

Urgent Care at Pontefract Hospital 2017



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Pontefract Hospital emergency care provision since 2011

When the new hospitals at Pinderfields and Pontefract were opened in 2011, it was agreed that Pinderfields would be the main centre for people needing acute and complex care for the district but that Pontefract would continue to have a full Accident & Emergency (A&E) Department, with specialist doctors and equipment on site during the day and available to support patient care around the clock. This was delivered by Mid Yorkshire Hospitals NHS Trust as part of their contract.

From 1 November 2011, due to a shortage of emergency doctors and concerns about safety the board at Mid Yorkshire Hospitals NHS Trust took the decision to close the emergency department at Pontefract Hospital temporarily between 10pm and 8am. The emergency department was fully re-opened on 3 September 2012 with an external provider covering the overnight service.

In 2013, as part of a large scale hospital improvement programme to address the significant challenges facing the local NHS (called Meeting the Challenge) the roles of our three local hospitals (Dewsbury, Pinderfields and Pontefract), were reviewed. The review was in line with national guidance from NHS England that describes different types of urgent care services and how they should be organised to help people get to the right place for their medical needs. This guidance was developed to enable the local NHS to create systems which make routes for care easier, so patients use the appropriate service for their need, and urgent and emergency care services are freed up to support patients who are in greatest need. A detailed Integrated Impact Assessment of the Meeting the Challenge proposals was completed in 2013¹ that supported the local case for change.

For many years the A&E service at Pontefract has been operating as more of an Urgent Treatment Centre (see definition on page 7) than a fully functioning A&E. This means the vast majority of people who are taken to hospital by ambulance from the east of our district are taken to Pinderfields to receive specialist emergency care. People arriving at Pontefract A&E who need admission to hospital are stabilised and transferred to Pinderfields.

Both Dewsbury and Pontefract Hospitals provide consultant-led emergency care from a team of doctors and advanced nurse practitioners. There is a consultant present in the hospital during the day and available for advice out-of-hours, as well as full resuscitation facilities available. All three hospitals deal with urgent illnesses, injuries and conditions that can be seen without patients having to stay in hospital; these include cuts, sprains, broken bones, head injuries, eye problems and skin infections.

¹ <http://www.meetingthechallenge.co.uk/documents/making-the-case-for-change-evidence/>

Purpose of the engagement

The contract to deliver urgent care at Pontefract Hospital is due for renewal in 2018 so NHS Wakefield Clinical Commissioning Group (CCG) has taken this opportunity to review the service to ensure that it serves our population as well as it can.

The CCG commissioned Healthwatch Wakefield to lead on the engagement with local people. The questions in the survey were designed to help find out:

1. How people currently use healthcare services
2. What people currently know about the services that are provided at Pontefract Hospital
3. What other services people think could be provided at Pontefract Hospital

Next steps

No decisions have been made yet about urgent care at Pontefract Hospital, as the CCG believes the public should help shape the service. This report summarises public views on the issue so that they can be considered alongside independent clinical advice on safety and sustainability of services at Pontefract Hospital. If changes are needed that affect the way people currently use services, the CCG will consult with the public on the options they might consider.

The CCG tells us that Pontefract Hospital is central to the current and future plans for healthcare for Wakefield district. As an example, from October 2017 there is an extended hours GP service at Pontefract Hospital offering appointments from 6pm – 10pm in the evenings and 9am to 3pm at weekends and bank holidays.

Key Findings

Of the **2,078 people** who responded to the survey:

- **70%** said their first choice for urgent, but not life threatening, care would be to contact primary care services, either by ringing 111 or their own GP.
- **12%** said they would go to the walk-in centre.
- **25%** said they would choose first to go to A&E for urgent, but not life threatening care, but analysis of comments suggested they would make that judgement based on whether they thought a GP or walk-in centre would actually be able to provide the diagnostics or treatment they needed (e.g. an x-ray or stitches).
- **77%** said they would choose to see a GP on the same day rather than go to A&E, but that it would depend on what their condition was (as above).
- **50%** said they had used Pontefract Hospital A&E in the last two years.
 - 96% made their own way there, the majority being taken by family member, friend, or taxi.When asked why they chose Pontefract A&E:
 - 48% said they went because it was closest to them.
 - 30% went because they thought it would be quicker.
- **28%** have used Pontefract A&E between 10pm and 8am.
- **79%** think that Pontefract Hospital A&E is able to treat serious life threatening conditions on site and **42%** said they were surprised to hear that if they presented there with a life threatening condition they would be stabilised and sent to Pinderfields Hospital to access specialist staff and equipment.
- **Most people (76-93%)** think that an Urgent Treatment Centre would provide the following services:
 - Blood tests, x-ray, scans, minor surgical procedures, burns treatment and treatment for fractures or broken bones.
- **The top 5 other services** people told us they would want at Pontefract Hospital were:
 - A fully functioning 24 hour A&E
 - Everything that Pinderfields/ any other hospital has
 - Maternity / birth / labour / antenatal services
 - Surgery / operations
 - Children's services.
- **The top 5 themes** from the open comments were:
 - Please keep our local hospital A&E open
 - Pontefract Hospital is highly valued by the local community
 - Pontefract Hospital doesn't have the services, staff or beds it needs
 - Pinderfields Hospital is too far to travel to from the east of the district
 - Concern about increased pressure on Pinderfields A&E if emergency or urgent care services are not available at Pontefract.

Key Messages from all comments in the survey

1. People want 24 hour urgent or emergency care provision at Pontefract Hospital, and they have significant concerns about the consequences of any reduction in current provision.
2. There is widespread confusion over what services Pontefract Hospital currently provides.
3. People are disappointed at the perceived insufficient use of an expensive, purpose-built hospital facility at Pontefract when it is so valuable to the local community.
4. There is evidence in this survey that the majority of people are aware what constitutes an emergency or accident, and would choose to access alternative care (e.g. same day GP appointment) if appropriate for their condition and if available in a timely way.

What happens currently across Wakefield District?

Mid Yorkshire Hospitals NHS Trust runs two hospitals in our district: Pinderfields and Pontefract, which both have 24 hour, 7 days a week open access A&E (or Emergency Department) services. They also run Dewsbury Hospital which is in North Kirklees but which is used by Wakefield residents. This hospital also has a 24 hour, 7 day a week open access A&E (or Emergency Department).

Pinderfields Hospital sees all emergencies, including critically ill and injured patients. Most people who are picked up by emergency ambulance are taken straight to Pinderfields or to the nearest suitable hospital.

Intensive care and high dependency care is based at Pinderfields. Most people who come to the A&E at Pontefract who need to be admitted to hospital are transferred to Pinderfields. There are no facilities to admit seriously ill medical patients to Pontefract.

Although described as an Emergency Department, Pontefract Hospital is mainly a centre for planned care, including short stay surgery, outpatients and diagnostics. It has been operating more as an Urgent Treatment Centre than an Emergency Department and has a specialist team of emergency care doctors and nurses, including consultants in the hospital during the day and on call. A person attending the Emergency Department at Pontefract with a condition classed as an emergency will be stabilised and taken to Pinderfields or another appropriate hospital.

National Guidance about urgent care

National guidance from NHS England describes different types of urgent care services and how they should be organised to help people get to the right place for their medical needs. This has been developed to enable the local NHS to create systems which make routes for care easier, so patients use the appropriate service for their need, and urgent and emergency care services are freed up to support patients who are in greatest need.

The difference between A&E (or Emergency Department) and Urgent Treatment Centre

- **Emergency Departments** provide services in an emergency, when life or long term health is at risk, for example, such as serious injury or bleeding, severe breathing difficulties, etc.
- **Urgent Treatment Centres** provide patients with urgent advice or treatment in cases that are not life-threatening or life-changing. It can be based on a hospital site or stand-alone in the community.

The guidance recommends urgent care is provided through a combination of general practice (GP), other primary care services, such as pharmacies, urgent treatment centres and emergency departments, which can be accessed on a 'walk-in' basis or by calling 111 or 999. This gives patients the best options in relation to their medical needs.

In our district new GP services are being developed, which will offer appointments into the evenings and weekends, and better primary care services which will help support patients in their communities. This will include a GP service at Pontefract Hospital from 6pm to 10pm in the evenings and 9am to 3pm at weekends and bank holidays.

Responsibilities of the CCG, including legal requirements

Engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process. By involving local people the CCG want to give them a say in how services are planned, commissioned, delivered and reviewed. They recognise it is important who is involved through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

Engaging people who use health and social care services, and other stakeholders in planning services is vital to ensure services meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services, but have been actively involved in developing the proposals.

Legal requirements

There are a number of requirements that must be met by CCGs when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include the Health and Social Care Act 2012 and the NHS Constitution. Health and Social Care Act 2012, makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services. The duties to involve and consult were reinforced by the NHS Constitution which stated: 'You have the right to be involved directly or through representatives, in the planning of 12 healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

The Gunning Principles state that:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account.

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations.

To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles:

- The organisation must be aware of their duty.
- Due regards is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regards involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

An Equality Impact Assessment (EQIA) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any potential impact on protected groups and ensure equality of opportunity. Engagement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary. The Gunning Principles of Consultation are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate.

Healthwatch Wakefield Statement of Independence

Healthwatch Wakefield is an independent charitable company, part of the national Healthwatch network, with a role to represent the voice of people using health and care services in our locality. Core funding from the Department of Health through local government allows local Healthwatch to deliver a plan of work based on information and feedback from local people.

Our Vision

We will put the public voice at the heart of decision making around health and social care. We will do this by growing and strengthening the organisation so that we can challenge and improve provision of health and social care services on behalf of local people, particularly those whose voices are often under-represented.

We will be a credible and influential organisation that has good relationships with local people, commissioners and providers of health and social care.

Our values and behaviours

Inclusive and collaborative – we put people first, particularly those who are less able to represent themselves. We aim to involve all communities in Wakefield District. We work in partnership with all key stakeholders.

Credible and effective – we aim to be respected for our rigour and high standards of information, intelligence and reporting. We want to make a difference.

Open and accountable – we hold meetings in public, carry out decisions and publish our findings according to our processes which are available on our website.

Independent – we act on behalf of local people independent of political parties, commissioners and providers. We have no vested interests in the outcome of our work apart from improving local health and social care services for the people of Wakefield.

Retaining our independence when doing externally funded work

Many Healthwatch organisations across the country are being asked to take on patient or public engagement or evaluation work on behalf of health and care providers and commissioners because their ability to seek out and represent the voices of local people is valued.

Healthwatch Wakefield will consider taking on externally funded work that falls within our organisation vision and values and fulfils our statutory functions which are as follows:

Statutory functions of local Healthwatch

1. Promoting and supporting involvement of local people in commissioning, provision and scrutiny of local care services.
2. Enabling local people to monitor local care services and whether / how they could/ought to be improved.
3. Obtaining views of local people regarding their needs for, and experiences of, local care services and making these views known.

4. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers, and people responsible for managing or scrutinising services and shared with Healthwatch England.
5. Providing advice and information about access to local care services so choices can be made about local care services.
6. Formulating views on standard of provision and whether and how the local care services could and ought to be improved.
7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

It is vital that Healthwatch Wakefield retains control and ownership of the information from the work that we do, and that our statutory powers and independence are not compromised. Any contracts for additionally funded work are therefore carefully negotiated with advice from Healthwatch England and other legal support if necessary.

Methodology

Survey Design

The survey comprised 13 questions that were designed by the CCG to help them understand:

1. How people currently use healthcare services.
2. What people currently know about the services that are provided at Pontefract Hospital.
3. What other services people think could be provided at Pontefract Hospital.

The survey included quantitative (usually multiple choice options) and qualitative (open comment) questions. There were a further 13 demographic questions to ensure that it was possible to track whether or not all sections of our community were represented.

An easy read version of the survey was produced particularly for those with learning disabilities, limited English or low levels of literacy. 9 of these surveys were completed.

Interpreting the data

As the survey was completed by a sample of Wakefield District residents (2,078 people), and not the entire population (around 354,000 people), all results are subject to sampling tolerances.

The surveys were collected in two ways, either by online completion through a web link or on a paper survey completed independently, or completed by a Healthwatch employee or volunteer with a member of the public. In a proportion of the online surveys not all respondents have answered all questions. Therefore, the number of people answering varies for each question, with some of the later questions being answered by a smaller number than the overall base size.

There were a number of open ended questions in the survey which allowed respondents to use their own words rather than tick a box. To analyse these answers and present them in an understandable way, responses to each open ended question have been sorted into themes. Where relevant, we have also used verbatim comments to provide examples to offer further insight into each theme.

To provide some triangulation of data, the CCG commissioned 1000 telephone surveys which were collected by The Campaign Company and which used the same questions as the online and paper surveys. These results have been analysed separately by them. Both results are included in this report and give an additional measure of security in relation to the validity of the findings.

The engagement process

Engagement activity took place across a six week period, commencing 17 July 2017 and finishing on 31 August 2017. There were two strands to the engagement; online and media promotion and community outreach.

Online and media promotion

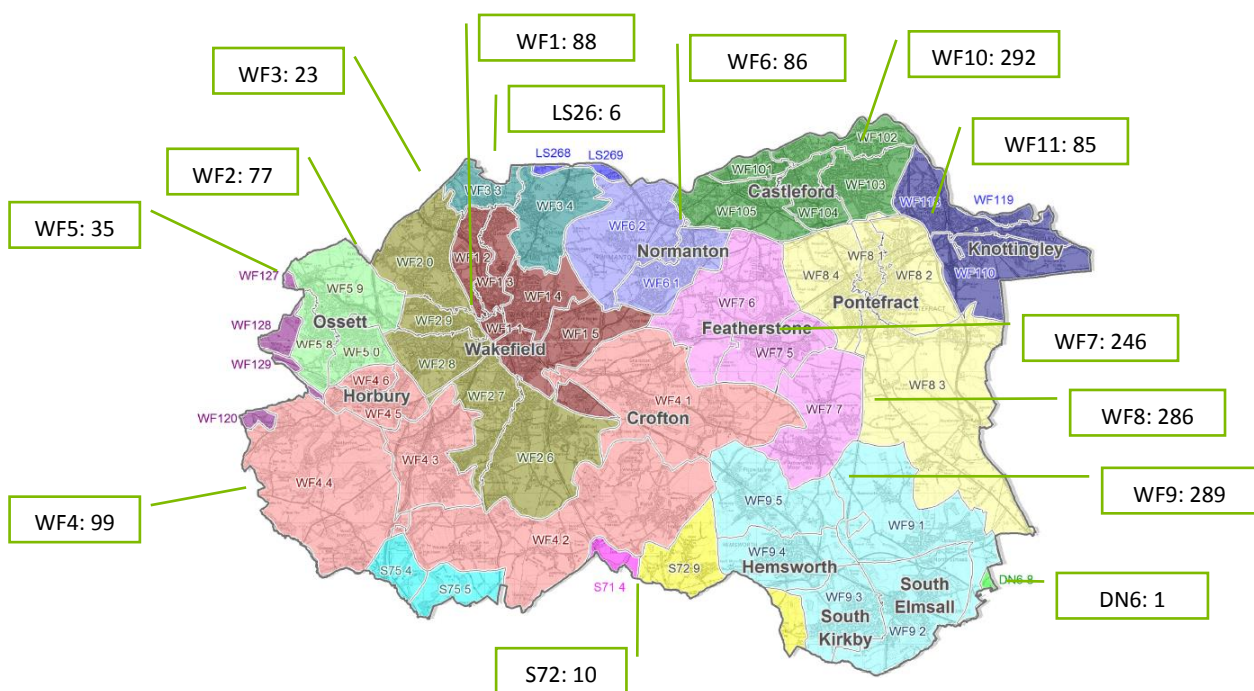
- Survey link and news item on the Healthwatch Wakefield website
- Twitter posts with link to information and the survey regularly uploaded / retweeted
- Facebook posts with link to information and the survey regularly uploaded / shared
- Promoted through Facebook with a post boost / advertising:
Targeting men and women 18-65+ in Pontefract (+40km) to run for 41 days
 - 5329 people reached
 - 174 engagements
 - 87 shares
 - 40 likes
 - 18 comments
- WDH Director of Corporate Services included information and links on their website, internal site and included information in their employee briefing note.
- Emailed summary introduction and link to information and the survey to e-contacts c. 600+.
- Shared via Healthwatch Wakefield Trustee on staff Yammer pages/forums at NHS Digital.
- Press statement/release issued.
- Article in Pontefract and Castleford Express 28 July.
- Article in Wakefield Express Friday 4 August.
- Advertising in Wakefield Express and Pontefract and Castleford Express.
- Radio advertising on Ridings FM.

Community outreach

The engagement period fell across the summer holidays which enabled the Healthwatch team of staff and volunteers to be out and about in the community very effectively. We attended community galas and fun days, had stalls in local markets, went to group events and activities, to libraries and community centres and generally tried to get out across the whole district. We also focused our attention on healthcare settings, visiting Pontefract and Pinderfields hospitals several times, talking to people in A&E, outpatient departments and in the general waiting areas. We went to 12 GP practices to talk to patients.

Although we planned outreach work across the entire district, we found quickly that people in west or central Wakefield were less likely to be interested in filling in the survey. They said that they were unlikely to go to Pontefract hospital and it was more difficult to persuade them to take part. Community groups and GP practices in the east of the district were more likely to accept our requests to visit and talk to their service users and patients.

Distribution of completed surveys across the district



Surveys completed by people living outside Wakefield District:

BD11	1	LS	1	S35	1
DN14	13	LS12	1	S5	2
DN5	1	LS2	2	S70	1
HD	1	LS25	10	WF	15
HD2	1	LS27	1	WF14	1
HD7	1	LS7	1	WF15	1
HD8	3	NG23	1	WF17	2
HD9	1	OL14	1		

The distribution of surveys as depicted in the map above, shows that the majority were completed by people living in the east of our district, with a handful from other surrounding areas.

To complement the face to face engagement, the telephone survey by The Campaign Company had a representative sample that was captured through a quota sample method, with quotas set for demographics and geography.

The calendar below shows where Healthwatch Wakefield staff and volunteers went over the course of the engagement.

Calendar of engagement

Monday	Tuesday	Wednesday	Thursday	Friday
17-Jul	18-Jul	19-Jul	20-Jul	21-Jul
Wakefield District Sight Aid *			Kinsley and Fitzwilliam Pharmacy User Group	
24-Jul	25-Jul	26-Jul	27-Jul	28-Jul
	Northgate Surgery Patient Reference Group	Ferrybridge and Knottingley Carers Group *	Middlestown Surgery	
31-Jul	01-Aug	02-Aug	03-Aug	04-Aug
Meet the Councillors Normanton Riverside Medical Practice	Pontefract Hospital	Queens Park Play Day	Northgate Surgery Pontefract Hospital Southmoor Surgery College Lane Surgery	Pontefract Hospital
07-Aug	08-Aug	09-Aug	10-Aug	11-Aug
Riverside Medical Practice	Kings Medical Centre Queens Medical Centre Normanton Market Pontefract Hospital Pinderfields Hospital	Pontefract Market Pontefract Library Airedale Family Fun Day	Havercroft and Ryhill Family Fun Day College Lane Surgery	Pontefract Hospital
14-Aug	15-Aug	16-Aug	17-Aug	18-Aug
Riverside Medical Practice Upton and North Elmsall Community Library	White Rose Health Centre South Elmsall Market Middlestown Surgery Patient Panel Voiceability Group *	City of Sanctuary Welcome Café * Thornycroft Centre Pinderfields Hospital	Castleford Market South Kirby Fun Day Castleford Health Centre	Pontefract Hospital Church View Health Centre
21-Aug	22-Aug	23-Aug	24-Aug	25-Aug
South Elmsall Library	Prospect Surgery Lupset Health Centre Pontefract Hospital	Hemsworth Community Centre Wakefield Deaf User Partnership *	Wakefield Carers Group *	
28-Aug	29-Aug	30-Aug	31-Aug	
BANK HOLIDAY Eid Pamper Fair at Balne Lane *	West Yorkshire Archive Service BME Ladies Group *		Crofton Family Fun Day	

* Under represented

In total, around 131 hours were spent in the community talking to residents at 51 separate outreach activities.

Under represented communities

Healthwatch Wakefield and the CCG are always keen to ensure that the voices of those seldom heard in health and social care engagement are captured in a proactive way. During this engagement we went to five specific groups or activities that can be described as under-represented. We also went to public places, such as markets and libraries to capture the opinions of people who may not have been likely to come across the survey in any other way.

The easy read version of the survey was used in a number of settings. Interpreters and talk to text solutions were used where useful, for example at Wakefield Deaf User Partnership.

At the midway review of the engagement period, Healthwatch Wakefield noted that the ethnic mix of respondents was significantly White British, and predominantly women. Anecdotally, staff and volunteers reported that during outreach activity they would often talk to couples and that it would invariably be the woman who completed the form and therefore the demographics. The second half of the engagement therefore had a particular focus on engaging with a broader ethnic mix and encouraging more men to complete the survey. We also worked with specific community champions who undertook to take the survey to their local communities and groups on our behalf.

By the end of the engagement period, the demographic mix was more representative of the Wakefield District population as seen below:

	Survey	District population (2011 census)
Asian or Asian British	3.6%	2.6%
Black or Black British	0.9%	0.8%
Mixed or multiple ethnic groups	0.8%	0.9%
White British	90.9%	93.1%
Other White	1.9%	2.3%
Other ethnic groups	0.8%	0.3%
Prefer not to say	1.0%	
	100.0%	100.0%

It should be noted also, that the east of the district has a lower percentage of other ethnic groups than central and west Wakefield (2.1% in Pontefract South and 3.5% in Pontefract North for example).

CCG engagement activity

The engagement was supported by the CCG in a number of ways:

- Regular online promotion and social media activity.
- Newspaper and radio advertisements in local media.
- Large scale mail out to all CCG partners, including GP surgeries, pharmacies, children's centres, community centres and libraries.
- Production and distribution of a poster to display in various health and other settings, e.g. hospital.
- Attendance at surgery waiting rooms including the Walk-in Centre and two outreach events alongside Healthwatch Wakefield staff.
- Also attended various Practice Patient Groups, Castleford Community Partnership, Health Overview and Scrutiny Committee and the Local Medical Committee.

The Campaign Company telephone survey

The CCG also asked The Campaign Company to conduct a random telephone survey of 1,000 people across Wakefield District and in some outlying areas in Selby where residents have a tendency to go Pontefract Hospital, due to its proximity, rather than other hospitals.

The purpose of the telephone survey was to supplement the information provided by the other channels. This method captures views of a more randomised sample of the population than other self-selecting consultation channels and provide findings that are representative of the population. A broadly representative sample was captured through a quota sample method, with quotas set for demographics and geography.

The questions asked in the survey were the same as those in the main survey used by Healthwatch Wakefield to allow for direct comparison. Analysis of the responses has been conducted using statistical software.

Comparison

The findings from both surveys were broadly similar in most respects. There were two key differences;

1. More people from the telephone survey (88% rather than 77%) would use GP if they could rather than go to A&E and fewer (16% rather than 25%) would go first to A&E;
2. Fewer people from the telephone survey have used Pontefract A&E in the past two years (22% compared to 50% with wider engagement where people are more interested in the issue).

Respondents were also asked what services they would like to be provided at Pontefract Hospital. 40% of respondents said they did not know or did not feel equipped to answer this because they were not familiar with Pontefract Hospital or used others (eg Pinderfields, Dewsbury or Leeds Hospitals).

Of those who did comment, the most common need identified was the need for all services to be provided in line with other hospitals. The next most commonly mentioned service was the need for a fully functioning 24 hour A&E service.

A number of other services were mentioned by a small number of respondents including maternity services; burns unit; mental health services and children's services.

Respondents were also asked if there was anything else they would like to mention about Pontefract A&E. Just over a third of respondents made comments and of these a significant majority mentioned their positive experiences of the Hospital and praised the staff there. Many also felt that the Hospital was under-staffed and under-resourced. There was an underlying concern that reducing services here would have a big impact on local people who would not be able to access emergency services quickly or close to their homes.

The full report from The Campaign Company is available on the CCG website:

<https://www.wakefieldccg.nhs.uk/home/patient-in-wakefield/get-involved/engagement-reports/>








Findings

How people currently use healthcare services

The first section of the survey aimed to find out more about the reasons why people use emergency or urgent care services. There has been a national drive in recent years to support people to make the right decision when considering attending an A&E department. The significant pressures on emergency care services across the country mean that it is increasingly important to provide viable alternatives for people seeking care, and for people to use health services appropriately.

As can be seen from the chart below, 70% of people surveyed (1,420) said if they needed urgent, but not life threatening care, they would first contact primary care services, either by ringing 111 or by ringing their GP practice. A further 12% (249) would go to the walk-in centre and 4% of people (89) were either not sure or ticked 'other'.

514 people (25%) surveyed told us that they would first go to A&E for urgent, but not life threatening, care.

Q1. If you need urgent, but not life-threatening, care what would you do first?				
			Response Percent	Response Total
1	Call 111		39.25%	796
2	Call my GP Practice (including out of hours service)		30.77%	624
3	Call 999		6.36%	129
4	Go to Accident and Emergency		25.35%	514
5	Go to the Walk-in centre		12.28%	249
6	Not sure		1.63%	33
7	Other (please specify):		2.76%	56




*note that the percentages in this table are percentages of the total number of responses, as people had the option to tick more than one answer.

Of the 56 people who added comments in this question, half said that their decision would depend on the specific reason they needed care and what time of day or night it was. Thirteen people (23% of 56 comments) said that they saw A&E as the only safe or viable option, or they were unsure if they would be able to get a GP appointment in time:

'Depends on time of day but going to A&E gives the reassurance of being in a safe environment with specialist help even if it isn't immediate.'

'In our neighbourhood I would try my GP first, but the likelihood is that there would not be any urgent appointments. If I try 111 they almost always refer me to A&E, hence I would automatically go to our local ED in Pontefract, at least there you are seen and sorted out.'

The answers to question 3, 'Can you tell us why you wouldn't see a GP?', also give some clarification of the reasons why people might choose to go to A&E rather than any of the other options given, that is if they felt their condition required specific diagnostics or treatment like an x-ray or stitches or if they felt it was likely that a GP or other health professional would refer them to A&E anyway.

Q2. If you could see a GP on the same day, including evenings and weekends, would you use this instead of going to an A&E?			Response Percent	Response Total
1	Yes		77.11%	1570
2	No		9.28%	189
3	Not sure		13.61%	277

77% of people (1,570) said they would go and see a GP instead of going to an A&E, but 14% were unsure and nearly 10% (189) said no. The reasons for their decision are described below, including some detail about why 14% (277) of people said they weren't sure.

Q3. Can you tell us why you wouldn't see a GP?

When they were asked why they would not choose to see a GP rather than go to A&E, analysis of the 404 answers shows that for most people (60% of comments) this decision would wholly depend on the nature of their health need. The example that was given many times was of a suspected fracture, where people felt that it is more than likely that a GP would refer them to A&E anyway, in order to get an x-ray.

'I would be happy to see a GP for many conditions, but I certainly wouldn't for a broken bone or a non-life threatening cardiac arrhythmia for instance.'

'It depends on what the injury/ illness was. If an x-ray or stitches are required A&E would be my first call but other incidents the doctor would be my first port of call.'

'I would prefer to go to A&E because if further investigations are needed they would be done at the hospital - otherwise the GP would probably refer me anyway and not good use of NHS time.'

People also said that in previous experiences they had been sent to A&E by a health professional, so now they just avoid the 'middle man':

'The previous time I went to see GP urgently I was simply told I need to go to A&E, wasting valuable time.'

'When done so in past then been sent to A&E so might as well go straight there.'

'I once went to the GP with an urgent problem and was sent to A&E.'

Some people felt that if in any doubt, it was safer to go to A&E and they were likely to get better care and treatment there.



'You get treated better and quicker at A&E.'

58 of the 404 comments (14%) were in relation to the difficulty of getting a GP appointment generally, and therefore some scepticism as to whether a same day appointment would be possible.







'Because you cannot always get an appointment straight away or have to ring up to 30 times before the line isn't engaged.'

'More often than not it's out of hours and if not we can't always get by the receptionist.'






'Because you can never get appointment so I don't see how this would be any different. Seems like a middle man who would send you to A&E anyway if it was urgent.'

4. Have you used Pontefract Hospital A&E during the last two years?				
			Response Percent	Response Total
1	Yes		50.20%	1018
2	No		49.80%	1010

The outreach engagement and social media boost activity took place mostly in the east of the district, which may be the reason just over half of respondents to this survey had used Pontefract Hospital A&E in the last two years, in comparison with the telephone survey which found that only 22% of the people they spoke to had attended.

5. If yes, how did you get to the hospital				
			Response Percent	Response Total
1	Drove myself		31.26%	316
2	Had someone drive me (family/friend/taxi)		55.19%	558
3	Ambulance		4.25%	43
4	Walked		2.77%	28
5	Public transport		3.96%	40
6	Other (please specify):		2.57%	26

96% of people who answered this question told us they had got to the hospital by themselves, the majority being taken by a family member, friend or taxi. 4% arrived by ambulance. The responses under 'other' generally covered those people who had taken family or friends to hospital, rather than attending on their own behalf.

Q6. If yes, why did you choose to go to Pontefract Hospital A&E instead of another health service?			Response Percent	Response Total
1	I thought it would be quicker		19.06%	187
2	It was nearer to me		47.71%	468
3	It's always open		13.66%	134
4	I couldn't get a GP appointment		10.50%	103
5	Other (please specify):		29.87%	293

Unsurprisingly most people who go to Pontefract A&E are from the local area and this is reflected by 48% of respondents saying they choose to go there because it's nearer to them.

'In situations of urgency and distress the most local help is essential.'



There is also a perception that for some urgent care problems, attendance at Pontefract A&E will be quicker than Pinderfields A&E, both because it is closer but also because Pinderfields is notoriously very busy.

'Pinderfields/Dewsbury are just too far away in the case of an emergency. A person could die before they reach Pinders.'

'For residents on the outlying edges of the district it is not always practical to get to Pinderfields. Pinderfields hospital is not large enough to cope with all the demands of the entire district. There aren't enough staff at Pinderfields alone to cope with the demand on services.'

'Pinderfields is already too busy, and additionally is virtually inaccessible by public transport from anywhere but Wakefield city centre.'

239 people ticked the 'other' box on this question, of which 77 told us they had been sent to Pontefract A&E by a health professional or NHS 111. 136 responses under 'other' said they chose A&E rather than another health service because of the nature of the problem, for example it was an emergency care situation and/or they required specialist treatment such as x-rays or stitches.

Q7. Have you used the A&E at Pontefract between 10pm and 8am?			Response Percent	Response Total
1	Yes		28.23%	555
2	No		71.77%	1411

The majority of people who responded to the survey had not accessed Pontefract A&E during the night, but this reflects hospital statistics that show use of the overnight service is relatively low.

Q8. What would make you go to an A&E during the night, after 10 pm?

There were some clear indications from this survey that the majority of people who responded know very well what A&E services are for, and feel that they would use them appropriately.

1,292 (73%) people specifically said they would only go to an A&E during the night if they felt it was a real accident or emergency situation. Many examples were given such as severe breathing difficulties, stroke, heart attack, serious bleeding, car accidents etc.

Some of the other categories of response arguably also could reflect emergency situations, for example severe pain, unwell or injured child or something that was too serious to wait until morning. If these numbers are included, 93% of people (1,653) who responded to this question indicate that they would use A&E appropriately overnight.

'If I had a serious injury e.g. broken leg or lots of blood loss or something life threatening such as heart attack.'

'An injury that required immediate, medical assistance, such as severe burns, heart attack etc.'

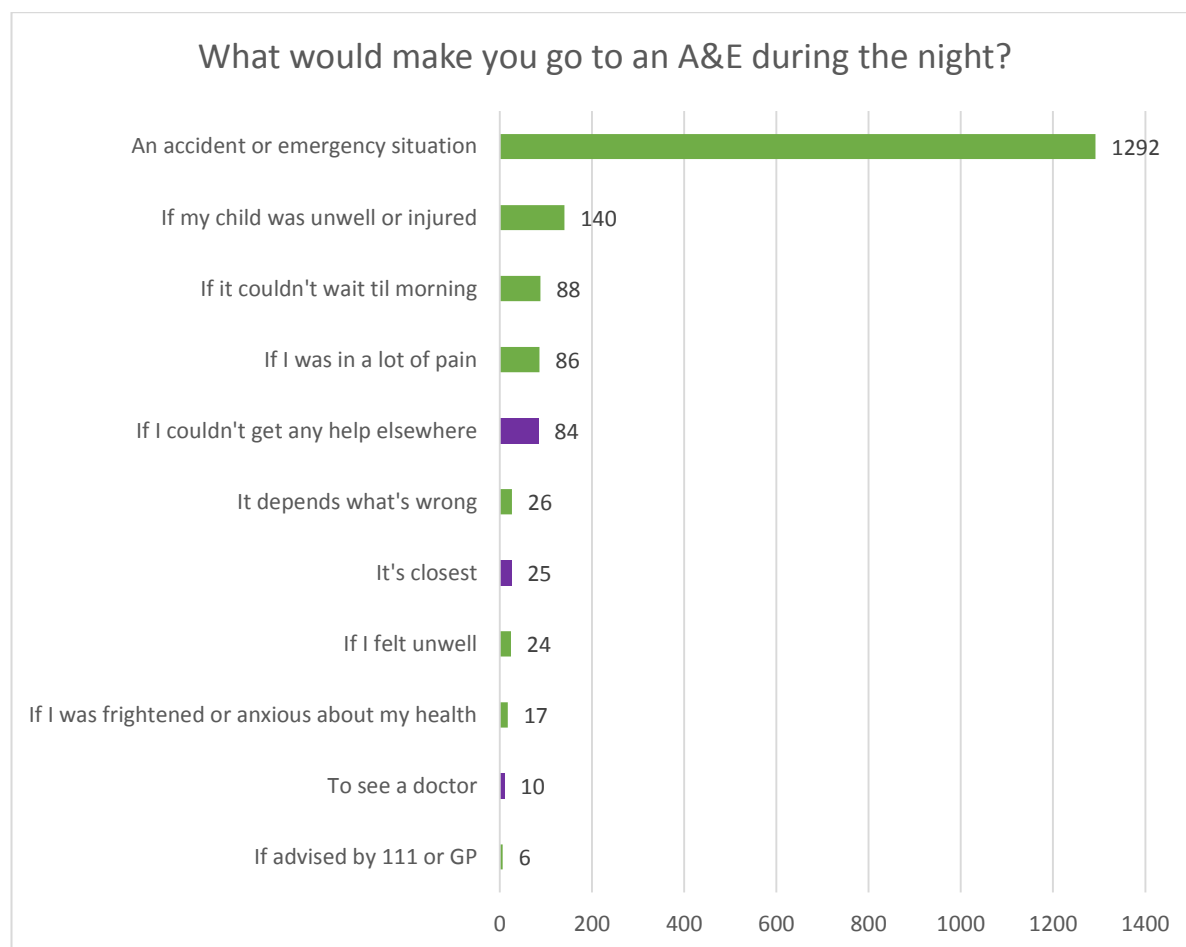
'Anything I thought was life threatening.'

'If in pain and scared.'

'For me it would be pain, I panic, I have cancer.'

'If I needed emergency treatment after 10pm. I'd like to know statistics for who uses A&E either inappropriately or have been sent there, compared to genuine need to attend and admittance to hospital. Let's see if this is a real problem or not.'

The number of responses that relate to other reasons why people would attend an A&E overnight were therefore relatively low and have been coloured purple on the chart below.











Green – people who would go to A&E overnight for an accident or emergency situation, or fear of one

Purple – people who gave other reasons, e.g. it was the only place open, or it is closest to me



What people currently know about the services that are provided at Pontefract Hospital

From the responses to this survey, there appears to be some significant confusion about what services are currently provided at Pontefract Hospital.

The conditions listed below are all emergency conditions that would require attendance at an A&E department in order to be treated safely. As can be seen from the responses, well over half of the people who replied to this question did not know they would not be treated for these conditions if they presented at Pontefract A&E. Only 21% of respondents said that they thought none of these conditions would be treated.

Q9. Which of the following conditions do you think would be treated at Pontefract Hospital A&E currently?				
			Response Percent	Response Total
1	Heart attack		68.00%	1322
2	Stroke		64.30%	1250
3	Serious head injury		60.34%	1173
4	Serious burns		53.34%	1037
5	Unconscious child		66.56%	1294
6	Serious bleeding		68.83%	1338
7	Appendicitis		55.35%	1076
8	None of the above		21.40%	416

When asked if they would be surprised to learn if they went Pontefract A&E with one of those conditions, they would be stabilised and sent to Pinderfields hospital, 632 people (42% of the 1,508 people who responded to this question) answered that they would.

Q10. Would it surprise you to know that if you went Pontefract A&E with one of those conditions, you would be stabilised and sent to Pinderfields hospital to access specialist staff and equipment?				
			Response Percent	Response Total
1	Yes		41.87%	631
2	No		58.13%	876

There were 555 comments on this question, with answers ranging from angry:

'Ridiculous - puts lives at risk! What a waste of a new hospital building with A&E facilities being built in Pontefract if it is not used to full capacity.'

'That's ridiculous considering you would already be at a new capable site.'

'But that's disgusting. Have a lovely hospital and then not use it.'




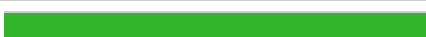


To positive:

'I don't think there is a problem with this as long as stable and then transferred.'

'At least I would be seen and stabilised more quickly due to proximity.'

'I know this happens but the initial assessment is at Pontefract and once you are in the system you feel much safer and in good hands.'

'Even if the A&E can only stabilise serious injuries or medical issues (and not provide treatment), that may be the difference between life and death if it were someone who would otherwise have to travel 20+ miles to the next/nearest appropriate hospital.'

Q11. Which of the following services would you expect to find if you attended a hospital urgent care facility?			Response Percent	Response Total
1	Blood tests		86.45%	1627
2	X-ray		92.77%	1746
3	Scans		82.04%	1544
4	Minor surgical procedures		75.61%	1423
5	Burns treatment		76.62%	1442
6	Treatment for fractures / a broken bone		85.81%	1615

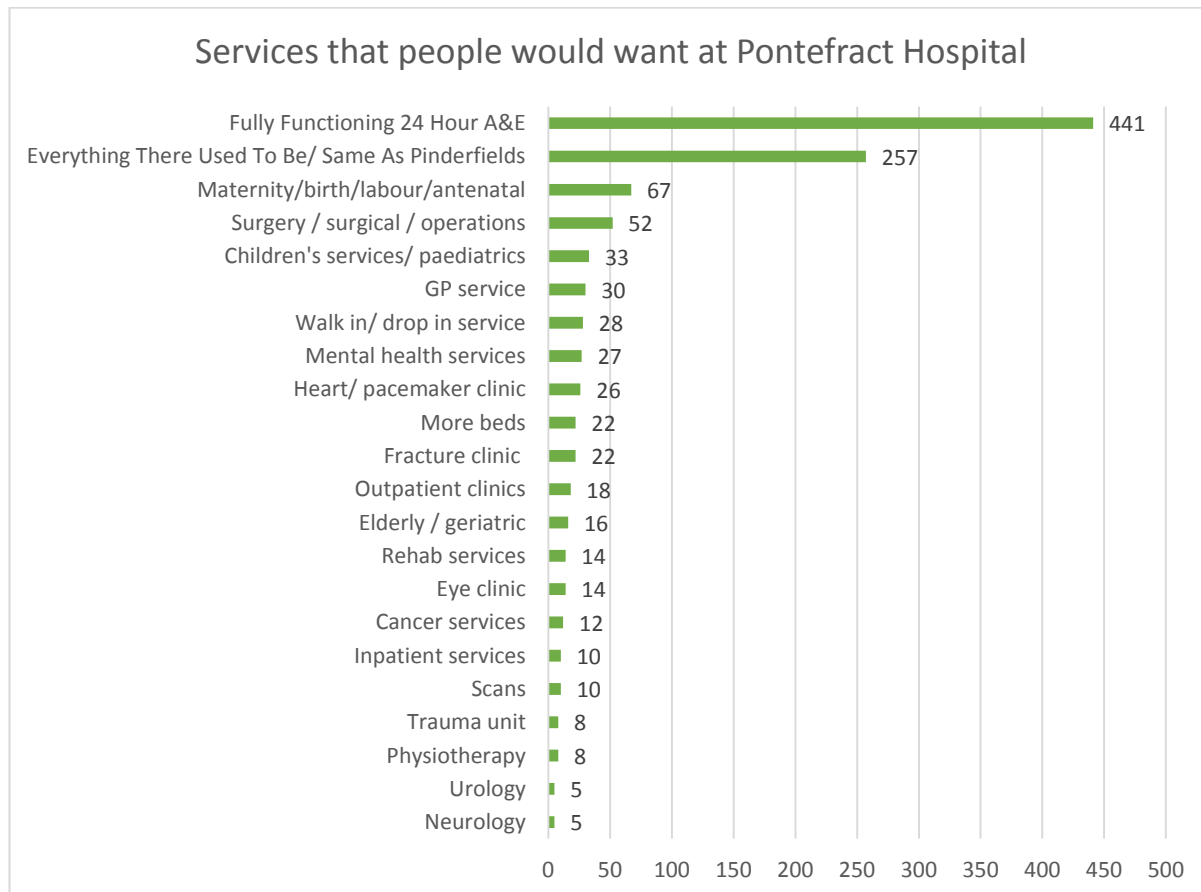
The above services or procedures would be available in any A&E (Emergency Department) and also at any Urgent Treatment Centre. The main differences are that an Urgent Treatment Centre has a different staff mix, may not be open 24 hours a day and would not receive emergency ambulances.

It is clear from the responses that the majority of people would expect to find the above services at Pontefract Hospital.

What other services people think could be provided at Pontefract Hospital

Q12. The CCG are looking to provide more services at Pontefract Hospital. What other services would you like to be provided there?

There were 1,105 answers to this question. The majority answers are summarised in the table below:



By far the majority of people want to have a fully functioning A&E service operating 24 hours at Pontefract Hospital. They also want their local hospital to be what it used to be, or what they perceive a hospital 'should be':

'More of everything. PGI (Pontefract General Infirmary) used to provide excellent first line care. Before it was systematically taken apart, due to poor financial management. Everyone is now realising that PGH (Pinderfields General Hospital) cannot cope with the demands and the large population that it serves.'

'A proper hospital like we had instead of having to travel miles, we've gone back instead of forward, it's just a glorified clinic. More Wards needed instead of miles of useless corridors.'

'I think they should be able to treat more things instead of sending you to Pinderfields or Dewsbury.'

'Everything you would find at any other hospital.'

42 people said they didn't know what Pontefract Hospital offered now, so they couldn't comment on what other services they might provide. This reflects responses to other questions in this survey that shows a widespread confusion about what is available at this hospital.

Q13. Is there anything else you'd like to tell us about Pontefract Hospital A&E?

944 people answered this question. Some people wrote at length about their experiences at Pontefract Hospital or other health services, or about their opinions of the general state of health provision nationally and locally. Some were critical of decisions that have been taken or seriously concerned about the implications of any future change in health provision and what this might mean to themselves and their loved ones. There were also many compliments for the emergency care service currently provided at Pontefract.

All of these responses were analysed and 1,398 separate comments were identified with a number of themes. The top 5 themes are discussed in detail below.

1. Please keep our local hospital A&E open

The largest theme by far was the plea for Pontefract Hospital A&E to remain open to serve the local population. There were many comments, both in this question and throughout the survey, about it being a lifeline for the local community and a valued local facility:

'Please keep it functioning for the many people living this side of West Yorkshire. The extra journey time across to Wakefield and their ability to cope with excessive numbers of people now being sent to Wakefield is frightening and life threatening.'

'Please don't close it. More investment in local services would be appreciated.'

'It is a vital service to our area.'

'It's comforting for me to know that my family have urgent emergency treatment within a few miles of my home (Castleford). Travelling to Wakefield is a much further journey.'

'Pinderfields is alright if you live near the hospital but the majority of the public would get their relative to the nearest hospital for help. So if they lived near Pontefract A&E they would go there.'

'It is needed 24 7.'

2. Pontefract Hospital is highly valued by the local community

Many compliments were received in this survey about Pontefract Hospital and the A&E department, and in particular the staff that work there:

'I have been following 2 falls and staff have been wonderful.'

'It's easy to get to and park with good hard working staff.'

'I think it's Fantastic I've been with my children for small burn, accident on bicycles broken bones and other minor accidents children happen to have. Seen quickly, very clean unlike other A&Es.'

'The staff are amazing at Pontefract. Absolutely outstanding whenever I have used it with my children. Compassionate and caring and polite.'

'It's is a fantastic facility and really important that services including A&E are kept there.'

'I have taken my daughter there a few times over the past year or so when she has had minor injuries/dislocated elbow and the care has been fantastic.'

3. Pontefract Hospital doesn't have the services, staff or beds it needs

People said that the hospital deserved to have more facilities, not less, and questioned the logic behind building a large expensive facility and then not using it to its full potential. They said it needs more beds, more staff and it needs more facilities to serve the local community.

'It needs re-kitting and expanding and to be more robust. My kids on more than 1 occasion would have died, if I had to trail to Wakefield. It's insane to suggest Pontefract does not need an expanded Hospital and exemplary A n E facility.'

'I feel Pontefract A&E Hospital isn't used to its full advantage, there needs to be more access to services and wards. Why did the hospital ever change, just feels a waste of space and frustrating you need to be transferred to PGH.'

'Pontefract A&E is a fantastic small department which provides high standards of care, the staff are lovely always smiling and nothing is too much trouble. The department should be made bigger, more staff should be employed. Stop taking services away, bring them back and improve patient care.'

As can be seen in the answers to question 12 above, there were many suggestions for other health services that local people would value.

4. Pinderfields Hospital is too far to travel to from the east of the district

107 comments were given in this section, which add to the many comments in other parts of the survey, about the length of the journey to Pinderfields Hospital, particularly for those people who have to rely on public transport.

'People need an A&E hospital where they live, not to be transported miles way for treatment.'

'What a waste to build a new hospital and close the a & e. For villages south it is too far to travel.'

'Wakefield too far away. Haven't got transport and cannot afford a taxi.'

'It seems lost on decision makers that an important part of one's wellbeing is being able to access services close to home. Wakefield and Dewsbury are too far away, particularly for the elderly.'

'It is the only hospital I can get to easily. It would be nearly impossible to get to Pinderfields unless it was an emergency and I called an ambulance.'

'It's very important to the local area. Pinderfields is not that easy to get to/often surrounded by traffic so Pontefract A&E is of paramount importance as for a lot of people it's the closest and easiest to get to emergency service!'

'I feel very nervous that the prospect that Pontefract A&E could close. I fear that lives will be put at risk by having to travel to Pinderfields Hospital.'

Particular concerns related to travel and distance include:

- The concern that lives could be put at risk by the additional time it could take for someone in the east of the district to get to Pinderfields in an urgent or emergency situation, particularly at night and for those who have to rely on public transport.
- The problem of getting home to the east of the district after having been transferred from Pontefract to Pinderfields. Verbal examples were given of people who have walked home from Pinderfields A&E in the early hours of the morning.
- When admitted to Pinderfields, the pressure on relatives not being able to visit easily was mentioned many times.
- The fact that Pinderfields itself can be difficult to get to; by car because of the high volumes of traffic, and by public transport as it requires a change over at Wakefield bus station, so at least two bus journeys.
- Following transfer of an urgent case from Pontefract to Pinderfields, many people told us of problems they have had with their car being left in a Pontefract car park making them anxious and also incurring parking charges.

5. Concern about increased pressure on Pinderfields A&E if emergency or urgent care services are not available at Pontefract.

There was widespread feeling that the A&E at Pinderfields already has long waits for people to be seen and treated, and that any reduction in service at Pontefract would lead to additional pressure. Again, the comments in this section are reflected in responses to other questions within the survey.

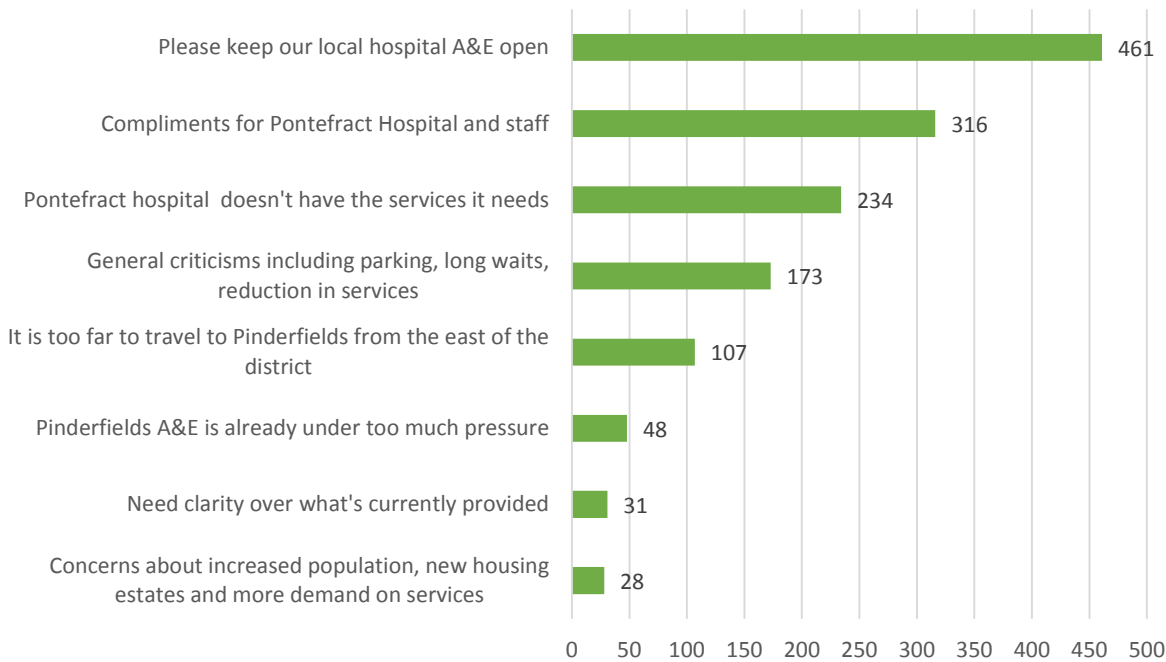
'Also Pinderfields has to cope with emergency care for Pontefract and Wakefield and Dewsbury it will become horrendous and impossible to manage.'

'This dept. should be developed and utilised more to take the pressure off Pinderfields, which cannot cope with the number of patients presenting. Waiting times there are horrendous.'

'I have not been there for a while but each time I have to Pinderfields A&E with elderly parents it is always bursting at the seams. I am not convinced by arguments that Pontefract does not need A&E in some form.'

'No I think pressure should be kept off Pinderfields.'

Summary of responses to final question 'Is there anything else you'd like to tell us about Pontefract Hospital A&E?'



Easy Read Survey

Nine people completed the survey at a group held by Voiceability during August. Some of the key findings include:

- Eight people (89%) indicated they would go to A&E if they needed urgent, but not life threatening, care. Some also ticked other options, including call 111 (five people) and go to the walk-in centre (one person).
- Two people said they would go to a GP if they needed urgent care, but the majority wouldn't. They said that for an urgent situation the GP would refer them to A&E anyway, or they just wouldn't choose a GP for an urgent problem.
- One person had used Pontefract A&E in the last two years and they told us that someone drove them there, and they chose to go there because it was quicker, closer to them and because it is open all the time.
- When asked if they would be surprised to find out that Pontefract A&E didn't offer emergency services as described in the survey, 8 people said they were not surprised.
- All respondents felt that the things described (blood tests, x-rays, scans, burns and broken bone treatments) would be available at an urgent care centre.
- There were three comments given for the question about other services that could be provided at Pontefract

'Everything. All care.'

'I go to the hospital in Wakefield.'

'A&E to be open for minor injuries, reduce waiting list at Pinderfields.'

Conclusion

Healthwatch Wakefield is aware of the significant pressures that our local health and care services are under. Some of these pressures are related to workforce issues such as the shortage of qualified consultants, doctors and nurses, particularly in emergency care. Some are related to the financial situation within which the country and the district has been operating, and some are about the fact that more of us are living longer, with multiple long term conditions and we need more healthcare.

We know that very difficult decisions are having to be made.

We are, however, convinced that these decisions must be taken with local people, that their concerns, needs and wishes must be heard and that they should be kept fully informed of all changes if and when they are made. We welcomed the opportunity to engage with people on behalf of the CCG, who requested Healthwatch Wakefield to take a lead role in this engagement, not only to find out what people think but also to present publicly what we found.

These are the key messages we heard:

- 1. We heard clearly that people want 24 hour urgent or emergency care provision at Pontefract Hospital, and that they have significant concerns about the consequences of any reduction in current provision.**
- 2. There is widespread confusion over what services Pontefract Hospital currently provides.**
- 3. People are disappointed at the perceived insufficient use of an expensive, purpose-built hospital facility at Pontefract when it is so valuable to the local community.**
- 4. We feel there is evidence in this survey that the majority of people are aware what constitutes an emergency or accident, and would choose to access alternative care (e.g. same day GP appointment) if appropriate for their condition and if available in a timely way.**

We would like to thank all the people in our district who were able to contribute their thoughts to the engagement around urgent care provision at Pontefract Hospital.

Appendices

Demographics: people profile

Survey

People profile

Total number who answered the survey 2078



gender and gender / sexual identity

What sex are you?

Number who provided a response 1732 of which 'Prefer not to say' 0.64% / 11

Male: 31.02% / 538 Female: 68.34% / 1183

Is your gender identity different to the gender you were assigned at birth?

Number who provided a response 1694 of which 'Prefer not to say' 3.13% / 53

Yes: 5.02% / 85 No: 91.85% / 1556

What best describes your sexual orientation?

Number who provided a response 1693 of which 'Prefer not to say' 5.26% / 89

Heterosexual / straight	91.02%	1541
Bisexual	1.24%	21
Gay or Lesbian	1.48%	25
Other	1.00%	17



pregnancy and childbirth

Are you pregnant?

Number who provided a response 1188 of which 'Prefer not to say' 4.80% / 57

Yes: 2.69% / 32 No: 92.51% / 1099

Have you given birth in the last six months?

Number who provided a response 1188 of which 'Prefer not to say' 5.22% / 62

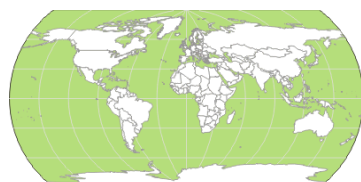
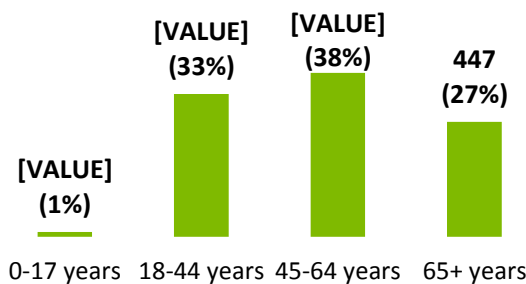
Yes	2.02%	24
No	92.76%	1102



age

How old are you?

Number who provided a response 1662



origin

What country were you born in?

Number who provided a response 1680

United Kingdom or Great Britain 965 (58%)

England 632 (38%) Scotland 14

Poland 9 Germany 7 Pakistan 7 Ireland 6

Ghana 4 Lithuania 4 Wales 4 Romania 3 Singapore 3

Uganda 3 Zimbabwe 3 France 2 Nigeria 2 Syria 2

Aden 1 Asia 1 Croatia 1 India 1 Iraq 1 Latvia 1

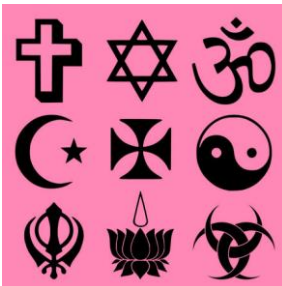
USA 1 Yemen 1 Zambia 1



What is your ethnic group?

Number who provided a response 1684 of which 'Prefer not to say' 1.01% / 17

English/Welsh/Scottish/Northern Irish/British	90.91%	1531
Pakistani	2.67%	45
African	0.77%	13
Eastern European	0.77%	13
White and Black Caribbean	0.65%	11
Indian	0.48%	8
Other White background	0.48%	8
Other background	0.48%	8
Chinese	0.42%	7
Polish	0.30%	5
Irish	0.30%	5
Arab	0.24%	4
Other mixed background	0.18%	3
Any other ethnic group	0.12%	2
Bangladeshi	0.06%	1
Caribbean	0.06%	1
Other black background	0.06%	1
Gypsy or Irish traveller	0.06%	1



religion

Do you belong to any religion?

Number who provided a response 1665 of which 'Prefer not to say' 4.63% / 77

Christianity	55.77%	929
No religion	32.57%	542
Other	3.31%	55
Islam	3.19%	53
Judaism	0.24%	4
Buddhism	0.12%	2
Hinduism	0.12%	2
Sikhism	0.06%	1



disability

Do you consider yourself to be disabled?

Number who provided a response 1705 of which 'Prefer not to say' 2.29% / 40

Yes	22.71%	387
No	75.00%	1278

Type of impairment: Please tick all that apply

Number who provided a response 390 of which 'Prefer not to say' 4.36% / 17

Physical or mobility impairment	50.77%	198
Long term condition	45.64%	178
Mental health condition	21.79%	85
Sensory impairment	15.38%	60
Learning disability	6.41%	25



carers

Do you look after give any help or support to a family member, friend or neighbour because of a long term physical disability, mental health, or problems related to old age?

Number who provided a response 1704 of which 'Prefer not to say' 3.41% / 58

Yes	25.95%	442
No	70.64%	1204

Discussing Urgent Care at Pontefract Hospital

Pontefract Hospital is central to the current and future plans for healthcare for Wakefield district. Over recent years there have been improvements made to local hospital healthcare across the area, which has created the opportunity to explore further ways in which Pontefract Hospital can be developed. NHS Wakefield Clinical Commissioning Group (CCG) is responsible for commissioning primary care (GP), community, and urgent care services across the Wakefield district. They have asked Healthwatch Wakefield to talk to local people about urgent care services provided at Pontefract Hospital. Healthwatch Wakefield is the local independent champion for people who use health and social care services.

1. If you need urgent, but not life-threatening, care what would you do first?

- Call 111
- Call my GP Practice (including out of hours service)
- Call 999
- Go to Accident and Emergency
- Go to the Walk-in centre
- Not sure
- Other (please specify):

2. If you could see a GP on the same day, including evenings and weekends, would you use this instead of going to an A&E?

- Yes
- No
- Not sure

3. Can you tell us why you wouldn't see a GP?

4. Have you used Pontefract Hospital A&E during the last two years?

- Yes
- No

5. If yes, how did you get to the hospital

- Drove myself
- Had someone drive me (family/friend/taxi)
- Ambulance
- Walked
- Public transport
- Other (please specify):

6. If yes, why did you choose to go to Pontefract Hospital A&E instead of another health service?

- I thought it would be quicker
- It was nearer to me
- It's always open
- I couldn't get a GP appointment
- Other (please specify):

7. Have you used the A&E at Pontefract between 10pm and 8am?

- Yes
- No

8. What would make you go to an A&E during the night, after 10 pm?

9. Which of the following conditions do you think would be treated at Pontefract Hospital A&E currently?

- Heart attack
- Stroke
- Serious head injury
- Serious burns
- Unconscious child
- Serious bleeding
- Appendicitis
- None of the above

10. Would it surprise you to know that if you went Pontefract A&E with one of those conditions, you would be stabilised and sent to Pinderfields hospital to access specialist staff and equipment?

- Yes
- No

Comments:

11. Which of the following services would you expect to find if you attended a hospital urgent care facility?

- Blood tests
- X-ray
- Scans
- Minor surgical procedures
- Burns treatment
- Treatment for fractures / a broken bone

12. The CCG are looking to provide more services at Pontefract Hospital. What other services would you like to be provided there?

13. Is there anything else you'd like to tell us about Pontefract Hospital A&E?



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