always seen at the given times and ensure that they are advised when and why appointment times change.
- Improve availability of information to help people know how to contact and access CHoC.
- Explore variation in waiting times and seek to provide greater equity of service.

### A consistently great service would have:

- Expert and accurate clinical diagnoses.
- Staff who are personable, knowledgeable, thorough and who listen.
- Good communication between doctors/nurses and patients and between CHoC and other departments. Respondent's value joined up working.
- A choice of whether you are seen by a doctor or nurse.
- Accurate appointment times.
- Patients informed of any delay and kept informed when they will be seen.
- Short waits.
- Concise available Information on how to contact the service and how to access the treatment centre.

## References

Cumbria Health on Call. About. [online] Available at: <http://www.chocltd.co.uk/about/>. [Accessed 2 November 2016].

Cumbria Health on Call. Treatment Centre Locations. [online] Available at <http://www.chocltd.co.uk/locations/>. [Accessed 3 November 2016].

Cumbria Health on Call. Patient Information. [online] Available at <http://www.chocltd.co.uk/patient-information/>. [Accessed 14 November 2016].

NHS England. 2014. GP Patient Survey CHoC Summary Report [e-article]. Available at <http://www.chocltd.co.uk/wp-content/uploads/2016/01/GPPS-CHoC-Report-2014.pdf>. Accessed 15 November 2016].

CFEP Surveys. 2013. Care in Out of Hours Initial Telephone Contact/ Treatment Centre Report [e-article]. Available at <http://www.chocltd.co.uk/wp-content/uploads/2016/01/CHOC-Initial-Telephone-Contact-and-Treatment-Centre-Report-June-July-2013.pdf>. [Accessed 21 November 2016].

Care Quality Commission. 2014. Our new approach to the inspection of NHS GP out-of-hours services: Findings from the first comprehensive inspections [e-article]. Available at [http://www.cqc.org.uk/sites/default/files/20140924\\_gp\\_out\\_of\\_hours\\_final.pdf](http://www.cqc.org.uk/sites/default/files/20140924_gp_out_of_hours_final.pdf). [Accessed 23 November 2016].

National Audit Office. 2014. Out of hours GP services in England [e-article]. Available at <https://www.nao.org.uk/wp-content/uploads/2014/09/Out-of-hours-GP-services-in-England1.pdf>. [Accessed 28 November 2016].

## **Appendices**

### **Appendix 1**

#### *Survey Monkey - What is the survey about?*

Healthwatch Cumbria has been commissioned by Cumbria Health on Call (CHoC) to hear your views on the CHoC service and develop a better understanding of patients' experience of it. CHoC is the out of hours urgent healthcare service for Cumbria.

We welcome comments from anyone who has used CHoC from 1st March 2016.

This survey is entirely voluntary. We hope that you take part, if you don't wish to; you don't have to give a reason. Your comments will be confidential and completely anonymous.

In due course the results of the survey will be made available as part of a report on the Healthwatch Cumbria website ([www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)). If you wish to receive further information about the findings of this survey, there will be an opportunity to provide your email address.

This survey should take no longer than 10 minutes to complete.

**The closing date for this survey is 12noon on Wednesday 30th November 2016.**

Thank you for your time.

*This survey is being undertaken by Healthwatch Cumbria and is being commissioned by CHoC. All information supplied will be held by Healthwatch Cumbria and will remain secure and confidential. Your details will only be used for the purposes of this research and will not be passed onto any third parties or used for marketing purposes in accordance with the Data Protection Act 1998..*

## About you/the patient

**1. Are you:**

- Completing this survey as the patient
- Completing this survey on behalf of the patient

**2. When did you/ the patient last use the CHoC service?**

- In the last week
- In the last month
- In the last 3 months
- In the last 6 months

**3. What is your/ the patient's gender?**

- Male
- Female
- Transgender
- Prefer not to say

**4. How old are you/ is the patient?**

- Under 18
- 18 -30
- 31-40
- 41-50
- 51-60
- Over 60

**5. Which district are you/ is the patient from?**

- Allerdale
- Furness
- Carlisle
- Copeland
- Eden
- South lakes
- Visitor *(please go to Question 7)*

**6. Please choose your/the patient's postcode area from the options below**

*(please place a tick in the adjoining column):*

- |                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| CA1 <input type="checkbox"/>  | CA13 <input type="checkbox"/> | CA25 <input type="checkbox"/> | LA13 <input type="checkbox"/> |
| CA2 <input type="checkbox"/>  | CA14 <input type="checkbox"/> | CA26 <input type="checkbox"/> | LA14 <input type="checkbox"/> |
| CA3 <input type="checkbox"/>  | CA15 <input type="checkbox"/> | CA27 <input type="checkbox"/> | LA15 <input type="checkbox"/> |
| CA4 <input type="checkbox"/>  | CA16 <input type="checkbox"/> | CA28 <input type="checkbox"/> | LA16 <input type="checkbox"/> |
| CA5 <input type="checkbox"/>  | CA17 <input type="checkbox"/> | LA5 <input type="checkbox"/>  | LA17 <input type="checkbox"/> |
| CA6 <input type="checkbox"/>  | CA18 <input type="checkbox"/> | LA6 <input type="checkbox"/>  | LA18 <input type="checkbox"/> |
| CA7 <input type="checkbox"/>  | CA19 <input type="checkbox"/> | LA7 <input type="checkbox"/>  | LA19 <input type="checkbox"/> |
| CA8 <input type="checkbox"/>  | CA20 <input type="checkbox"/> | LA8 <input type="checkbox"/>  | LA20 <input type="checkbox"/> |
| CA9 <input type="checkbox"/>  | CA21 <input type="checkbox"/> | LA9 <input type="checkbox"/>  | LA21 <input type="checkbox"/> |
| CA10 <input type="checkbox"/> | CA22 <input type="checkbox"/> | LA10 <input type="checkbox"/> | LA22 <input type="checkbox"/> |
| CA11 <input type="checkbox"/> | CA23 <input type="checkbox"/> | LA11 <input type="checkbox"/> | LA23 <input type="checkbox"/> |
| CA12 <input type="checkbox"/> | CA24 <input type="checkbox"/> | LA12 <input type="checkbox"/> |                               |

## About the initial telephone contact

### 7. Why did you/ the patient choose to make contact with CHoC?

- You/their situation felt like it required immediate help
- You/they couldn't get an appointment at your/their own GP surgery
- You/they couldn't get an appointment at your/their own GP surgery at a time that suited you/them
- You/they believe CHoC is quicker than your/their own GP
- You/they have used CHoC before and were happy with the service
- You/they don't have a GP
- You/they are a visitor to the area
- You/they felt that you/they had no other choice
- Other (please specify)

### 8. How did you/ the patient contact CHoC?

- You/they dialled the service directly
- You/they called 111 and were directed to CHoC
- You/they walked into one of the centres
- Other (please specify)

- If you/the patient's experience of CHoC ended here please go to **question 27**
- If you/the patient called the CHoC service direct please go to **question 9**
- If you/the patient spoke to a doctor or nurse on the phone please go to **question 12**
- If you/the patient went to a CHoC treatment centre please go to **question 15**
- If you/the patient had a home visit please go to **question 22**



## **About the call to the CHoC service if you/ the patient called direct**

9. How satisfied were you/ was the patient with the length of time it took for your/their call to be answered?

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

10. Did you/ the patient feel the call handler listened to you/ them well?

- Yes
- No

11. Did the call handler explain clearly what would happen next?

- Yes
- No

■ If you/the patient went to a *CHoC treatment centre* please go to question 15

■ If you/the patient had a *home visit* please go to question 22

■ If *neither of the above* please go to question 27

## **About the doctor or nurse who spoke on the phone**

12. What did the wait for the call back feel like?

- Longer than expected
- Shorter than expected
- As expected

13. Did you/ the patient feel the doctor or nurse understood why you/ they were seeking help?

- Yes
- No

14. Did they explain clearly what would happen next?

- Yes
- No

■ If you/the patient went to a *CHoC treatment centre* please go to question 15

■ If you/the patient had a *home visit* please go to question 22

■ If *neither of the above* please go to question 27

**About your/ the patient's care at the treatment centre**

15. How would you/the patient rate the welcome you/they received?

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

16. What did the wait at the treatment centre feel like?

- Longer than expected
- Shorter than expected
- As expected

17. Did you/the patient feel reassured by the doctor or nurse?

- Yes
- No

18. Did you/the patient feel fully informed about your/their condition?

- Yes
- No

19. Did you/the patient feel involved in decisions made about your/their treatment?

- Yes
- No

20. Were you/was the patient given clear instructions of what to do if your/their condition became worse?

- Yes
- No

21. Have you any other comments about the treatment centre?

Please go to question 27

## **About the home visit**

22. What did the wait for the doctor/nurse to arrive at the home feel like?

- Longer than expected
- Shorter than Expected
- As expected

23. Did you/the patient feel reassured by the doctor or nurse?

- Yes
- No

24. Did you/the patient feel fully informed about your/their condition?

- Yes
- No

25. Did you/the patient feel involved in decisions made about your/their treatment?

- Yes
- No

26. Have you any other comments about the CHoC home visit?

## Overall CHoC experience

27. How would you/the patient rate the CHoC experience overall?

- Very Satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

28. What did you/the patient like or value about the service?

29. Are there any other improvements that you/the patient would like to see made to the service?

30. Any other comments about the experience of CHoC?

## Thank you

Thank you for taking the time to complete this survey, the results will be made available on the Healthwatch Cumbria website ([www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)) in due course.

If you have completed a paper copy of this survey please return it to: Healthwatch Cumbria, Best life Building, 123 Botchergate, Carlisle, CA1 1RZ.

If you would like to receive a copy of the report, please leave your email address here (your email address will not be used for any other purposes)

## Appendix 2

### Postcards

Postcards were produced and distributed to promote the online survey.



## Appendix 3

### Posters

A4 Posters were also produced as an accompaniment to the postcards.

## Appendix 4

### Social media facts

Some examples of CHoC facts of the day were

- CHoC travelled 5052 miles last week
- Call handlers dealt with 1613 calls last week
- They travelled 3797 miles visiting patients last week.
- They cover over 250 clinical shifts each week out of hours. 828 attended their treatment centres
- They made 308 home visits last week. They are open for 68% of the total week.
- The 12 CHoC cars drove 4148 miles last week and 820 people attend their treatment centres
- Their call handlers spoke to 1379 patients and health professionals last week.
- They made 293 home visits last week
- They saw 80 patients from Accident and Emergency last week and visited 150 patients in a
- CHoC clinicians were able to offer sufficient medical advice to 565 patients last week
- They saw over 800 people at treatment centres last week
- They treated 80 patients from Accident and Emergency last week.
- They visited 164 people in residential or nursing home last week.
- They cover in excess of 250 clinical shifts per week.
- The CHoC cars drove 4265 miles last week
- The call handlers spoke to 1270 patients and health professionals last week.



**Cumbria Health**

**On Call CHOC**

## **Independent Review of Patient Experience**

### **Healthwatch Cumbria**

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