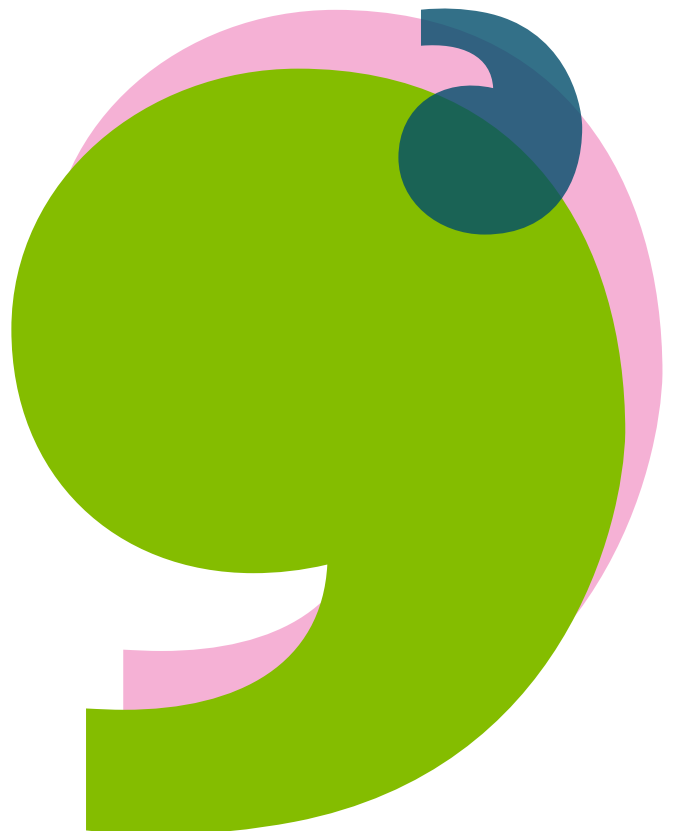




Enter and View report

John Radcliffe Hospital Urgent Care Centre

January 2019



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	John Radcliffe Hospital, Headley Way, Oxford, OX3 9DU
Service Provider	Oxford University Hospitals NHS Foundation Trust
Date and Time	Saturday 5 th January 14:00-17:30 Thursday 17 th January 12:00-17:00 Friday 18 th January 17:00-22:00
Authorised Representatives	Jeanne Humber, Veronica Barry, Sophia Purushothaman and Tracey Rees
Contact details	01865 520520

1.2 Acknowledgements

Healthwatch Oxfordshire would like to thank the service provider, patients and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time



2 What is Enter and View?

Part of the local Healthwatch Oxfordshire programme is to carry out Enter and View visits. Local Healthwatch Oxfordshire representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Oxfordshire authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Oxfordshire Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

- To observe how the facility operates and provides its services.
- To collect views from patients and staff on how services are provided.
- To identify 'Best Practice' and highlight any areas of concern.

2.2 Strategic drivers - Urgent Care Centre

In 2017 NHS England and NHS Improvement published guidelines for all Emergency Departments on clinical streaming of patients to ensure they received the care most appropriate for their needs. In early 2018, Healthwatch Oxfordshire heard that a large number of patients were presenting at the Emergency Department for



ailments more appropriate to a GP visit. We were interested in following the pathway that led patients to the Emergency Department and then the streaming project and see whether there was any reason they were not presenting at their GP or Out of Hours services.

2.3 Methodology

We held a pre-planning meeting at the Urgent Care Centre on 11th October 2018 with the relevant clinical leads. Together we designed a list of questions that we intended to ask patients and staff.

We collected information by talking with patients and staff by using prompt sheets to act as an aide memoire to promote free-flowing conversation. We met with twenty-five patients and four members of staff.

We were transparent about why we were there ensuring we obtained consent from everyone we spoke to.

2.4 Summary of findings

- The Urgent Care Centre is an important service used to alleviate pressure on the Emergency Department
- The Urgent Care Centre see between twelve and thirty-two patients per shift ¹
- The majority of patients we spoke with were advised to attend the Emergency Department by a GP or NHS 111 which considering they were then streamed to see a GP may suggest a review of the 111 and GP triage process may be useful
- There is some confusion from the public about accessing extended/out of hours GP services

2.5 Results of visit

What is the Urgent Care Centre?

The Urgent Care Centre is a GP led unit attached to and run by the Emergency Department (ED) at the John Radcliffe Hospital. It aims to support and reduce the patient workload at the ED. Patients are assessed by an Emergency Department nurse, and where appropriate are streamed to see an Urgent Care GP. The Urgent Care GP will see patients who are streamed as having symptoms that can be managed by a GP. Dependant upon staffing levels, this will either be in a separate

¹ Information provided by clinical staff

building, or within the main hospital itself. The centre is run by two nurses and one to two Urgent Care GPs. and will see between 12 and 32 patients per shift depending upon Doctor availability.

Staff Feedback

We spoke with four members of staff which included nursing and medical staff. When asked why they thought the UCC was necessary we were told that people are unable to get GP appointments, or feel that the waiting time is too long for an appointment and therefore present to A&E. Staff also felt that 111 send a lot of people to A&E. Not all people who present at A&E need to be seen by an emergency doctor therefore the GP's at the UCC provide a valuable and much needed service. The issue of patients presenting at the Emergency Department for minor ailments is a tricky one and none of the staff wanted their patients to feel guilty for visiting A&E. The way they approached this was to ask what their GP had said about the condition, particularly for longer term issues or inform patients about the presence of Minor Injury Units and GP Out of Hours/Extended Access services. The difficulty with suggesting alternatives is that it can be confusing for patients, especially if the 111 services has told them to come to A&E. There have also been occasions where the patient has said their GP sent them, but upon further investigation this turned out not to be the case.

“Because of waiting list in A&E and lots of patients coming should be serviced elsewhere. GP's are not available, they just don't have the appointments so people come here. Lots of people come as sent by 111 but a lot of patients don't call 111.”

When asked how the UCC was of benefit to the wider hospital trust, staff told us how it reduces the pressure on an already very stretched Emergency Department. If the UCC can see up to 32 patients per shift, this frees up A&E staff to see the remaining patients more quickly. We also heard that as the Doctors were GP's and therefore used to working in a less clinical setting, they tended to have a more holistic approach to patient care requiring fewer tests and investigations to be carried out. There was recognition that historically, A&E had a tendency to over-investigate patients with low acuity presentations. This does not mean that patients aren't referred on when required, but once they are they fall under the funding stream for Emergency Department rather than the UCC which is funded separately.

All staff stated there were clear benefits to running an additional service for those presenting at the Emergency Department with symptoms that can be managed by a GP.



“it's a very good idea. Can see from viewpoint of A&E that a lot of people shouldn't be there as they come in with a sore throat, so the Urgent Care service is the perfect place for them”

Typical issues presented by patients are urinary tract infections, infections, possible miscarriages, musculoskeletal, palpitations, minor mental health and ear nose and throat problems.

Patient Feedback

We spoke with twenty-five patients about their visit to the Urgent Care Centre. We asked each patient whether they sought advice from anyone before coming to the Emergency Department. The results are detailed below:

Source of Referral/Advice	Number of Patients
111	4
GP	8
Family/friend/colleague with medical background	3
None	8
Ambulance ²	1
Other	1

Eight patients presented without being seeking prior advice however two of them did attempt to seek alternative medical help but were unsuccessful. Twelve patients were advised to attend the ED via their GP or the NHS 111 service.

Patients presented with a variety of concerns ranging from heart palpitations and high blood pressure, vomiting, fever, sore throat and sore wrist. Three patients

² Patient had a fall down shop stairs and staff called an ambulance

presented with longer term health problems and had been seen previously by GP's, ED and other healthcare professionals.

All but one patient was registered with a GP. Another patient was unable to navigate the online and telephone appointment booking system at Brookes Medical Centre, but did try and see their GP. Some of the people who did not seek medical advice prior to attending the Emergency Department told us they thought it would be quicker to come to A&E, or that their GP did not work at weekends or due to their work commitments they simply didn't have time to visit their GP. On the whole, patients were either not aware of Out of Hours GP services, or believed them not to be available in their local area. There was some awareness of Minor Injuries Units (MIU), but some people were told by 111 that it would not be suitable for their needs, or they had heard from other people that MIU will just send you to the Emergency Department anyway. A few patients had been experiencing their symptoms for three or four days so had decided to come straight to hospital, bypassing their GP.

Not everyone told us whether facing the same issue they would return to Emergency Department, but the majority who answered this question stated that they would.

Waiting times

NHS Guidelines state that patients attending A&E should be assessed, treated and discharged (or admitted) within 4 hours. As UCC patients first present at A&E, this target also applies to them. The Emergency Department aims to stream patients within 15 minutes and where appropriate signpost to UCC. As we did not always get to talk with people after their consultation, it wasn't possible to establish overall waiting times. At the time of interview, the majority of patients attending on the Saturday and Thursday had already been waiting between 1.5-2.5 hours. The average wait at time of interview on the Friday evening was 45 minutes. All patients we spoke with were assessed and discharged within the 4 hour window.

On average, appointments lasted 30 minutes which did mean waiting times were longer when only one doctor was present. Of course, the upside of this was that patients received a thorough and comprehensive assessment.

The majority of patients were either escorted or transported by family members, friends or colleagues. As the waiting area within the UCC is fairly small, we felt it would be interesting to find out how many people attended per patient

There was a variation as to whether people waited to be seen on their own or with others.



Accompanied or alone	Numbers
Accompanied by one person	9
Waited alone	6
Waited with more than 1 person	3
Parents dropped by to visit	2

As we can see the majority of patients waited with just one person accompanying them. Three waited with between 2 and 5 family members and 2 patients had their parents drop in to see them whilst they waited.

When asked whether they were happy to be seen by a GP, twenty-one patients said yes and two said no. Six patients told us that they did not know they were seeing a GP and that it was not explained to them why they were at the UCC. The two that were not happy to see a GP both told us that it had not explained to them who they would be seeing. We were told

“Very happy to see GP eases pressure on ED. Streaming nurse explained would be seeing a GP”

“Not informed about that. I was frustrated. If I’d have known it was a GP I would have gone back to my GP. There is only one person here to see you. It would be nice to have more information. The communication is poor. If there was more communication people wouldn’t get as frustrated. Even to have guidelines about what will happen, how long you will wait etc Saw sign saying GP Urgent Care so realised was seeing a GP. Wish they’d been honest with me. They could have said “we can refer you to your own GP”.

There appeared to be some inconsistency with what patients were told about the streaming process by Emergency Department staff. Some were told they would be seeing a GP, some that they would be seeing an Urgent Care Doctor, and some told us they didn’t know why they had been streamed or told to wait somewhere else.

Overall Impressions and post consult comments

The majority of patients were very happy with their experience. They described staff as friendly, respectful, polite and professional. Patients were very positive



about the UCC itself telling us it was beautifully clean, quieter, brighter and smaller than the Emergency Department with a better internet connection.

We were not able to speak with all patients after they saw the doctor, but out of the 14 who we did speak to, 12 were very satisfied with the service they had received.

“Very happy with service. Had thorough check. Nothing was left out. Feel very satisfied. Much better than imagined”

Of the 2 that were not totally satisfied we heard that one parent was concerned as their daughter still had a fever and another patient felt that on retrospect, their own GP should have seen them.

“Very happy with experience after being seen. Have been to hospital a couple of times, very pleased with NHS. I Suggest having an immediate feedback system eg press on smiley or sad faces”

A couple of patients we spoke with prior to their consultation were pretty frustrated with the NHS as they either had on-going health problems they felt were not being effectively dealt with, or because they felt they were taken less seriously as they were not UK citizens. However both of these patients were very happy after they had been seen with one patient telling us

“I was satisfied with the service as the GP told me something new regarding my condition. I was diagnosed and given treatment advice”.

Monitoring information

Not all patients answered all questions on the monitoring form.

The gender breakdown for presenting patients was as follows:

Gender	Numbers
Man	6
Woman	14
Non-binary	1
Intersex	1



The breakdown for marital/civil partnership status was as follows:

Marriage Status	Number of respondents
Married/Civil Partnership	11
Not married	7
Divorced	1
Prefer not to say	1

The breakdown for age brackets was as follows:

Age Bracket	Number of Respondents
16-24	4
25-29	3
30-34	2
35-39	1
40-44	1
40-54	3
55-59	5
Prefer not to say	1

As we can see that the highest number of patients were in the 16-24 and 55-59 age brackets. We know that one of the patients in the 16-24 bracket was not registered with a GP as she was attending a foreign language school for only 6 months and was not advised to register by her college. We also know that one other student had tried to make an appointment via their University GP but had not been able to do so.

The breakdown of identified ethnicity was as follows:

Identified Ethnic Background	Number of Respondents
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White English	9
White British	3
White Italian	1
Asian Pakistani	1
White French	2
Black African	1
White and Asian	1
White Dutch	1
Prefer not to say	1

As we can see, the largest group of patients consider themselves to be White English.

2.6 Recommendations to Service Provider

- Produce a multilingual leaflet to hand out to streamed patients explaining the purpose of the UCC and waiting times which also includes information on alternatives to ED such as Out of Hours Services
- Ensure all ED staff are giving consistent information about the service to streamed patients which is consistent with the leaflet
- Avoid using the term GP and change the door signs in the Urgent Care Centre to say Urgent Care Doctors to avoid patient confusion and frustration

2.7 Service provider response

- Thank you very much for taking the time to come and carry out this very useful survey.
- We are delighted to receive such positive feedback about the care people receive in the GP Urgent Care service at the JR
- We would like to emphasise that people wishing to see a GP for their health problems should still see their GP and that the ED is for Accidents and Emergencies. The UCC is not a GP drop in service and cannot offer primary care services.



- We will produce a leaflet for the streaming nurse to give to all patients streamed to the UCC that explains the service and who they will be seeing and also sets out alternative options for seeking care such as OOH GP or advice from a pharmacist or an MIU.
- We have now given our streaming nurses feedback and further training to improve consistency of information given to those patients streamed to the GP.
- We feel that it is an important part of patient education as well as honesty and transparency that patients seen in the UCC know they are being seen by a GP team so do not plan to change signs etc to remove the term GP - we plan to improve understanding and avoid confusion through better information at streaming and the leaflet as above.

