



**Croydon residents'
Urgent and Emergency Care
journey and experience**

December 2022

Findings in brief

52% made either GP visit or NHS111 their first choice.

40% who chose 999 or A&E first felt they needed to be seen quickly or had a serious injury; 15% had difficulty seeing a GP.

74% got seen within two contacts but others have more complex journeys.

Different age groups choose specific services first time.

People understand the difference between emergency care and urgent care, but not that between a GP and GP Hub.

Overall satisfaction was 62% but there was significant variance by age, gender and ethnicity.

Recommendations in brief

Fully integrate pharmacies and GP Hubs into the pathway and support with positive communications.

Define NHS111 as the single reliable point of access to direct care to other services and give it capacity to do the job it needs to do.

Learn more about how condition and situation may affect choice and reflect that in the pathway.

Understand these services from the user perspective.

Explore more the differences in satisfaction based on gender, age, ethnicity, and disability.

Consider some suggested improvements from patients.

Executive Summary

To support the transformation programme for Croydon in this area, Healthwatch Croydon have been invited to provide relevant patient and resident insight on the choice of pathways and their experience of using the urgent and emergency care services.

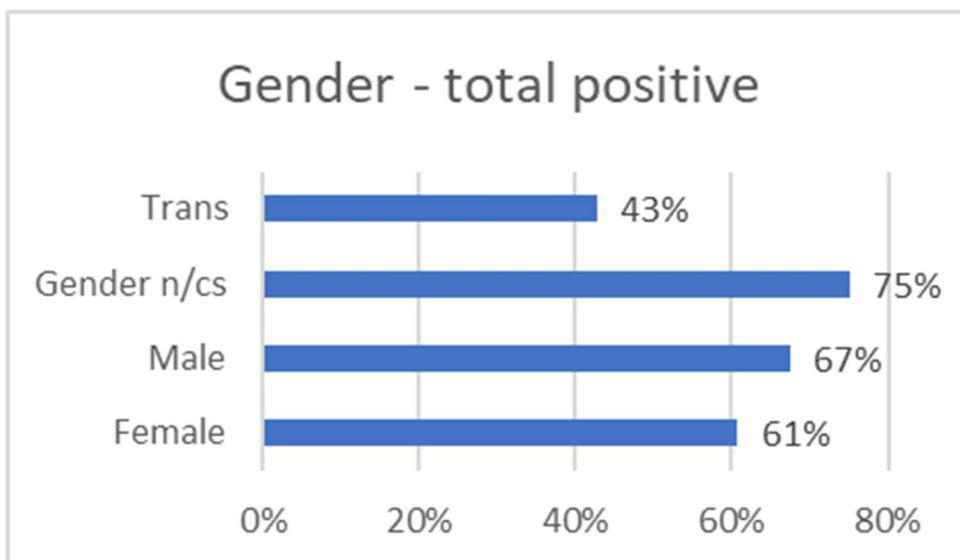
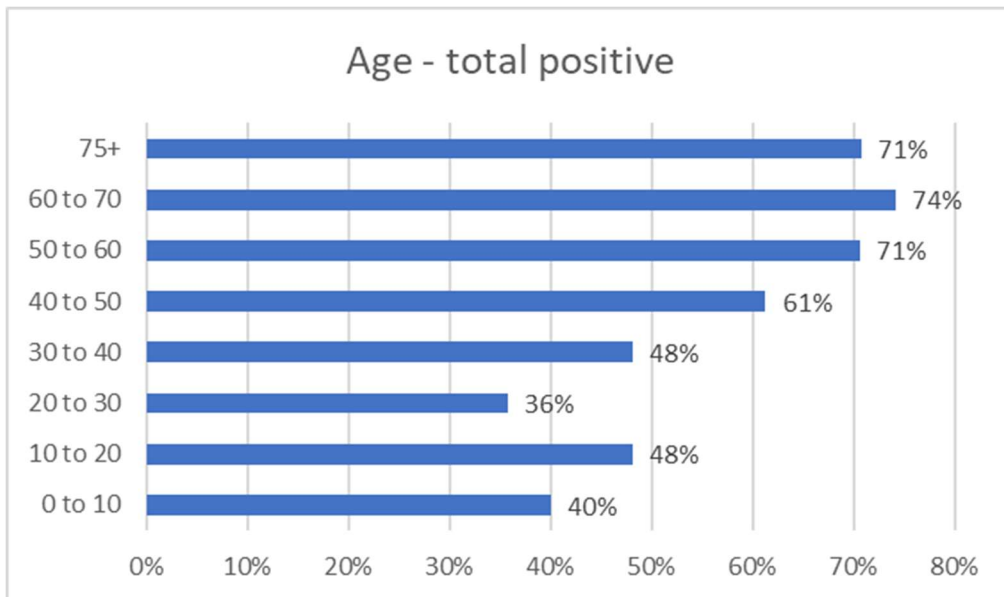
This report presents the findings of the Urgent and Emergency Care Survey undertaken between 26 and 31 July 2021. We received 1038 completed responses via a text survey, which was the largest and quickest single survey Healthwatch Croydon have undertaken since 2015.

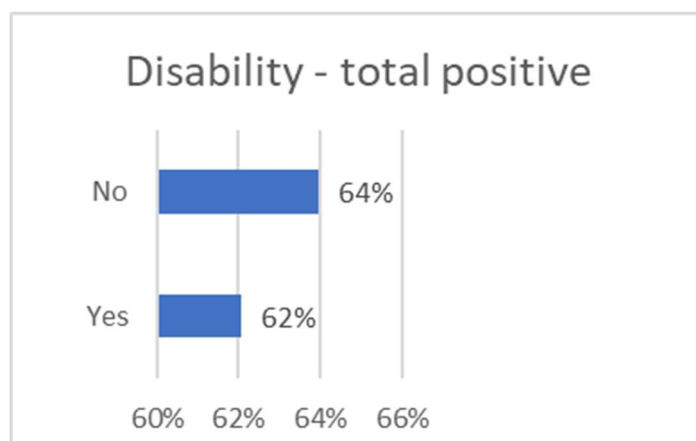
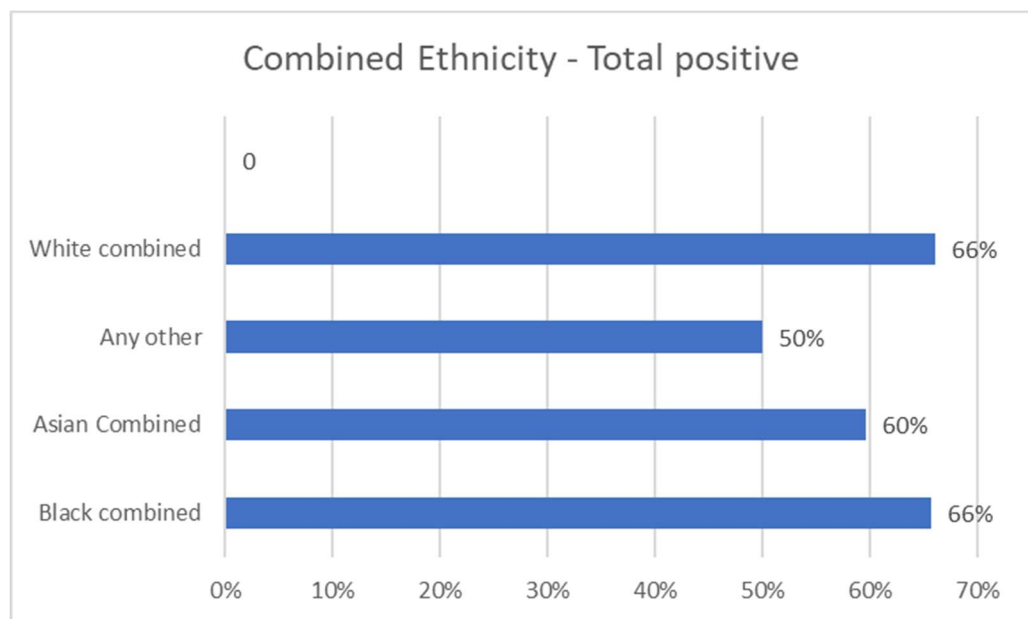
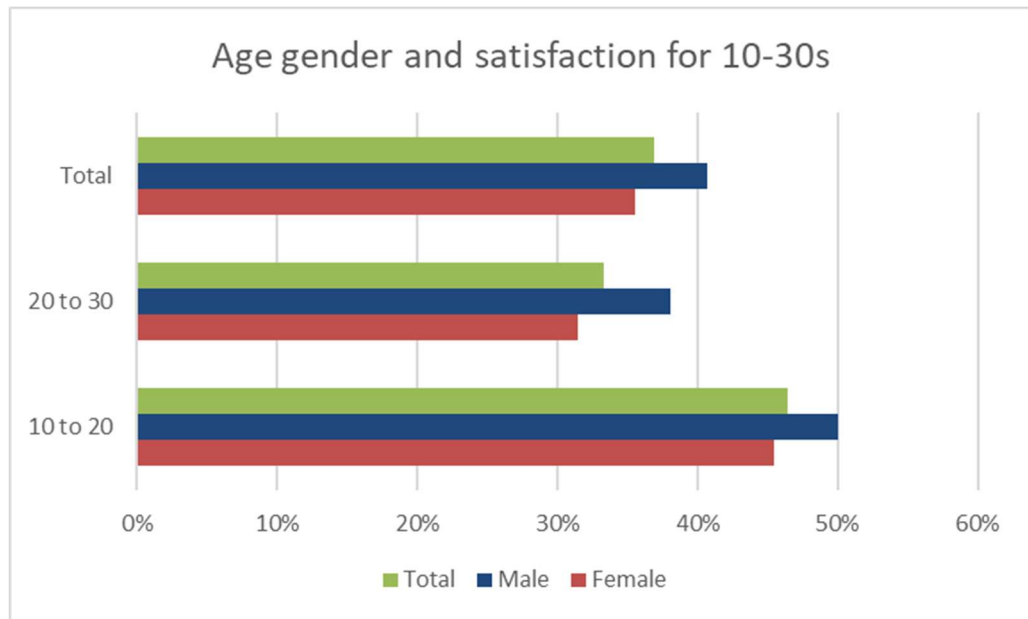
Based on what we have analysed, here are our findings:

- **First choice is GP or NHS111 for most:** 52% chose their GP or NHS111 as their first choice of service, but many still used A&E/Urgent Care/No further service. Relatively few used pharmacies and the GP Hubs were not used that much as a first point of access (see pages 14-15).
- **Speed, difficulty to get a GP and seriousness of injury were reasons for choosing 999, GP Hub or A&E first:** 40% needed to see someone quickly or felt their injury was too serious to be seen outside of hospital; 15% found it difficult to get a GP appointment. Just 7% found it most convenient (see pages 16-21).
- **Journeys between services are complex for some:** 74% got to the Urgent and Emergency Care service within one points of contact and 88% within two points of contact, but for some there were additional contacts particularly if they took the GP Hub path with some going between GP Hub, and GP and even two Hubs (see pages 22-31).
- **Different age groups choose specific services first time:** When you compare first choice against age of patient, those with children were more likely to pick A&E first (23%), whereas 20-60s -were around 12%, and 60-75+ around 9 to 10%. NHS111 is picked first more heavily with 10-20s (42%) 20-30s (30%) but all the other ranged from 20-28%. GPs were more heavily

chosen first by 20-30s at 36%, with 50-60s at 31%, and other others ranging between 23% and 26% except for 0-10s who used GPs less at 19%. GP Hubs were rarely used first (circa 7% and below) (see pages 32-35).

- **Patients gave several reasons why they could not access the services they needed, as well as the experiences and advice which helped them inform their choice, as well as suggestions for improvements:** Much of this concerned access to GPs, but there were several comments on NHS 111, overall access, and the GP Hub (see pages 36-42). They also gave insight into why they made the choice they did (see pages 43-47).
- **People understand the difference between emergency care and urgent care, but not that between a GP and GP Hub:** When asked to explain the difference between emergency care and urgent, residents could quite clearly differentiate the roles. However, when GP and GP Hub was compared there was much more confusion (see pages 61-71).
- **Overall satisfaction of experience was high, however levels of satisfaction varied due to age, gender, ethnicity, disability and location of patients and need to be explored further:** Patients over 50 reported positive score over 70%, but with 20-30s this was as little as 36% - over half of the 60 to 70's satisfaction score of 74%. There is a satisfaction gap of 6 percentage points between men and women (67-61%), which was even lower when compared against age disabled patients were 2 percentage points less satisfied. White and Black communities both scored 66% satisfaction, but Asians only had satisfaction of 60% and those of other mixed multi-ethnic groups neither specifically Black or Asian was as low as 50%, see figures below (and more on page 76-84). The link between satisfaction and age, ethnicity and health condition need much more exploration, as does variance between Primary Care Networks (PCNS) (see pages 87-124).





- **Overall satisfaction of experience was also linked to first choice of service choice:** A&E has higher satisfaction at 70%, then NHS111 at 63% and GP 55% probably because of the latter of the challenges of getting through to them – see much higher numbers of difficulty in getting an appointment with GP (see pages 85-86).
- **When we asked patients what could be improved:** Many did say they had a good experience, but there were still issues concerning NHS111, communication, care and safety, empathy, GP access, listening, prioritisation, process and waiting times (see p48-60).

Based on what we have presented above, we make the following recommendations:

- **Fully integrate pharmacies and GP Hubs into the pathway and create positive communications to give confidence that this is as good as going directly to A&E/Urgent Care or GP:** Most chose their GP or NHS111 as their first choice then A&E/Urgent Care. Small numbers use pharmacies and GP Hubs and they tended to have more complex journeys to A&E as a result. So, some work will need to be done to build capacity as well as to change hearts and minds on using different services.
- **Define NHS111 as the single reliable point of access to direct care via GPs, pharmacies, GP Hubs, or A&E/Urgent Care and give it capacity to do the job it needs to do:** Part of the problem is there is a range of choices which can be confusing if the need is urgent. Since many already use NHS111, it is logical to make this the single point of access, it would also take pressure of calling GP lines for urgent matters. Of course, all systems would need to be integrates to enable this to happen.

- **Learn more about how condition and situation may affect choice and reflect that in pathway:** People see different services for different conditions and could be equated to confidence in that service to meet their need. More analysis needs to be done, especially if there is a plan to encourage people to use services like pharmacies more.
- **Understand these services from the user perspective:** The difference between urgent and emergency care is understood by many, but there is confusion between GP and GP Hub. Terms like urgent Care Hubs, UTCs, Extended Hours Hubs only adds to the confusion. By using this insight into how patients know the service and presenting this from the perspective of users would help create clearer signposting. Be aware that patients may take advice from family and friends, as well as clinicians and other health professionals, so this needs to be considered in the communication.
- **Explore more the differences in satisfaction based on gender, age, ethnicity, and disability:** While the sample of this study varies in size, women, younger people, those from Asian and other ethnic backgrounds and those with disabilities report lower satisfaction. These need to be explored further with dedicated insight in these areas using methods beyond online surveys which tend to be completed by some groups rather than others.
- **Consider comments on services and some suggested improvements by patients:** When we asked patients what could be improved, many did say they had a good experience, but there were still issues concerning NHS111, communication, care and safety, empathy, GP access, listening, prioritisation, process and waiting times. We encourage readers to look at the comments on pages 36 -61 and use this insight to make improvements.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

Context

To support the transformation programme for Croydon in this area, Healthwatch Croydon have been invited to provide relevant patient and resident insight on the choice of pathways and their experience of using the urgent and emergency care services.

This survey was undertaken through texting 49,130 of those who had used Croydon University Hospital's Emergency and Urgent Care service in the last six months. We received 1058 responses.

Questions

- 1) **When did you have the need for emergency or urgent medical treatment?**
 - In the last week
 - In the last month
 - In the last three months
 - In the last six months
- 2) **Are you registered with a GP (local doctor)?**
- 3) **Which GP Practice are you registered with? (tick from list)**
- 4) **Please say why you are not registered with a GP?**
- 5) **Which services did you use when you needed help?**

- NHS 111
- 999
- Pharmacy
- Alternative Health provider
- Your GP (doctor)
- GP Hub at East Croydon)
- GP Hub at New Addington (Parkway)
- GP Hub at Purley
- Urgent Care Centre at Croydon University Hospital
- Accident and Emergency Department at Croydon University Hospital

6) In which order did you access the services? (1st, 2nd, 3rd etc)

- NHS 111
- 999
- Pharmacy
- Alternative Health provider
- Your GP (doctor)
- GP Hub at East Croydon)
- GP Hub at New Addington (Parkway)
- GP Hub at Purley
- Urgent Care Centre at Croydon University Hospital
- Accident and Emergency Department at Croydon University Hospital

7) If you chose 999, GP Hub or A&E first, please could you say why you didn't contact your GP, NHS111 or Pharmacy?

- I was unsure where to go for advice
- My choice was the most convenient for me (location)
- I needed to see somebody quickly about my injury or illness
- It is difficult to get an appointment with my GP
- I felt my injury or illness is too serious to be dealt with outside of the hospital
- Other (please state in box below)
- I did not choose 999, GP Hub or A&E first

8) Did you try to access a particular service but not succeed?

9) What was the reason why you were unable to access the service? Please also tell us which service this was.

10) What illness or injury made you seek help?

- Back pain
- Breathing problems

- Chest pain
- Ear or hearing condition
- Eye problem
- Fever
- Headache
- Just feeling unwell
- Mental health
- Rash
- Possible broken bone
- Sore throat or cough
- Stomach pain or digestive issue
- Swelling
- Wounds, bruising or cuts

11) Was this for you or for a family member or friend?

- For me
- For family member
- Someone you care for
- For friend
- Another

12) How old are you/ the person who was unwell or injured?

13) How did you decide which services to use and why?

14) Tell us your overall experience?

- Very positive
- Positive
- Mixed
- Negative
- Very Negative

15) Tell us why you gave this rating?

16) How could your experience be improved?

17) In your own words, tell us how you would describe the difference between 'emergency care' and 'urgent care'?

18) In your own words, tell us how a GP hub is different from your GP?

19) What age group are you in?

20) How do you describe your gender?

21) How would you describe your ethnicity?

22) What part of Croydon do you live in?

23) Do you consider yourself to have a disability?

24) Please describe your disability below:

25) If you would like to keep in touch with the work that Healthwatch Croydon does, then please subscribe to our monthly newsletter below by leaving your name and email address.

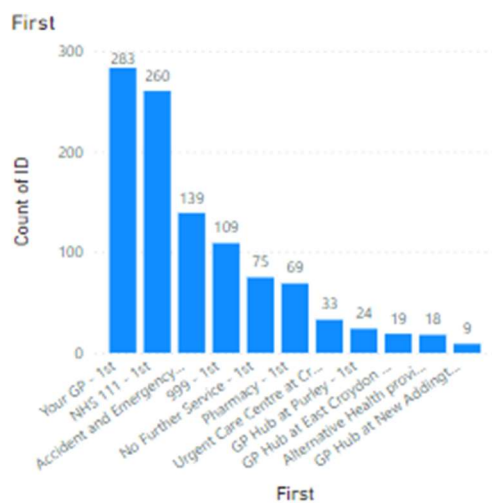
Limitations

A caveat on our responses. While we did achieve over 1000 responses, we have received relatively few concerning patients aged 0-10 and 0-20. The leaning is very much between 50-60 years and 60-70 years. This may be linked to comfortability in completing a lengthy survey via text, but it does mean when comparing different ages that the sample size from 0-30s is lower than others. It should also be noted that since we only sent this to those who had used Urgent and Emergency Care at Croydon University Hospital all respondents' eventual destination will be there. This may underplay the role of GP Hubs and other services in preventing people from attending Urgent and Emergency Care services. In this respect, when 'No further service' is presented, we have classified this as arriving at Emergency or Urgent Care, as some respondents may only show the customer journey in their choices not the end destination. In much the same way if you asked someone how they got from London to Brighton they might say via East Croydon and Gatwick Airport but not state Brighton as their destination.

2 Experience of pathways

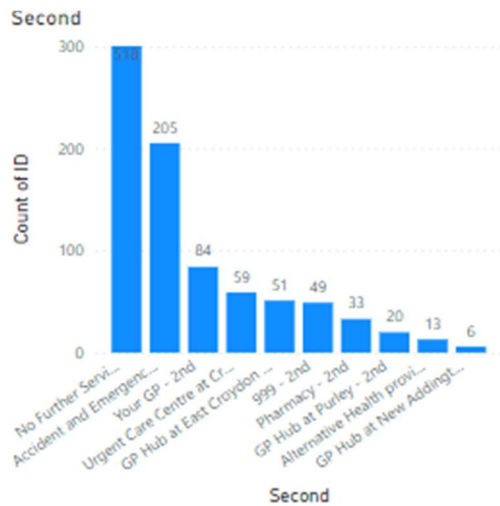
2.1 First, second and third choice of services

- A majority chose their GP or NHS111 as their first choice of service, but many still used A&E/Urgent Care/No further service. Relatively few used pharmacies and the GP Hubs were not used that much as a first point of access.
- By the second stop, most had now used A&E/Urgent Care/No other service. The second most used after hospital-based was GPs. Some GP Hubs saw an increase (particularly East Croydon) and pharmacy was next used.
- By third stop, A&E/Urgent Care/No further service dominated, but pharmacy equalled use with the GP.
- This suggests that many chose to use NHS111 and GP before other services, but for some A&E and Urgent Care still were preferred for first choice over pharmacies. GP Hubs are not well chosen for first choice, maybe because they are used more for referrals, suggesting why some increased as second choice.



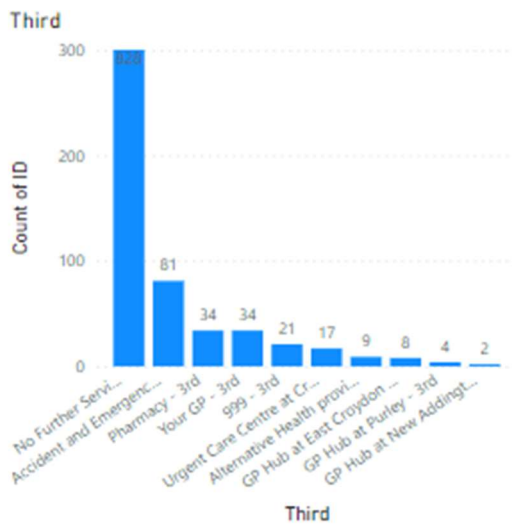
N=1038

First choice/ stop: 281 (27%) had visited the GP first, with 260 (25%) calling NHS111 and 109 (11%) called 999. Of those who chose directly to go to Croydon University Hospital, 139 (13%) went to A&E, 75 (7%) used no further service*, 33 (3%) used Urgent care, equalling to (23%). Of other non-hospital options 69 (7%) chose pharmacy, with the Urgent Care Centres making up 91 (9%).



N=1038

Second step: 237 (581-281) or 22% had used no further service*, with 205 confirming that they attended Accident and Emergency with 260 (25%), 59 (6%) accessing Urgent Care, a total 556 (53%) directly choosing Croydon University Hospital services directly with 49 (4%) used 999 to get there. Of other services, 84 (8%) selected Your GP, GP Hubs took 77 (7%) between then 33 (3%) for pharmacy. NHS111 was not used for second stop at all.



N=1038

Third stop: 277 (828-581) or 27% had used no further service*, with a further 81 (8%) confirming that they attended Accident and Emergency with 17 (2%) accessing Urgent Care, a total 375 (37%) directly choosing Croydon University Hospital services directly as their third choice, 21 (2%) used 999 to get there. Of other services, 24 (3%) selected Your GP, GP Hubs took 14 (1%) between them with 34 (3%) for pharmacy.

2.2 Reasons for choice compared with route, issue, and experience

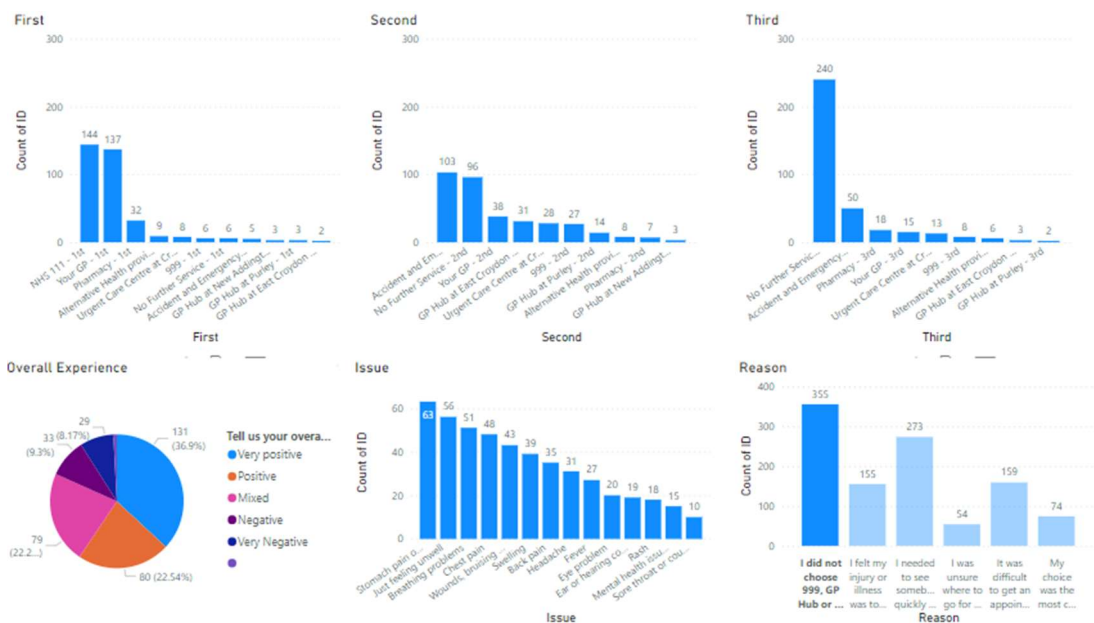


N=1070

When asked for the reason they chose 999, GP Hub or A&E first: 273 (25%) needed to see someone quickly, and 159 (15%) found it difficult to get a GP appointment, a similar number of 155 (15%) felt their injury was too serious to be seen outside of hospital, and 74 (7%) found it most convenient. It should be noted that 355 (35%) did choose another service other than 999, GP Hub and A&E.

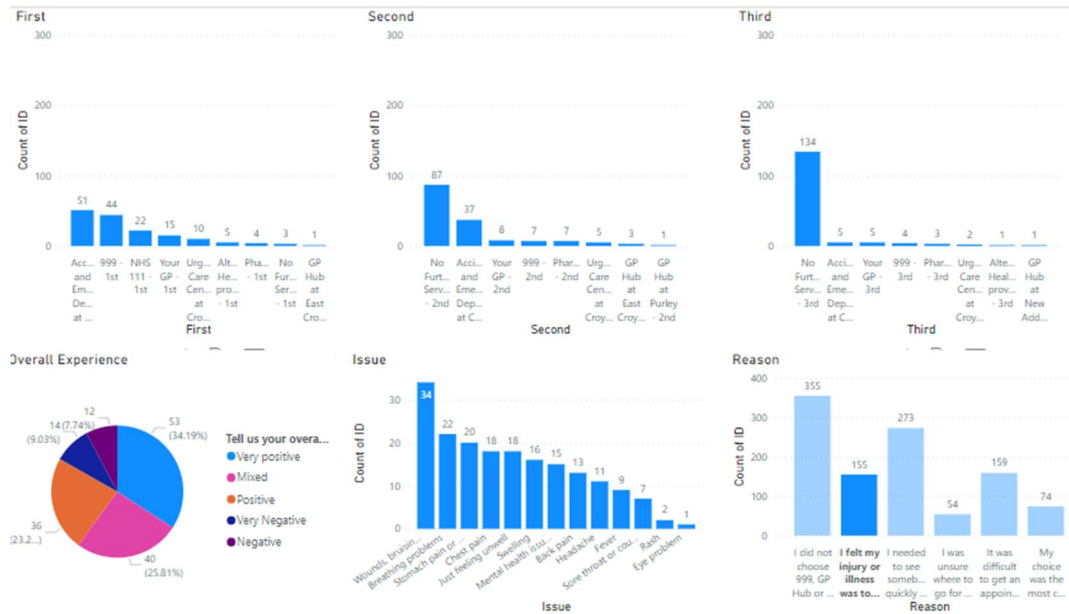
Here are the breakdowns based on route taken, issue or condition and overall experience.

I did not choose 999, GP Hub or A&E (N=355)



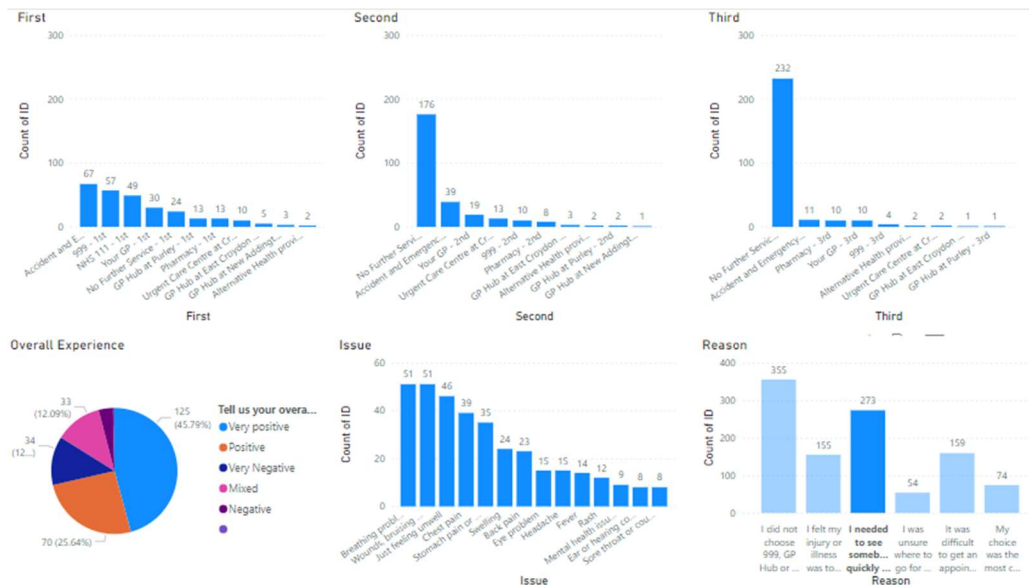
NHS 111 and Your GP was selected first, and more people had positive experience, the main issues were stomach pain, just feeling unwell and unusually Chest Pain and breathing problems which are usually signs for 999 or direct attendance at A&E, which suggests that people do know not to use these service – even perhaps when they should. Overall experience was 58% (positive and very positive).

I felt my injury or illness is too serious to be dealt with outside of the hospital (N=155)



Not unsurprisingly A&E, 999 were the first-place people chose if they felt their injury was too serious to be seen anywhere but hospital. Wounds, breathing problems, stomach pain, chest pain and feeling unwell were the higher conditions. Experience was 57% positive and very positive.

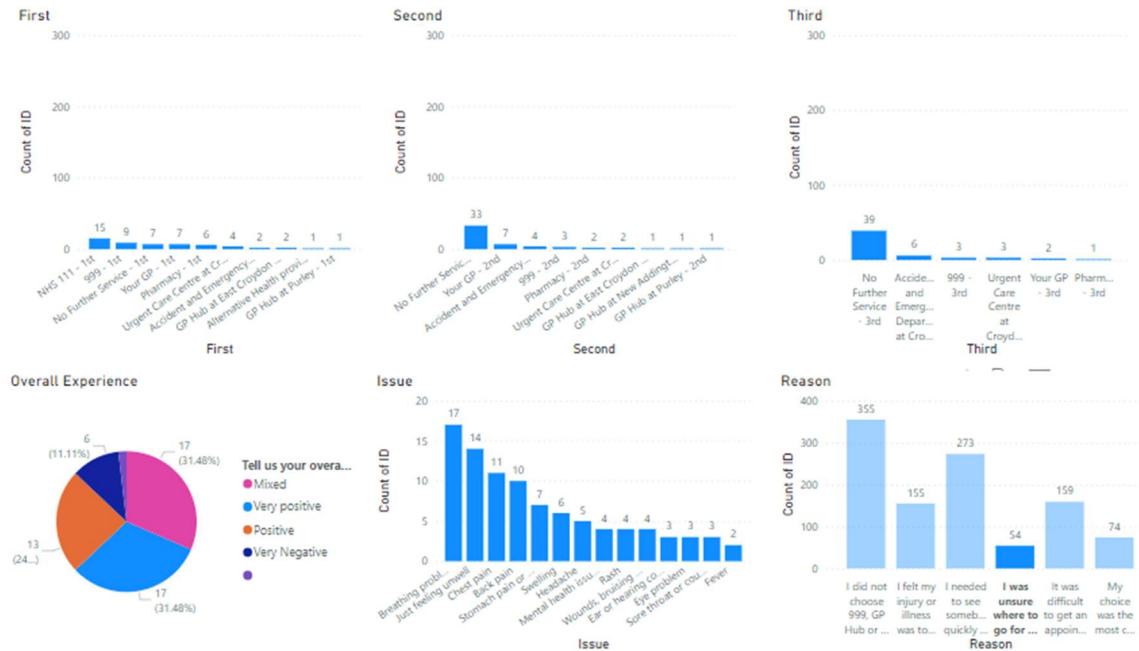
I needed to see someone quickly. (N=273)



Again A&E, 999 were chosen first, with NHS111 slightly lower. Breathing problems and wounds were the highest scoring conditions but just feeling unwell was not far behind suggesting that people wanted help at a hospital even well they cannot specifically say what is wrong. Chest pain and stomach pain were also in significant

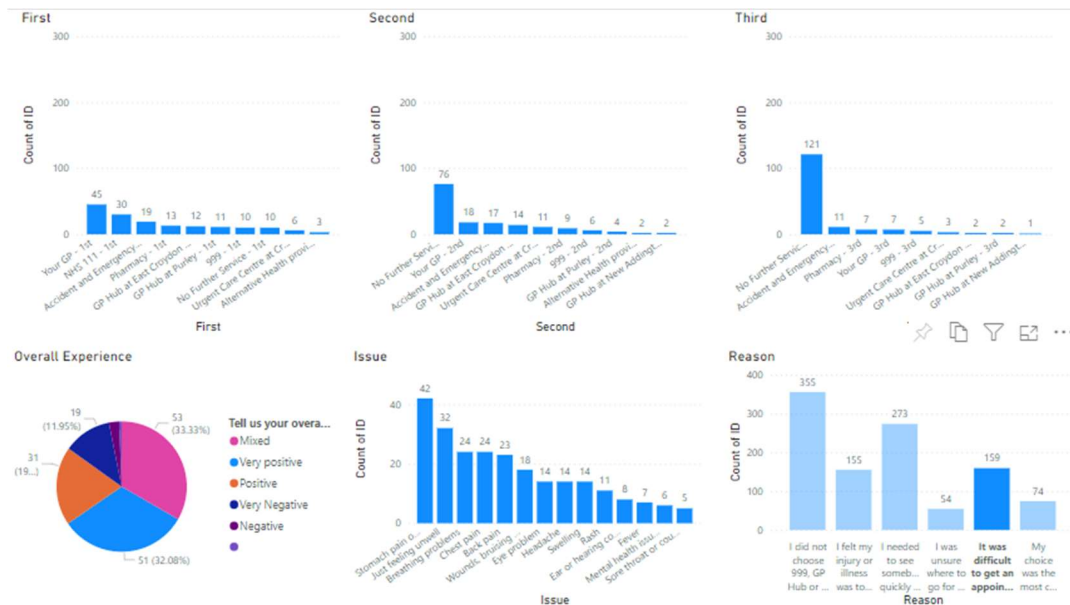
numbers. Experience numbers are much higher here 70% positive or very positive with the experience.

I was unsure where to go for advice. (N=54)



Although the numbers are smaller, more chose NHS 111 first followed by 999, suggesting that they know when they wish to use A&E/Urgent Care and will call NHS11 for information. Breathing problems was most common conditions then just feeling unwell. Of these only 55% found the experience positive or very positive.

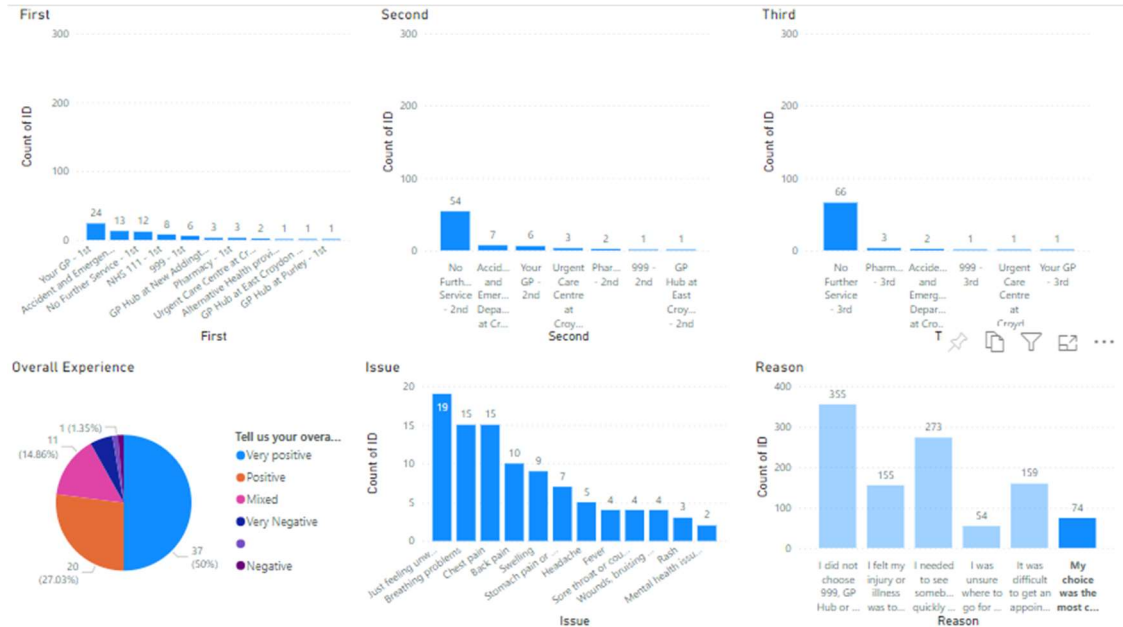
It was difficult to get an appointment with my GP- route, issues, and reasons (N=159)



GPs not unsurprisingly were the first call for many followed by NHS 11 and A&E was much lower down, suggesting that people don't just go to A&E if they cannot get

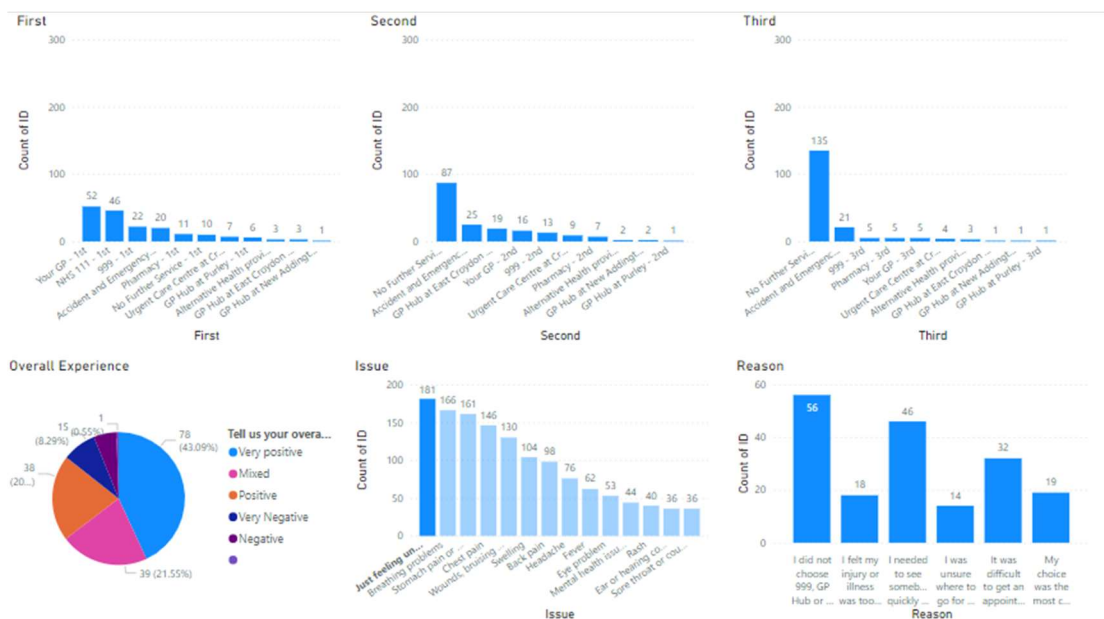
an appointment, only at latter stages. Stomach pain was by far the highest issue followed by just feeling unwell, breathing problems, chest pain and back pain. Only 51% found this positive or very positive.

My choice was the most convenient. (N=74)



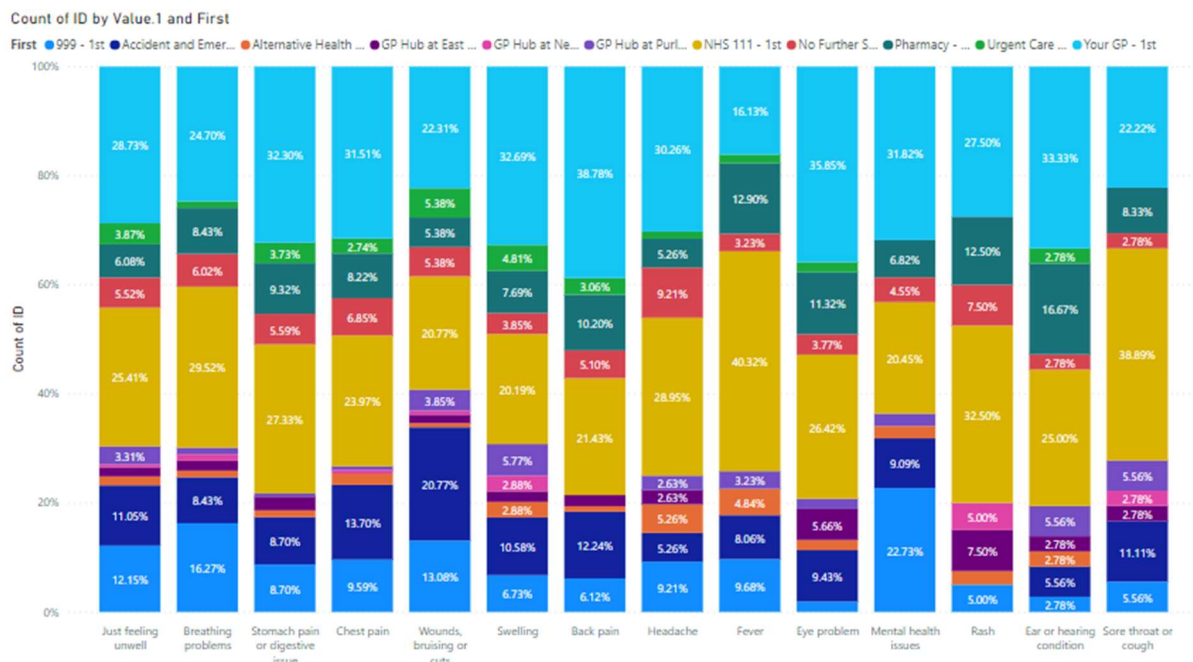
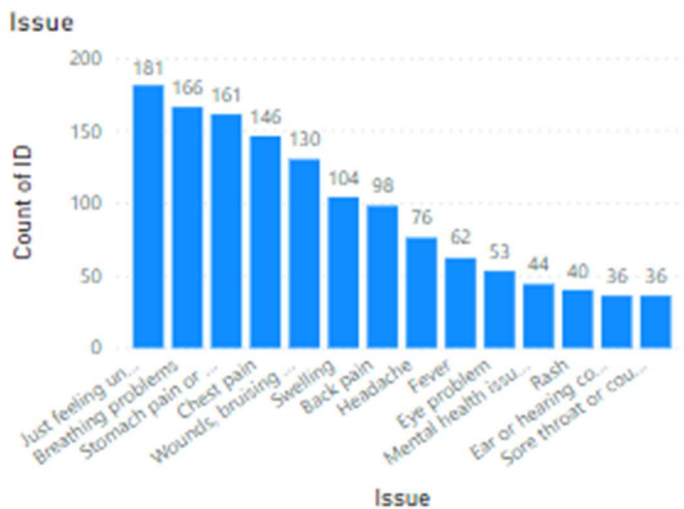
Although the same numbers are smaller, most found their GP as most convenient, but adding A&E, no further service and urgent care found a similar number. Not unsurprisingly high scores in terms of experience 77% positive of very positive suggesting convenience factor in experience. Just feeling unwell was the highest condition, followed by breathing problems and chest pain, which again is usually associated with direct attendance at hospital.

Of those who stated just feeling unwell - route and experience (N=181)



Most went to their GP or NHS111 first with some going to one of the hubs but most ending up at A&E by third state. Most did not choose 999 GP Hub or A&E first, but a significant number wanted to be seen quickly, and 1 in 6 finding it difficult to get a GP appointment.

2.3 What condition the patient had, compared with what they went for first choice:



Those calling NHS111 first had fever (40%), sore throat or cough (38%) or rash (32%) and breathing problems (29%) were more likely to call NHS111. All other conditions ranged from 20% to 26%, with those with 1 in 5 likely to call NHS111 first

over Mental Health, wounds, and bruising (20%). 25% stated that they just felt unwell.

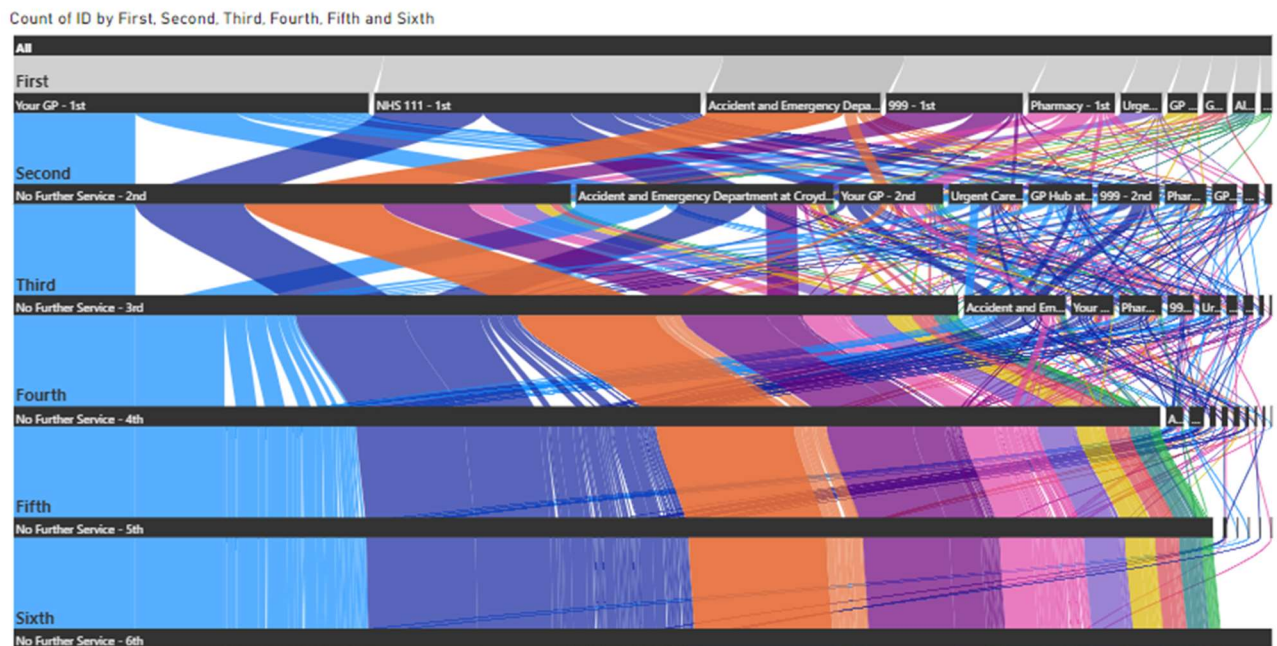
Those contacting their GP first had back pain (39%), eye issues (36%), ear conditions and swelling (both 33%), mental health, chest pain and stomach issues (all 32%) and headache (both 29%). 25% contacted about breathing problems (24%), sore throat (23%). Those below 22% included wounds and bruising (22%) or fever (17%).

Those arriving at A&E/Urgent Care/No further service first: 31% had wounds, bruising and cuts (21%/5%/5%); 24% had chest pain (14%/3%/7%); 20% had back pain (12%/3%/5%); 20% had swelling (11%/4%/5%); and 21 just feet unwell (11%/4%/6%). 13% (11%/0%/2%) attended due to sore throat or cough which would usually be resolved in other places

Those contacting pharmacy first: 16% had ear or hearing problems; 13% had rash or fever; 11% had eye problems, 10% back pain, 9% stomach pain. Only 6% just feeling unwell visited the pharmacy and just 8% with sore throat or cough.

2.4 Flow between services

All services to six points of access (N=1038)



This shows the flow that all responders took. It shows the complexity of the routes taken. While for many people they got to A&E services by 3 points, there were more complex routes for those who started in pharmacy or in GP Hubs.

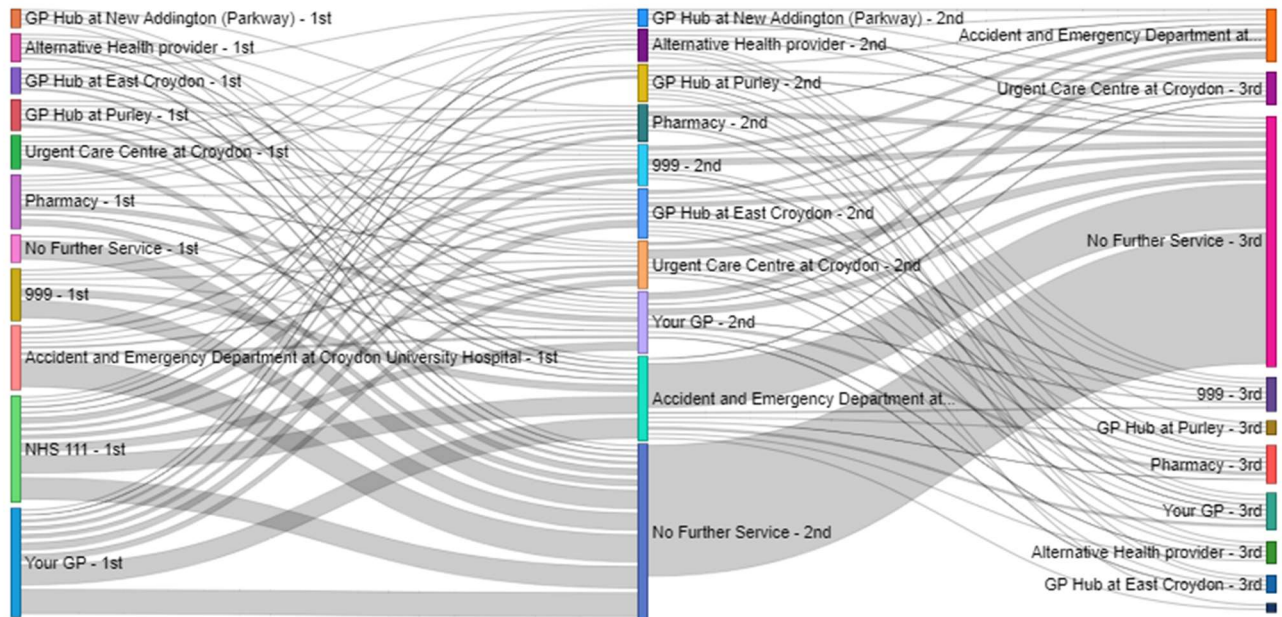
Please note where the term 'no further service' is being counted, this is the destination that patients took on their journey. Since this came only from those who had used Croydon University Hospital's Accident and Emergency (A&E) or Urgent Care services in the last six months, it could be that these are being those who used these services and should be counted in addition to those who state specifically. In much the same way that someone may describe their journey but not always the end destination.

Total for A&E or urgent care or no further services	N	Difference in numbers	%
One contact	172	0	18%
Two contacts	708	536	74%

Three contacts	851	143	88%
Fourth contact	933	82	97%
Fifth contact	956	23	99%

Flows between First point and Second

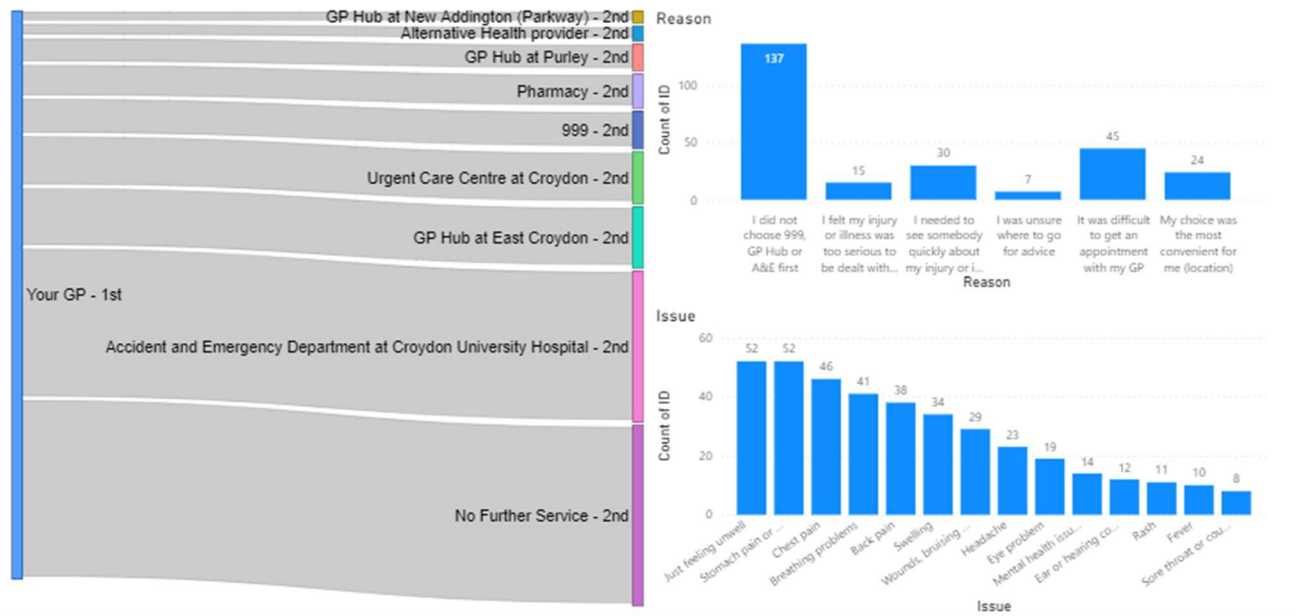
occurs by Source and Target



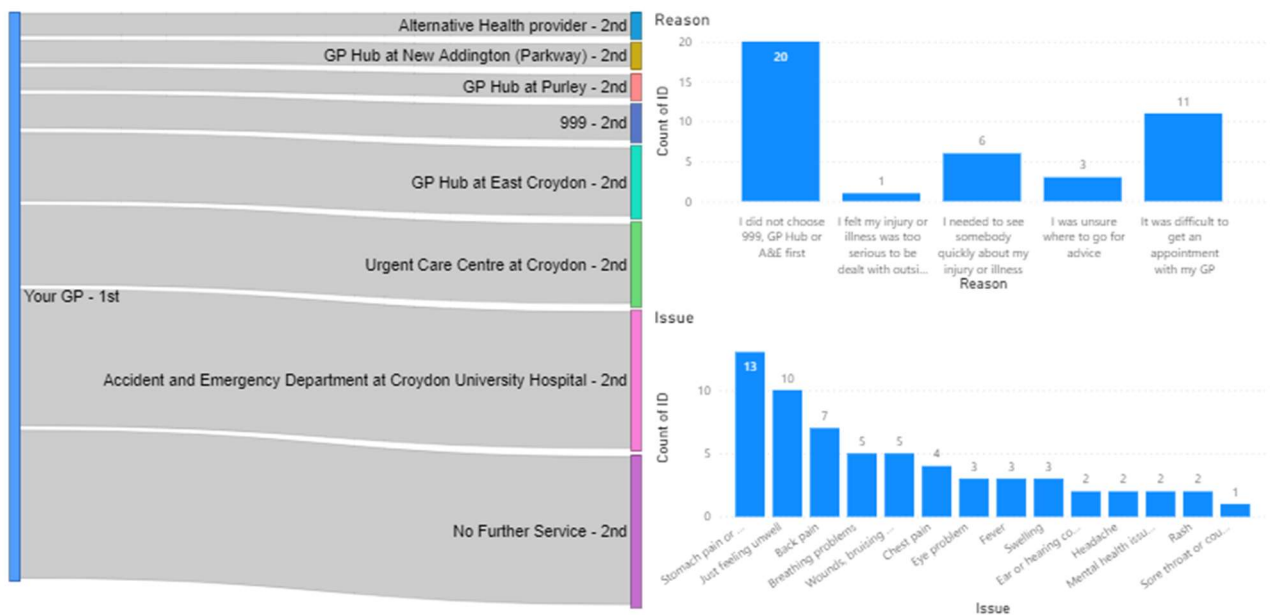
This shows in more detail the journey from first point to third point. Most flows from GP and NHS111 are to No further service and A&E, with a few being registered with Urgent Care. At the top, there are a smaller number of patients taking multiple points between GP Hubs and pharmacy which go to a third point which is not no further service/A&E or urgent care.

Flows between first and second broken down with reason and condition:

For those who chose GPs first -all (N=283)

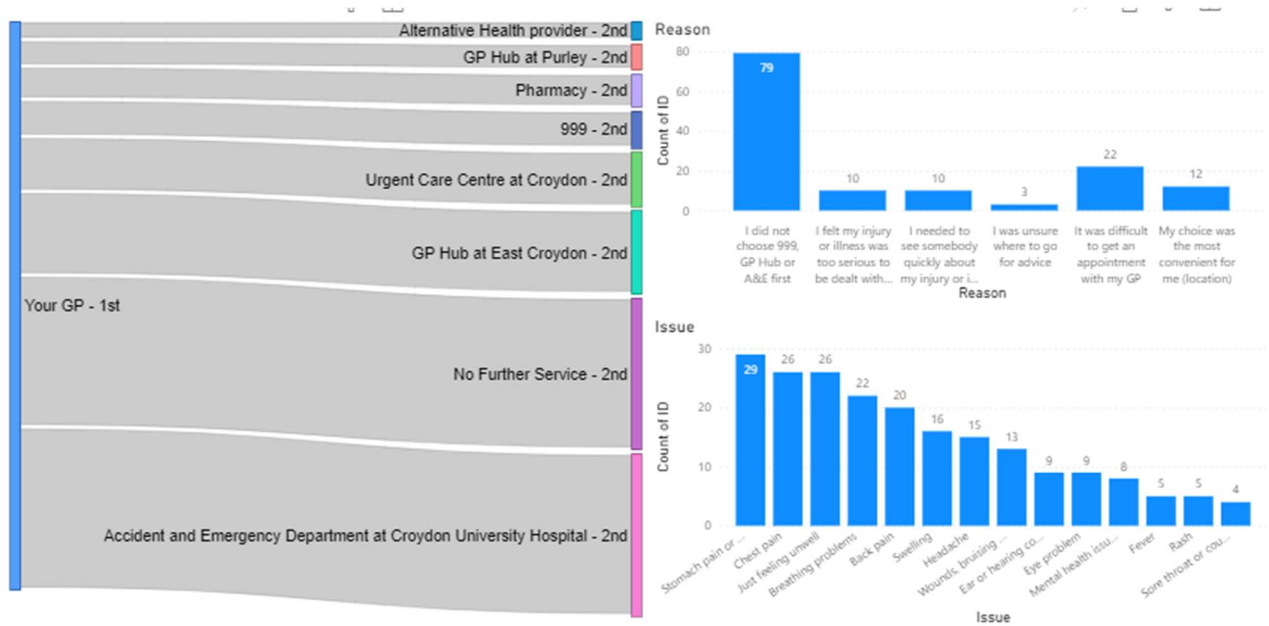


Those who chose GPs first patients aged 0-30 (N=39)



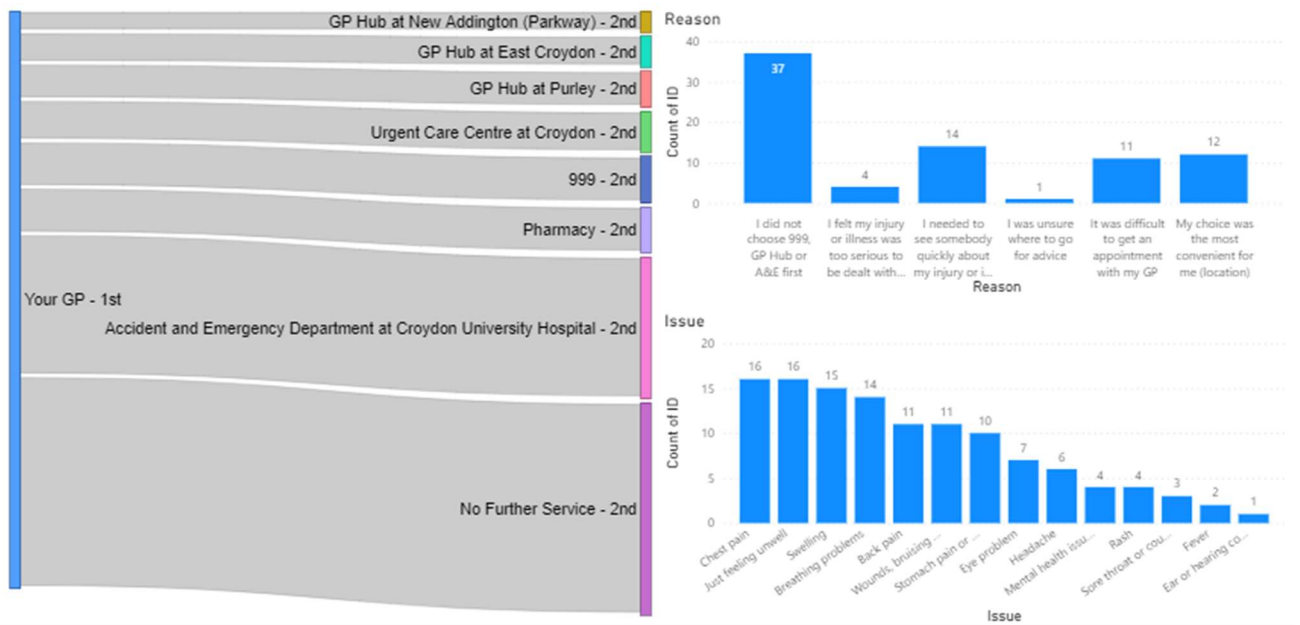
Comparing 0-30 with overall, there is little in change of flow, but higher proportional numbers that found it difficult to get and appointment, none felt the location was convenient as a reason. Back pain and stomach issues were higher for this group compared with all ages.

Those who chose GPs first patients aged 40-60 (N=140)



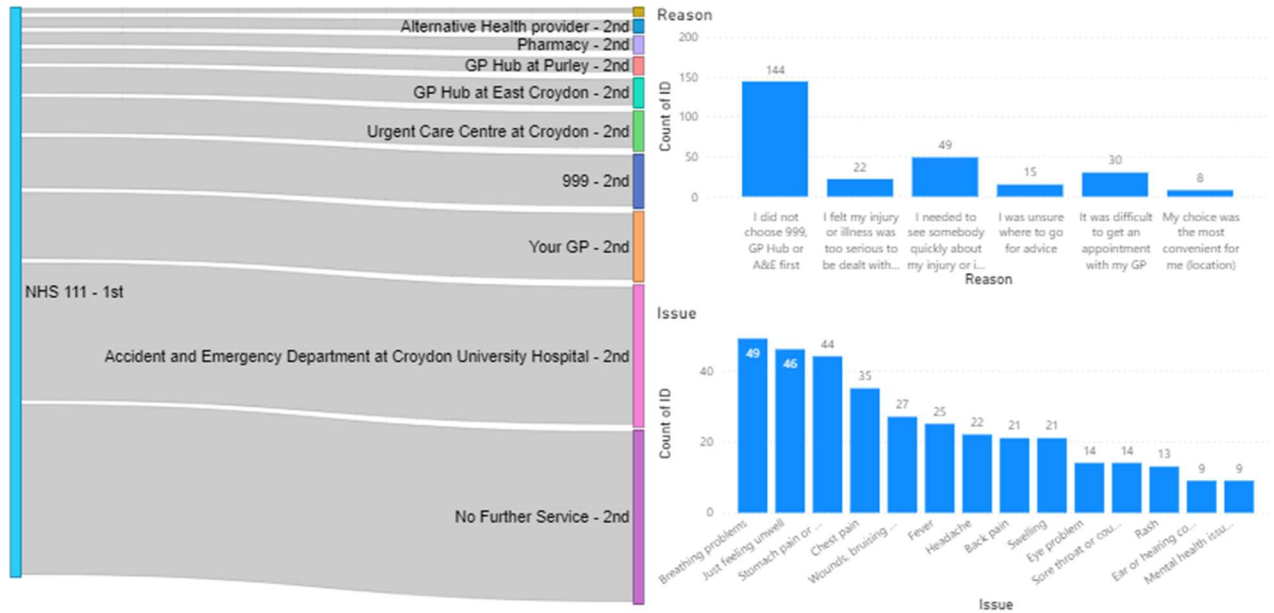
Compared with all, there is little change in overall flows or in reasons. Stomach and back pain were higher compared will all ages.

Those who chose GPs first patients aged 40-60 (N=97)

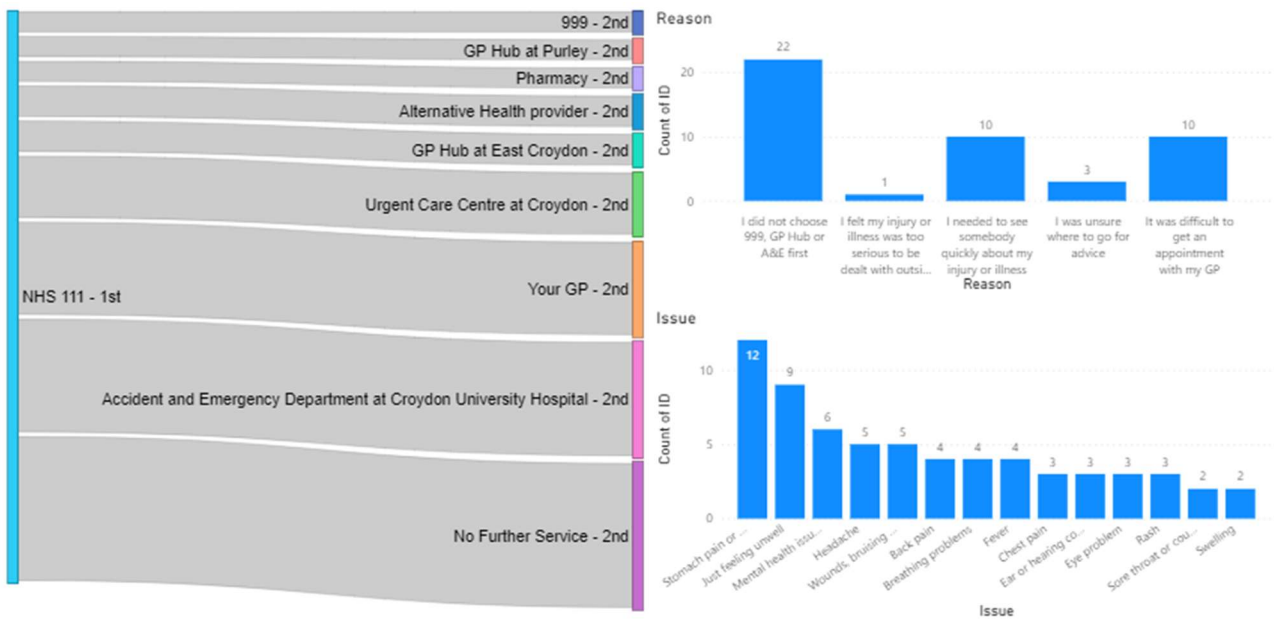


Compared with all ages, more 60+ proportionately wanted to be seen quickly about their injury, and chest pain was the top issue here, suggesting a link. Just feeling unwell and swelling as well as breathing problems which may suggest urgency.

For those who chose NHS111 first (N=260)

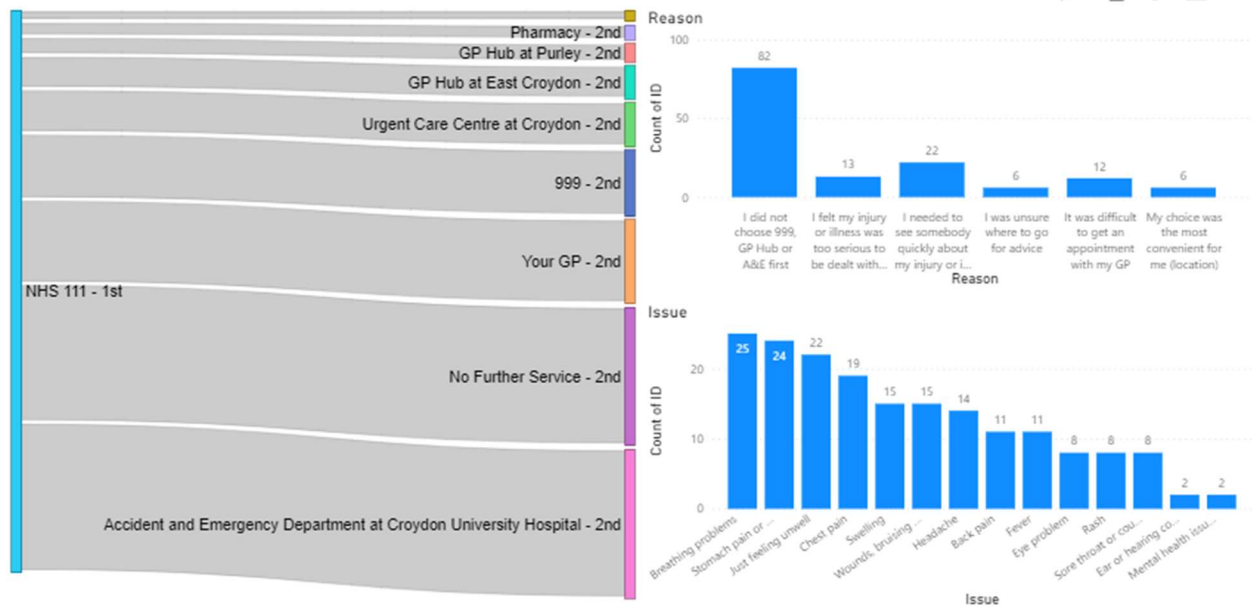


Those who chose NHS111 first aged 0-30 (N=43)



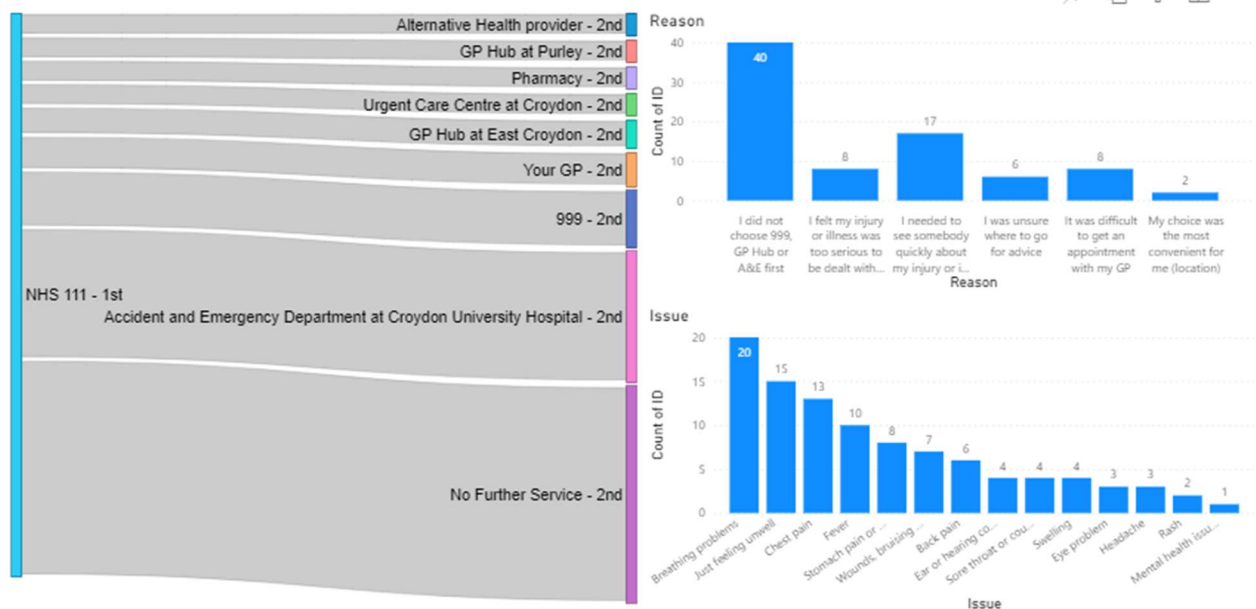
Compared with all ages, there was less use of 999, and no use of GP Hub in Purley. More proportionately wanted to be seen as quickly as possible and could not get a GP appointment. Stomach pain was higher compared with all ages as was Mental Health and Headache.

Those who chose NHS111 first aged 30-60 (N=135)



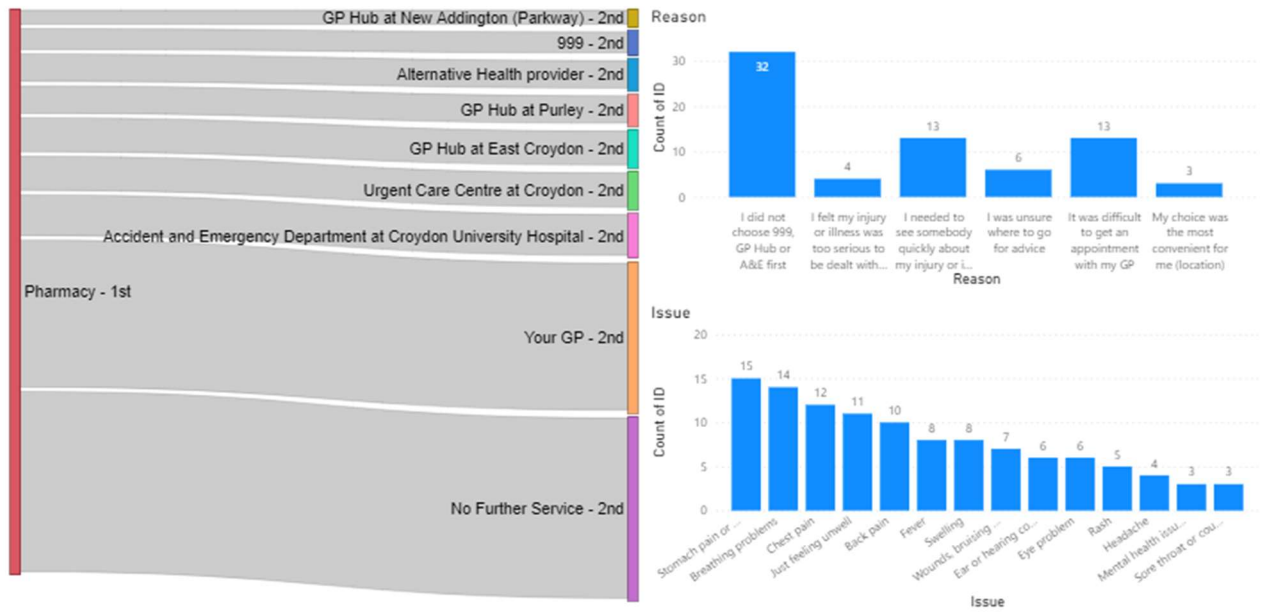
Compared with all ages, there is little change in overall flows or in reasons and breathing issues was the highest issue with stomach issues slightly above but the same four as for all ages.

Those who chose NHS111 first aged 60+ (N=80)

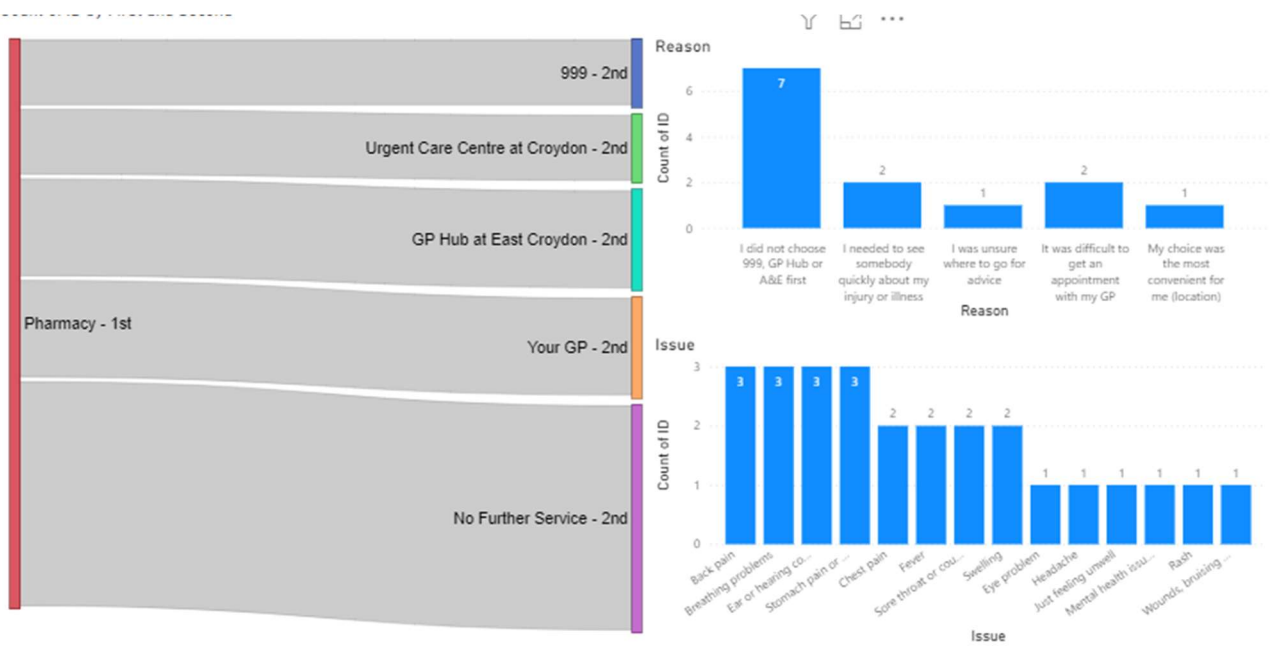


Compared with all ages, 999 calls come above GP and proportionately more wanted to be quickly which may relate to eventual 999 calls. Breathing issues was also the top condition, with chest and fever higher than above all ages, but below just feeling unwell.

Those who chose Pharmacy first all (N=69)



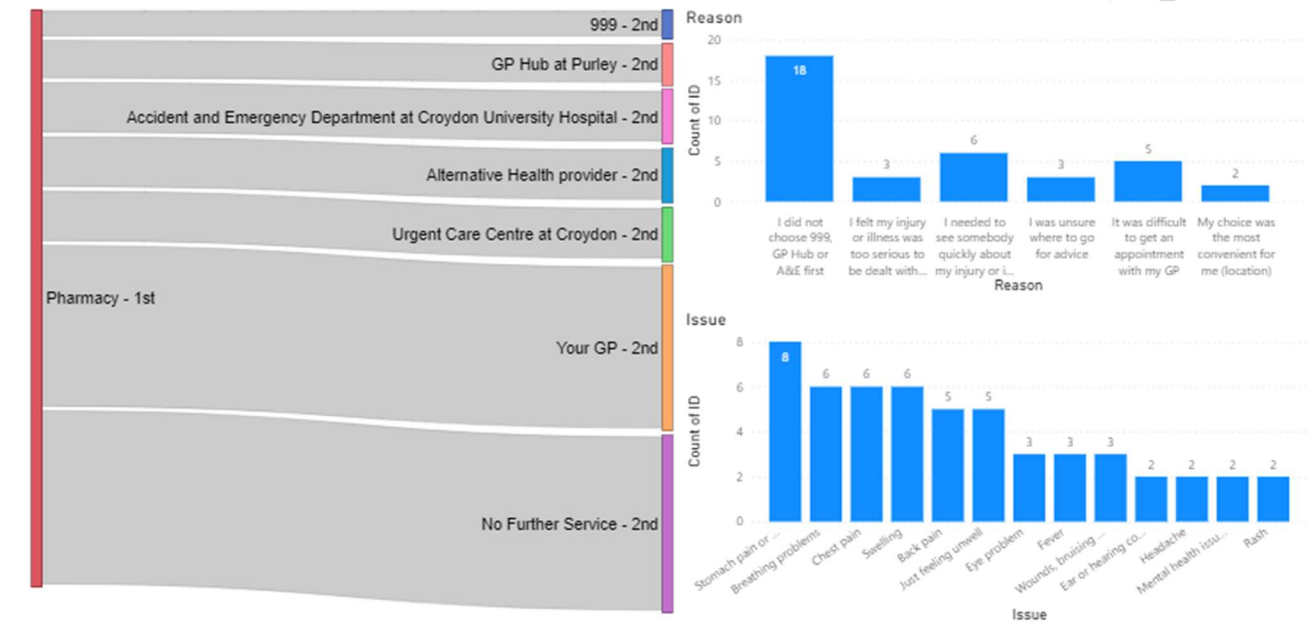
Those who chose Pharmacy first aged 0-30 (N=12)



Those who chose pharmacy first had stomach, breathing issues and chest pain, just feeling unwell came fourth. Higher reasons were wanting to be seen quickly and difficulty in getting a GP appointment, more proportionately are likely to use other non-hospital services (although sample numbers are low)

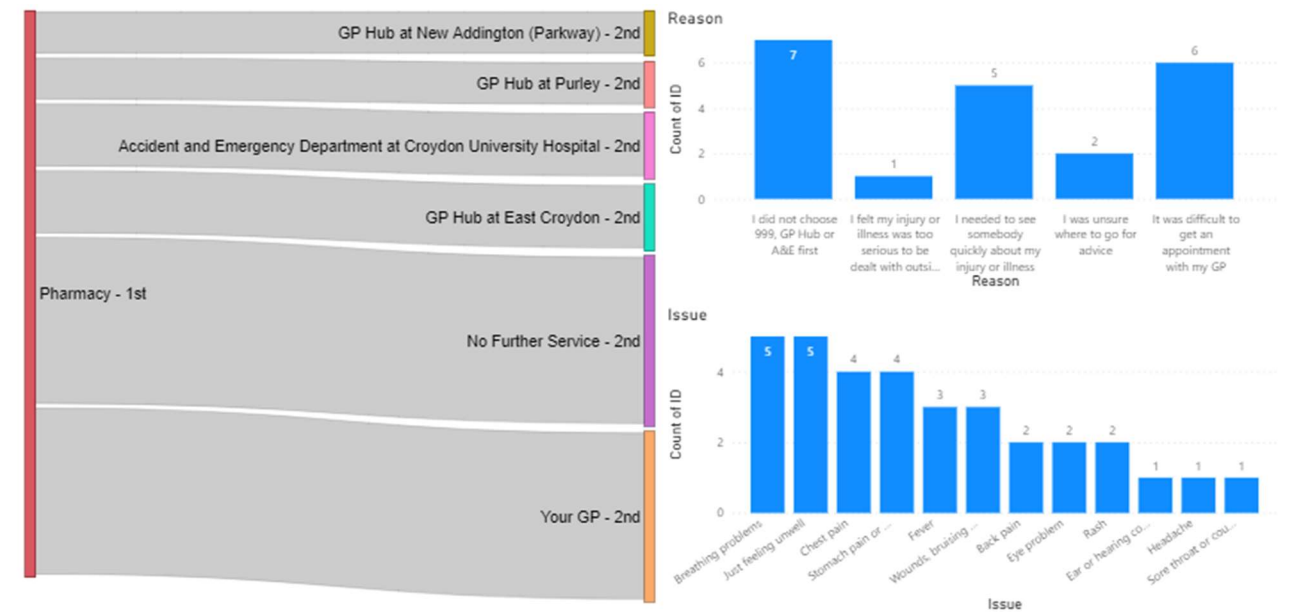
Compared with all ages, those 0-30 had back and ear issues higher than other conditions (but sample numbers are low).

Pharmacy first aged 30-60 (N=37)



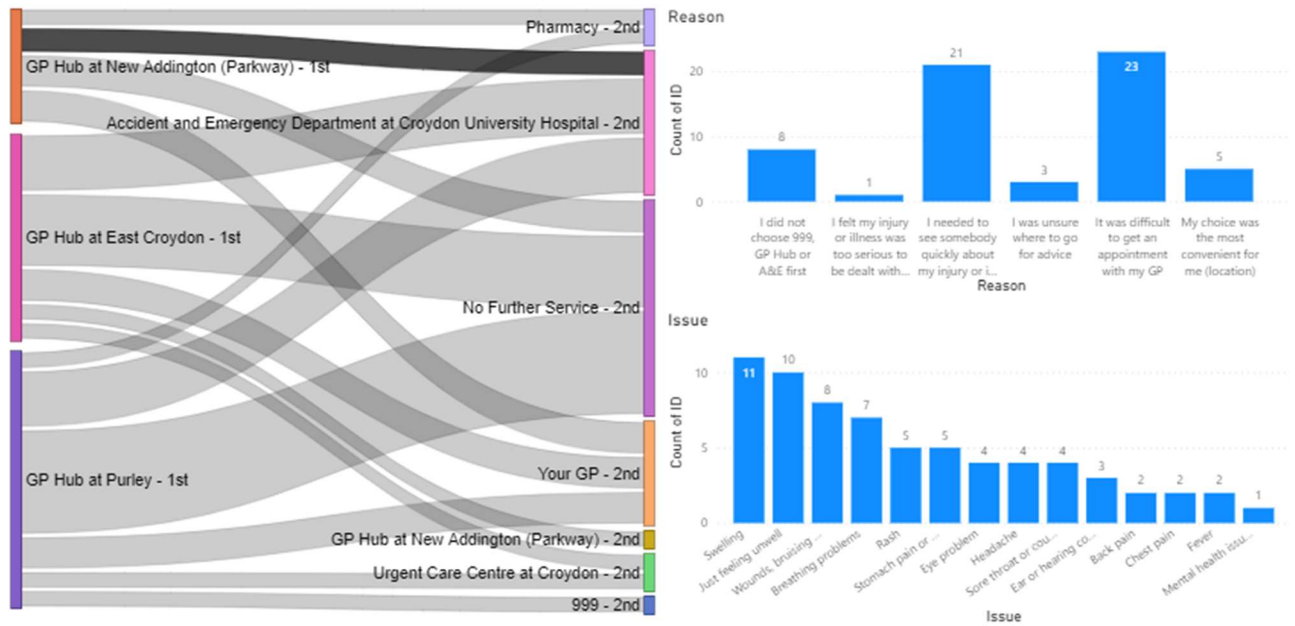
Compared with all ages, flows between services were similar as were reasons and issues.

Pharmacy first aged 60+ (N=20)



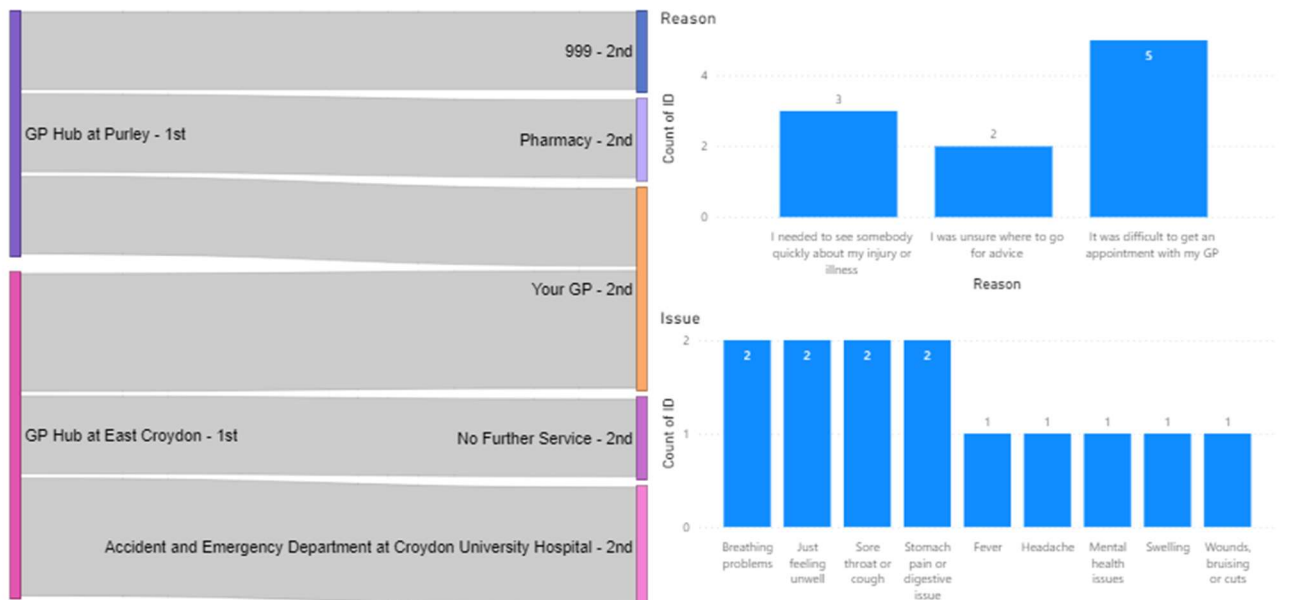
Compared with all ages, 60+ went to their GP after pharmacy more, and had more proportionately finding it difficult to get an appointment and wanting to be seen quickly. Breathing problems was first, compared with other ages, maybe adding to the urgency at being seen.

GP Hubs first all (N=52: 9-Parkway;19-East Croydon;24-Purley)



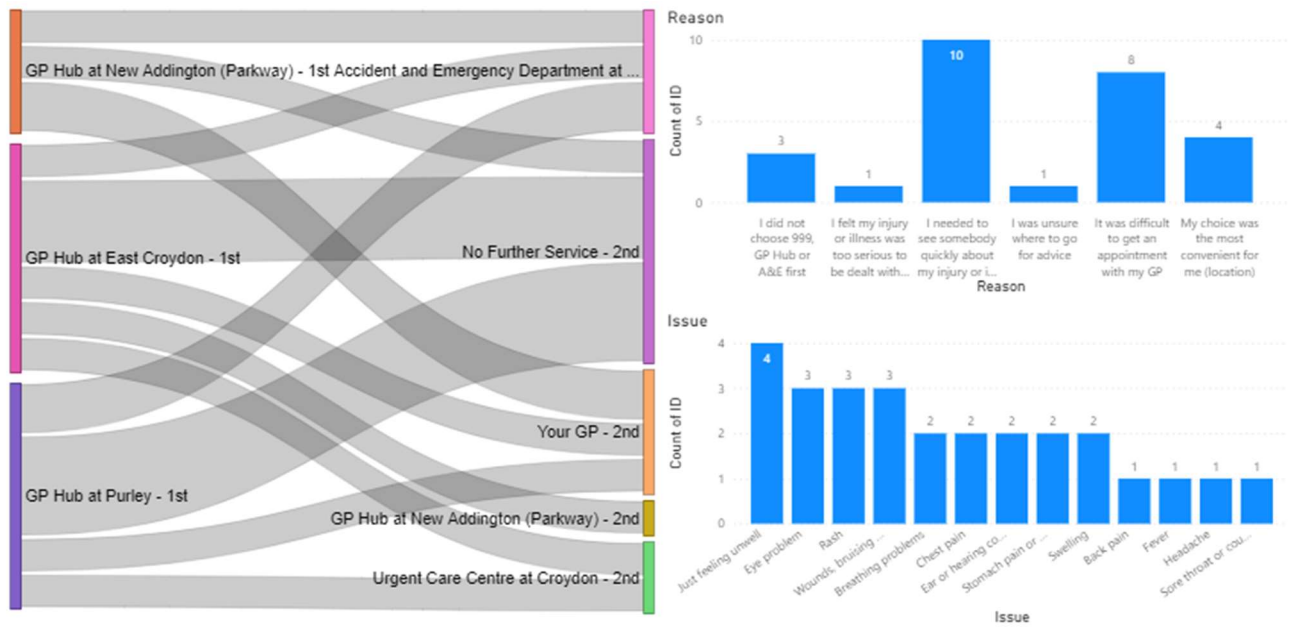
Bearing in mind the small sample, most GP Hubs directed people eventually to hospital-based services, although there were some who went to their GP after a Hub visit or event to another GP Hub. Most wanted to be seen quickly and found it difficult to get a GP appointment. Swelling, feeling unwell, breathing issues wounds and rashes were the higher conditions. Difficulty in accessing GP was most significant reason.

GP Hubs first aged 0-30 (N=8:3-Parkway;5-East Croydon; 0-Purley)



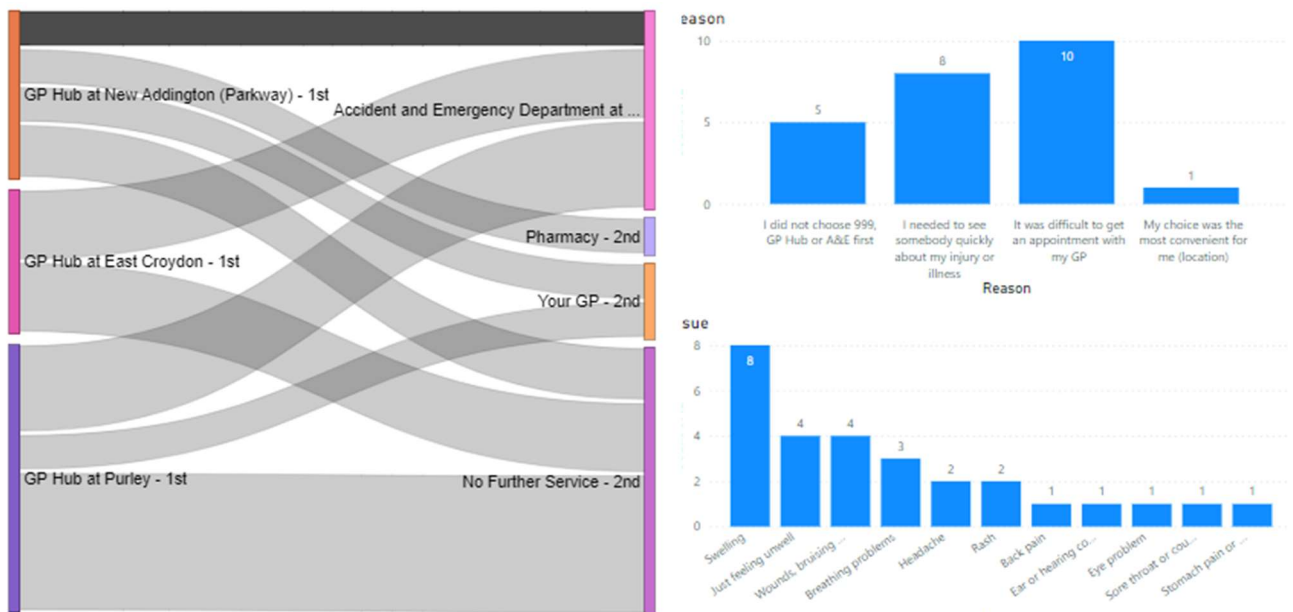
Comparing with all ages, 0-30 had breathing problems, just feeling unwell, sore throat/cough and stomach issues, but sample is small.

GP Hubs first aged 30-60 (N=21:4-Parkway;8-East Croydon; 9 Purley)



Compared with all ages, a 30-60s people seem to go from GP Hub to GP or another GP Hub before eventually arriving at A&E. Most need to see someone quickly and find it difficult to get an appointment.

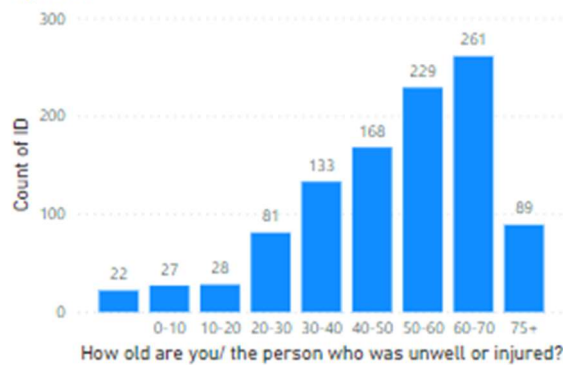
GP Hubs first aged 60+ (N=23 :5-Parkway;6-East Croydon; 12-Purley)



Compared with all ages, some 60+ patients seem to go from Hub to GP or even to pharmacy. Most find it difficult to get an appointment and need to see someone quickly. Swellings, just feeling unwell, would and bruising were the highest conditions.

2.5 Age of patient and the journey

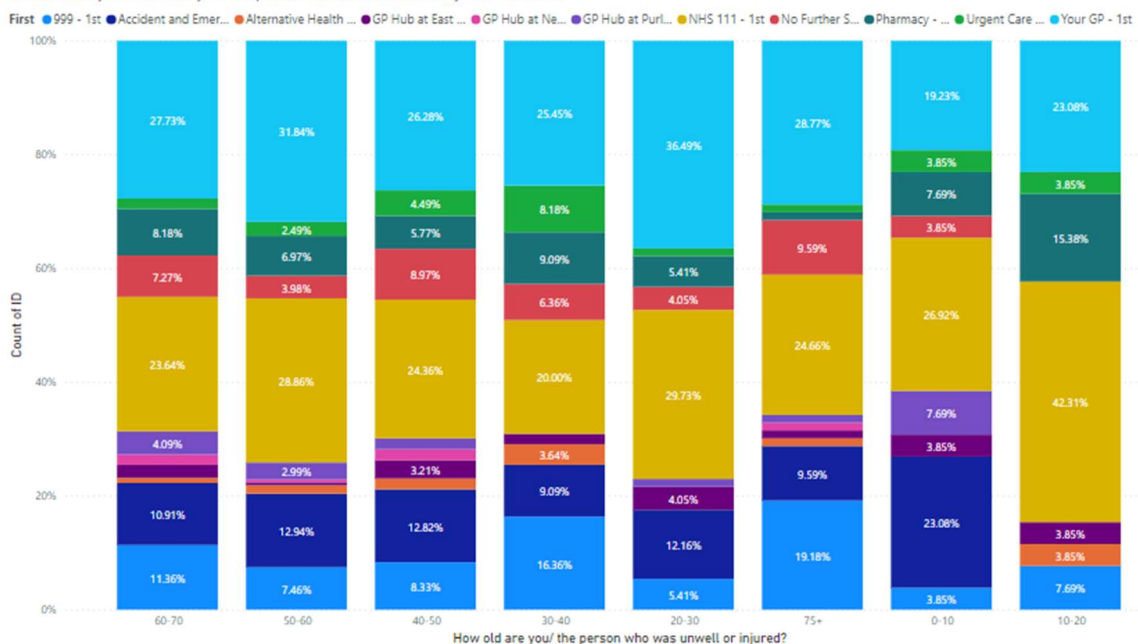
How old are you/ the person who was unwell or injured?



Age of patient in sample: This increased significantly as they got older with nearly half (490 (47%) being between 50 and 70. There were very few replies from those between 0 and 20 in comparisons (55, 5.2%) which is a limitation.

How old the patient was, compared with they went for first choice:

Count of ID by How old are you/ the person who was unwell or injured? and First



This graph compares the first choices against the age of the patient.

Those with patients 0-10 were more likely to pick A&E first (23%), whereas 20-30s, 40-50s and 50s to 60s would were around 12%, and 60-70s and 75+ around 9 to 10%.

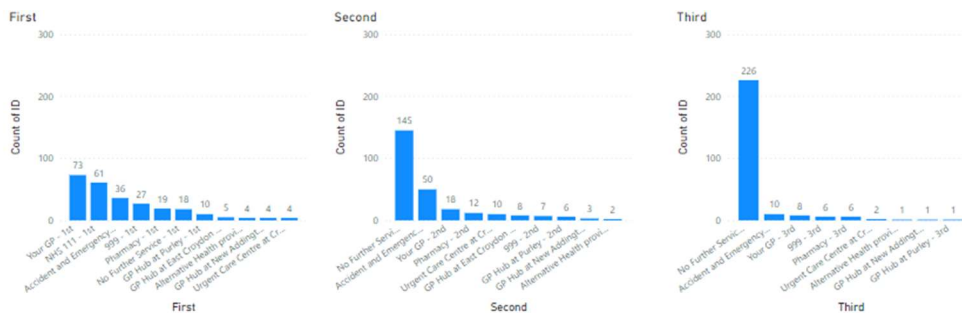
Urgent care was highest with 30-40s at 8%, with other registering between 2% and 4%. Those stating no further service suggesting A&E or Urgent Care, add between 7% and 9% to 40s-50s, 60s-70s and 75+.

NHS111 is picked first more heavily with 10-20s (42%) 20-30s (30%) but all the other ranged from 20-28%.

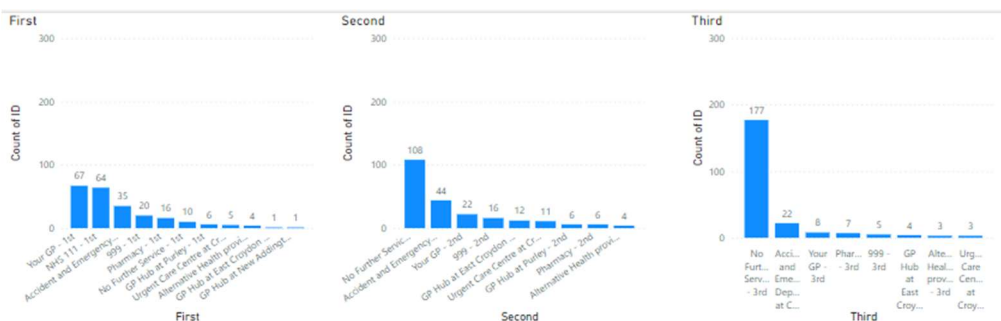
GPs were more heavily chosen first by 20-30s at 36%, with 50-60s at 31%, and other others ranging between 23% and 26% except for 0-10s who used GPs less at 19%. GP Hubs were rarely used first (circa 7% and below).

Age and journey - first second and third

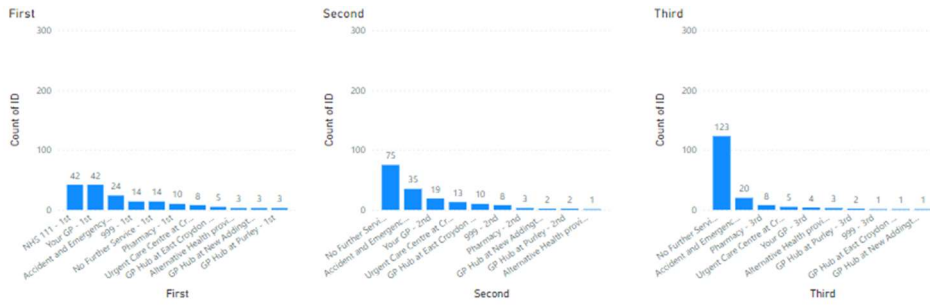
Analysis: There was not a significant difference across ages with GP, NHS111 and A&E where the highest and second highest first choices in most ages, except over 75 where 999 was the second highest and 0-10 patients, where A&E was the second highest after NHS111 (although the sample numbers for this subset are smaller).



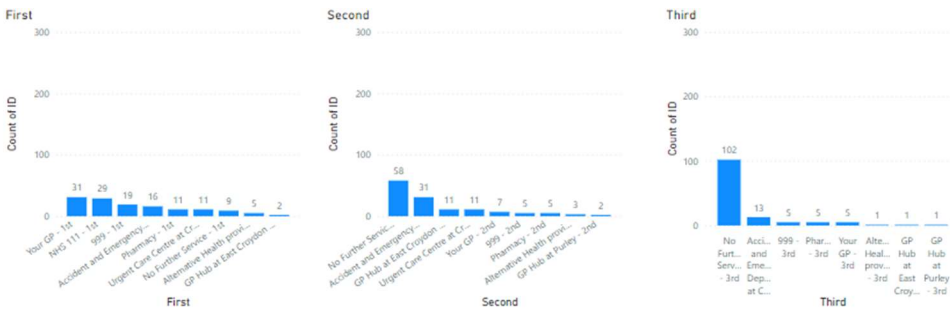
60 to 70 choice and route (N=261)



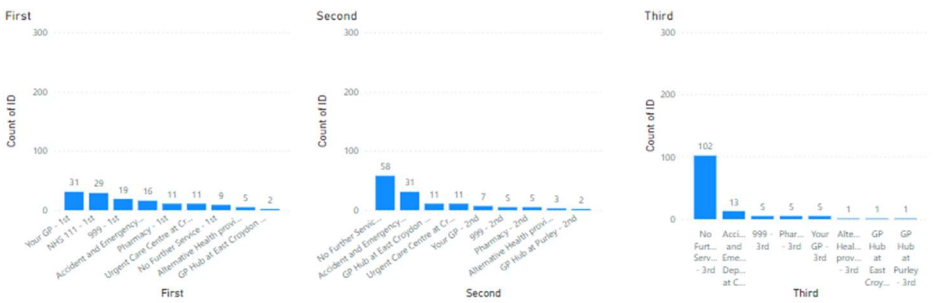
50 to 60 choice and route (N=229)



40 to 50 choice and route (N=168)



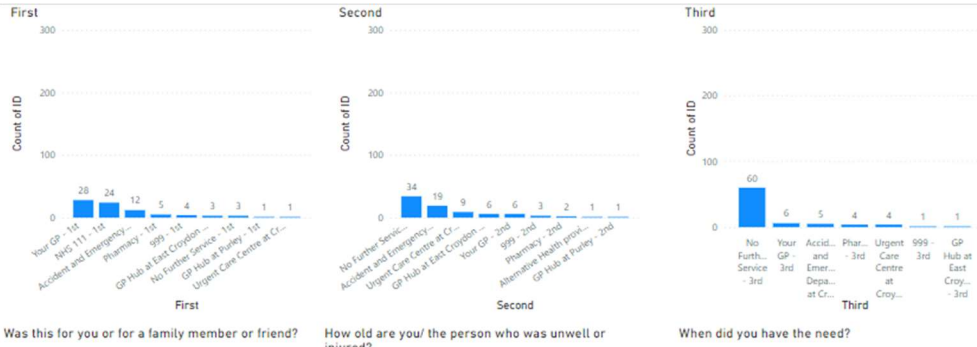
30 to 40 choice and route (N=133)



75+ choice and route (N=89)



20-30 choice and route (N=81)

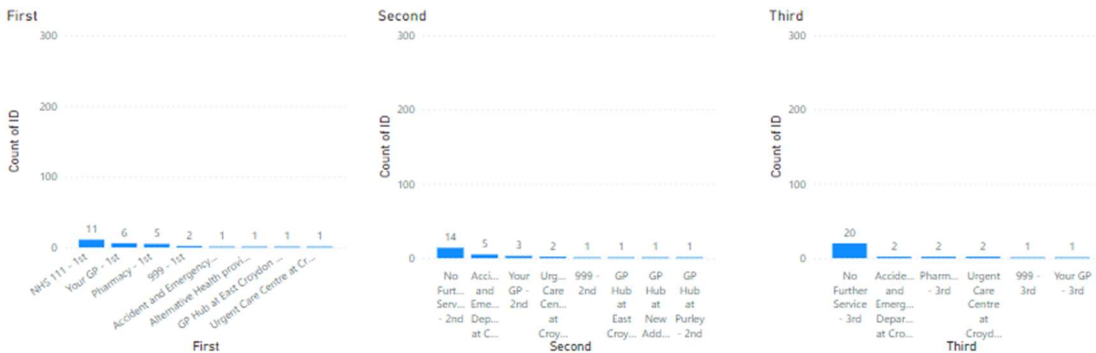


Was this for you or for a family member or friend?

How old are you/ the person who was unwell or injured?

When did you have the need?

10-20 patient first choice and route (N=28)

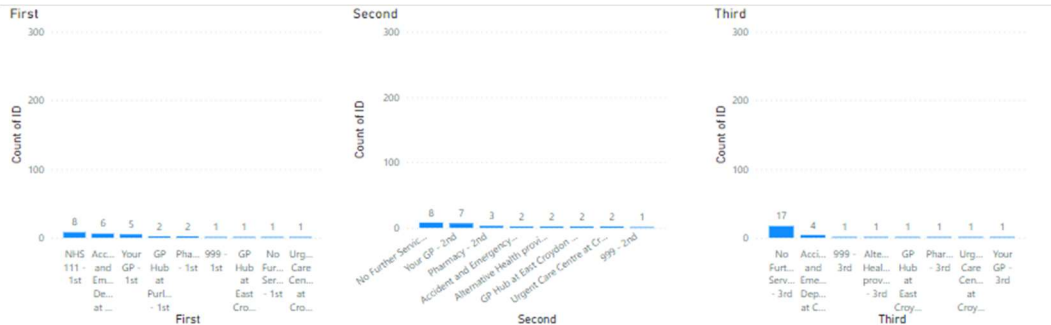


Was this for you or for a family member or friend?

How old are you/ the person who was unwell or injured?

When did you have the need?

0-10 patient first choice and route (N=27)



2.6 Reasons why you were unable to access the service

Try but not succeed

Yes	264	25%
No	756	73%
Did not answer	18	2%
	1038	

Top five reasons by theme from comments

Reasons by theme	248
GP	137
Experience	25
NHS 111	20
Access	15
GP Hub	12

A quarter could not access a service they wanted and most of these were GP services. Others had experiences detailed the challenges and some had challenges with NHS 111, general access issues and GP Hub.

Please note that comments may contain typos as reflect authenticity.

GP theme comments (selection)

Access to GP appointments were by far the main comment, followed by lack of satisfaction with their GP and their eventual journey to A&E. Please note these are not edited to maintain authenticity so may contain typos

“GP. During peak of covid they decided to be inaccessible to their patients when their patients needed them most?”

“Because my GP was not available.”

“Can not get to see a doctor.”

“I can remember on one particular occasion when I tried to contact my GPS surgery. I started to call from 8:30am but, the phone line was engaged all day. I finally got through 4pm in the afternoon. So I have decided to eventually change

my practice. I've been with this practice for 15yrs, and the customer service at the reception area is not caring or professional."

"GP no appointments."

"My GP. No appointments available."

"No GP appointments."

"GP Consultation in the week leading up to admission via A&E."

"No one answered my calls at my GP practice despite long waits."

"GP always says no appointments"

"Trying to get a GP appointment is ridiculous. They never have appointments."

"GP service at East Croydon is worst and during pandemic saw it deteriorate. In case of homebound patients, they send a paramedic which is even worse."

"The doctor was unable to see me or make an appointment within a short time."

"Miscarriage. My GP was unhelpful and caused this."

"Was unable to obtain appointment at GP."

"Just can't get any face-to-face appointments at Keston let alone a same day!"

"My GP, kept saying there was no availability."

"The surgery Software doctora (sic) link tols (sic) me to go to A and E."

"I just tried and tried to call the doctors but it was always an answer machine."

"I called my GP service 8 times over a few weeks and they didnt answer the phone nor did they have appointments."

"Tried GP but they could only offer telephone consultation in a weeks time."

"I contacted my GP and requested an immediate appointment , however they referred me to 111."

"I could not get a appointment with my GP."

"I rang GP advised to go to hospital."

"There wasn't any appointments so called back the next day."

"My doctor but they always advise me to go on line to talk to someone which sometimes take all day and when you you're feeling unwell I just want to see someone and check what is going on."

“I can never get an appointment with my GP.”

“No doctors & 24 in queue.”

“GP no doctor appointment available.”

“You have to write what’s wrong with you and you have to wait a day or two and then they text you or leave a message but with my GP you never get to see them.”

“No available dates from GP.”

“Had no phone appointment left.”

“No GP telephone appointments available so was advised to contact the HUB who told me I could approach a pharmacist but really I needed to see my GP, which I finally did after about a month.”

“Very difficult get appointment.”

“There were no appointments available again at my GP service.”

“GP no answer or always busy.”

“NO GP appointments available

“Contact to GP takes too long, sometimes there is no available appointment and have to try another solution>”

“Not getting appointment.”

“My GP line was engaged.”

“GP had no telephone appointments left”

“No one was picking up the phone and the appointment was not available . I had an anaphylactic reaction.”

“Tried to see GP but no appointment available that day.”

“GP- as always, they are fully booked. As such, I needed to use hub.”

“My GP refused to see me for a week. I called 111 and a paramedic told me I needed to be seen that day, and made me an appt with the GP - the GP refused to see me despite the advice of 111 and I waited a week in agony, only to be sent straight to A&E when the GP eventually bothered to see me. Ignoring 111 could’ve been life threatening as it was suspected appendicitis. My GP hasn’t apologised for ignoring 111 and refusing to see me.”

“I tried to get hold of my own GP, after phoning 50+ times I was finally put on hold for 30+ minutes. By the time they decided to answer my phone call, all there appointments had gone and was told to contact he GP hub.”

“My GP never has appts available unless you call at 8am (which is terribly inconvenient when you have young children who require urgent attention throughout the day.”

“I couldn’t get an appointment with my GP. I was given an appointment for the following week and the receptionists suggested I go to A&E or call 111. I called the GP hub instead for a telephone consultation and she said to foto A&E if I felt I needed to. I wasn’t offered a face to face appointment at any time from neither my GP or the GP hub.”

“Couldn't get a doctors appointment. Keep ringing and told ring back next day no appointments. Ring back hold, told to ring back kept ringing back holding for ages and again told no appointments.”

GP Hub

“GP HUB. No one answering phones. Covid reasons.”

“I tried to use GP hub but was told an appointment was needed and went to own GP instead who told me to go to A&E which I did not want to do as I felt this was not an emergency and did not want to waste A&E time as so many people do. Using the service for clearly GP reasons and not for accident and emergency which I feel very strongly about. Total time wasters.”

“Tried to contact GP at Purley hub because of bleeding after a fall. V poor service, appalling phone system. Recorded Covid message v annoying after 10th attempt to get through (try it). Messages not passed to GP, receptionists unhelpful, promised callback didn't happen. Had to chase. GP in a rush, apologetic & panicky when told symptoms. "Go to a&e right now". Clap for NHS? As E Doolittle put it, "Not ... likely". This is not just Covid related. Appointment system at Purley has been dire for years, based on my fam & friends).

“Purley X ray cannot manage fracture.”

“I telephoned my G P who said I would need an x Ray. Went to hub at Purley but they said I needed an appointment to have an x Ray. Phoned 111 who immediately got me an appointment at Croydon hospital at a and e”

“I am Deaf. Purley GP Hub is only accessible by telephone. Impossible for me to call as I don't use the phone.”

“Needed to see nurse about an injury to finger but go didn’t have immediate appointment so I accessed purley hub instead where u got same day appointment to have dressed as I am diabetic.”

“Felt unwell late morning. Phoned GP surgery and told no appt left but advised to contact E Croydon GP hub.”

Experience

“To my great regret and disappointment, I went to the Croydon University Hospital 3 times in the last month, but nothing helped me, and I stayed there for 5 hours in a queue with severe pain, I said that I was bleeding with vomiting and that I was very I feel bad, but still I was never received five hours later, the doctor received me and said that he should prioritize and that it is preferable for him to give priority to British citizens and not refugees, so after so much time he only said that he was allegedly very sorry and that I need to eat soft food and drink water, these are the tips I received instead of help and I don't know where to go for help so that non-conscientious doctors and medical personnel will punish someone for insults and racism.”

“I was referred for CT scan post COVID vaccination but it took long and multiple follow ups and complaints . It was very bad experience overall. I was able to use at last but responses given by neuro and imaging departments are not acceptable. GP referred me and then A&E referred me and the. Nothing for weeks. I gave up on NHS at one point. If you want more details please call if you think it can help improving services.”

“GP appointments fully booked for 3 weeks and needed to see someone about potential high risk pregnancy.”

“had an acute neurosurgical emergency. I was hoping that my GP would refer me direct to the local neurosurgeons on call, but I was just advised to go down to an A&E instead.”

“I tried to access my GP. As always, they had no appointments. Covid19 notwithstanding, they have never had appointments. Then when i used the GP hub, the manager yelled at me for using the service and told me to stop using it I was unable to get through to my GP even when calling at the time they advised line was either busy, in a queue then cut off.”

I fell in March and broke my wrist so A&E was a no brainer before that dialing 111 said see you GP only they weren't seeing patients

“I wanted to book go online . But online service was not available we GP . I wanted to book mental health via my GP . But GP was unable to book me due to COVID Because of covid all appointments was on phone. I need immediate personal encounter with a GP because my condition was bad.”

“I am no longer living in Croydon. I was on holiday to my family relatives and had accident while working in my work place. When I came was in serious pain in my knee. Then I call NHS 111 and was told to managed to come to A,&E in University hospital Croydon.”

“I telephoned my G P who said I would need an x Ray. Went to hub at Purley but they said I needed an appointment to have an x Ray. Phoned 111 who immediately got me an appointment at Croydon hospital at a and e.”

“Last time when i know i got high blood sugar level my GP did not pay attention and put me on queue i called 111 for emergency they seen ambulance admit me in hospital my sugar level was 20.5 . and heart beat was very fast.”

“I went to A&E due to SOB and on 10 liters of oxygen. I was sent home 3 hours later saying nothing was wrong 2 weeks later it happened again but I went to a different trust and was kept in for 6 days.”

“Ambulance services - as they would have seen my son immediately helping him with his blackout. If needed take him to the hospital. They told us his illness wasn't urgent. Try 111.”

“I asked a family member to drive me to A&E as surgeon had warned me to go to A&E if any bleeding happened. However it was packed and young receptionist told me I had a 3 hour wait. I refused to wait and stated I was not prepared to sit in a full waiting room as worried it would start gushing out again or as I had open wound I was at risk. So I informed him I'd go back home. asked family member to take me to A&E as had tonsillectomy the previous week and it had started to bleed whilst I was asleep.”

111

“111 advised me to go to ane.”

“111 Long delay.”

“Nhs111 did not put referral through to urgent care centre. Due to administration error. Wasted 4 hours.”

“NHS 111 take too long to get through to and ask too many unnecessary questions.”

“The wait was too long i feel i need help .i did manage to get thought to 111 and they told me to go to the hospital.”

“111 was supposed to receive a callback but after 1 hour had to call ambulance due to collapsed.”

“I tried 111 twice one time after going round the houses late friday night in agony, i was told wait until monday and see your consultant. Two late at night a cyst in the middle of back burst. All i needed was it to be cleaned and a dressing put on so did not want to trouble a and e. After going round the houses talking to various people. They sent a first responder who did not carry proper dressings , could not clean wound so they put a temporary sort of dressing on back. Had to wait 10 hours to go and see a doctor at GP.”

“111 are useless after answering questions for 15 min ..they send it to GP”

“The waiting time for 111 was too long.”

“111 took too long and I was having a severe reaction.”

“NHS 111 was not available spent 60 minutes trying to get through to them.”

“I fell in March and broke my wrist so A&E was a no brainer before that dialing 111 said see yoy GP only they weren't seeing patients.”

“I phoned 111 and was told to phone 999.”

“Tried to see if I could find a route to a local urgent care centre and avoid A&E but 111 advised A&E.”

“111. I accessed it however this had taken 3.5 hours to get someone to call me back, only to advise me to go to A&E at 10pm at night how which meant A&E Was so busy.”

“Had a long wait to talk to someone on 111.”

“NHS111 took too long to reply.”

“111 - took longer time.”

2.7 A sample of comments on why they chose the service they did

In this section a selection of comments of why people make the choices with themes linked to either service or decision-making process. This helps give insight into the decision-making process that each patient text. While there may be many complex ways they came to these, these comments give some insight. A full list of comments can be provided on request.

Please note that comments may contain typos to reflect authenticity.

NHS111

“Rang NHS 111 for advice initially and they called an ambulance.”

“111 because I didn't want to use precious resources. However, they sent an ambulance for me due to my symptoms.”

“NHS 111 for help.”

“Tried GP not joy called 111.”

“Strong vomiting with blood - called 111, thought it was serious and needed immediate attention.”

“I chose to call 111 for medical advice. Then 111 service call for an ambulance because I have a history of heart disease and was having chest pain.”

“I chose 111 as I knew that they would point me in the right direction.”

“I called 111 as I didn't want to trouble A&E if not necessary, but was told I needed to by the advisor.”

“Advice from NHS111 who advised to go to A&E.”

“Called 111 as always first choice then was directed to A&E.”

“Used 111 as it was during the night.”

“I work for the NHS so I knew to contact 111 first as it was Sunday.”

“Call 911 then took there advice.”

“I chose 111 initially to get some advice.”

“We rang 111 for advice, a doctor came out from the hospital and after an examination called an ambulance.”

“Didn't know where to go so 111.”

“I used the 111 service because it was a weekend and surgery was closed.”

“Out of hours I would use 111 as I trust in their advice. They directed me to a&e.”

“111 was not as important as 999.”

I knew my illness could be life threatening but I wasn't sure which service to access first. I used 111 because they will perform a thorough assessment and point you to the right service you require.

“We called 111 for advice and they sent an ambulance.”

GP/ GP Hub

“I usually contact GP first if GP is not available that I will call NHS 111.”

“I was told to go to A&E by my GP.”

“Was examined by my GP who referred me to A&E Croydon.”

“My GP said I had to, to drain the wound otherwise it could get worse.”

“Contacted GP who referred me to A&E.”

“I thought was best to see GP so I tried to call them at 8 o'clock in the morning.²

“It was an emergency and the GP surgery was not helpful. My child had a bad reaction and was swollen all over the face.”

“My GP, as I wanted to be assessed first because I didn't want to use E&A resources unnecessarily.”

“At first it was difficult to get the GP so I went to the GP hub and they sent me to A&E.”

“I used GP as they are aware of full history and deems this not to warrant emerging scheme?”

“As answered before. GP refused to see me. 111 assessed by paramedic and told me it was urgent, made GP appt for me - GP refused to see me and made me wait a week for an appt. I arrived in agony, and they sent me straight to A&E with suspected appendicitis. 111 is pointless if GP receptionists ignore their advice.”

“It was not an emergency so I contacted my doctor and then the purley hub at the weekend because it was not any better.”

“GP hub recommended by surgery as they had no appt left.”

“Could t get hold of my own GP after 50+ calls to finally get put in hold for 30+ minutes to then be told they had no appointments so to call the GP hub.”

“Baby developed a large rash and very quickly. Presumed allergic reaction but did not appear to be life threatening. Wanted to discuss with doctor but outside of GP opening hours and wanted a response quickly.”

“GP told me.²

“On advice from pharmacist and GP hub.”

“Pharmacy, doctor, 111, A&E common sense.”

“My GP he and she knows better my health issues.”

“Abscess in a dangerous place so called GP first and they referred me to A&E.”

“Decision was based on advice received from GP and online information.”

“Recently registered at new GP so wanted to try online consultation for advice first without seeing a GP or going to AE.”

“I had collapsed at home and GP advised me to go straight to A&E.”

“GP told me to go to a&e.”

“Doctors appointments all gone, GP hub had long waiting time, 111 were excellent.”

“GP as first port of call.2

“My GP advised me to go to A&E as they were concerned that I had a DVT.”

“I knew it would have to be looked at. GP only wants photo sent online. Didn't consider A&E.”

“I couldn't get a telephone appointment with my GP so I called Purley GP Hub.”

“The GP I spoke to was sufficiently concerned that she emailed my normal GP who has referred me to Rheumatology with suspected Rheumatoid Arthritis.”

“My doctors aren't very helpful. Nhs 111 was quickest option.”

“I was advised by the hub doctor to go to A&E.”

“Advised by GP receptionist to call 111, then told to go to A&E.”

“Could not get GP appointment.”

“Went to medical practice, was refused treatment, so I booked an Uber to Croydon university hospital, to get my daughter stitches.”

“My GP wouldn't or couldn't assist.”

“GP because is quickly.”

“I wanted my GP to deal with this not A&E as I felt this was not an emergency. But in the end I ended up having treatment as an outpatient and am now waiting for surgery. People need to be educated on NOT wasting A&E time with minor problems.”

“My doctor was closed.”

“I call to my GP.”

“Needed to talk to doctor.”

“After speaking to my GP Surgery, I was advised to call 999.”

“It was a weekend, my surgery was closed so I phoned 111.”

“Practice nurse recommended I make a GP appointment.”

“I always approach my GP first but they currently only offer telephone appointments and the receptionist said they had no slots for a couple of weeks so I should contact the Hub. The Hub told me I needed to see my GP but suggested I consult a pharmacist while waiting for a telephone appointment. I did this, but they also told me I needed to see a GP. I eventually did see a GP but, two months later, I'm still waiting for further investigations and a diagnosis.”

“GP hub parkway.”

“I had gout for the first time but did not know it was gout. I was unable to stand on my left foot as it was extreme painful. The condition had got worse over 2 days and realised on the Saturday I needed medical attention. I did not think it was an emergency but it was urgent enough to require medical assistance and advice so I contact the GP Hub who diagnosed what it could be and referred me to Croydon University A&E.”

“I tried to get a GP appointment but there wasn't one available. Trying to ring up for an appointment is ridiculous you can easily spend 15 minutes on the phone just waiting to speak to someone. Or they tell you to put your symptoms into an online server and that will detect if you need an appointment or not. So I'm the end I went to the GP hub. The wait time was under an hour it was brilliant! Then with the symptoms I had she's sent me to a&e?”

“111, referred me to the GP but I couldn't get an appointment so I ended up calling the GP at East Croydon.”

“GP hub purley as I couldn't get GP appointment.”

Convenience

“Shortness in breath/ chest infection needed urgent attention. Hospital within walking distance.”

“local.”

“Nearest to me.”


“Near my house.”

“I used croydon a&e as it's the closest one to my house. Simple choice going as I knew I'd done as lot of damage to my finger as it was bent, swollen and painful.”

“I was desperate to go back to work the next day with hope that visiting the hospital will be better than getting advice from GPs and treatment care.”

“Because Mayday was nearer.”

“I live very close to Croydon University Hospital and it was out of hours also so it's was the most convenient choice for me at that particular time.”



“Most convenient location, most suitable for me.”

“Went to the nearest as I knew it wasn’t an emergency.”

“Easiest option.”

“Proximity, accessible and deemed the most appropriate for my needs.”

“Mayday as closest.”

“A&E because I work at the hospital.”

“Because they could see me immediately.”

“I wanted to be seen urgently.”

“Near my home.”

“The nearest to my area.”

“Easy access & ease of getting quick appointments.”

Source of advice

“My daughter is GP who advised me.”

“Advised by midwife.”

“Was confused but friend said A&E will do all necessary tests.”

“Doctor told me too.”

“Girlfriend told me to.”

“Having been told by other services to use 999. 111 called 999.”

“I was advised to use 111.”

“Advised to go to the hospital via the Boots Optician.”

“Advised by GP receptionist.”

“Was advised by family member.”

“Advised by GP to attend A&E as she thought I might have a DVT.”

“Doctor instructed.”

“My family were concerned and said I should call 111.”

“Based on my current health issues and advice by GP as I am vulnerable.”

“My GP advised me to go to a&e.”

“Family told me to call 111.”

“Family advised seeing doctor as I was passing blood several days after accident. I don't know how to get to see a doctor except GP service or A&E.”

2.8 A sample of comments on how experience could be improved

We asked respondents to suggest ways their experience could be improved, we have classified these according to significant themes some relating to experience and some to services.

Good experience

“It couldn't have been improved the help and kindness was 100 per cent.”

“I wouldn't change any of the service I received as it was an excellent service.”

“Not sure. It was excellent.”

“I received the best possible care.”

“I cannot think of any way. Everyone I met was efficient, professional and very kind.”

“Nothing as always whenever I attend Croydon University Hospital I have always received excellent care.”

“I was amazed by the service and the care that my husband received.”

“Went to casualty. Got the advice I needed and nurse or doctor dressed wound appropriately. So happy with service.”

“Nothing to improve.”

“It is really hard to say how our experience could have been improved. Every element was perfect.”

“I think that there is a little room for improvements.”

“Your overall experience was excellent.”

“I can't think of anything. My experience was unexpectedly positive. The department is much improved on experiences some years ago.”

“I was totally satisfied with my experience.”

“Nothing could be improved. I went to hospital and was admitted to a ward immediately. I had no wait in A&E.”

“Stay the way you are please.”

“This experience 10/10.”

“My experience was great.”

“The attention I received was professional and attentive.”

“Great service.”

“I have been blessed to have excellent treatment.”

“The service I received was perfect.”

“Is a very good service. I highly recommend it.”

“Under the presence situation nothing. The hub done it’s best for me under the government guidelines.”

“It couldn’t be improved ... considering Covid etc I thought the service was excellent.”

“Clinical care: it really couldn’t. It was outstanding. What would have been nice would be not having to pay enormous parking fees - parking should come back under the control of the Trust, not a money-making private firm.”

“It couldn’t of I felt well looked after and everyone I encountered was kind and friendly.”

“No improvements necessary on this occasion.”

“I cannot find fault in either of the ambulance call handlers, paramedics spoken to on phone and who came to house.”

“You can’t improve something that is already outstanding.”

2No couldn’t be changed or improved.”

“Good service.”

“Everything was under control so don’t think in his condition there was any improvement to be done.”

“I’m just pleased with the service I received.”



NHS 111

“111 should have made an appointment without referring to other services.”

“Maybe more NHS operators online, if needed.”

“A speedy response from 111.”

“111 staff having more training and GP bringing back services they've got rid of.”

“111 could be better manned by people capable of more personalised care. At least ditch the ridiculous standard questions - being asked if I'm bleeding in every call regardless of my issue is mind boggling.”

“111 should have advised me attend A+E.”

Ambulance

“Quicker response from ambulance.”

“By making your ambulance more professional and train them how to treat people in their own home in panic situations.”

“At times it takes time for the Ambulance to arrive.”

“The ambulance was in high demand unfortunately took too long. luckily we managed to arrange for a relative to pick us and drop us to A&E.”

Care and safety

“Friendly staff, doctors that are passionate in helping and don't seem like they just want to pas blame on each department.”

“Examine patients thoroughly before sending them home.”

“Not allowing male members of staff to approach disabled female wheelchair users whilst alone, outside, in an aggressive or confrontational manner.”

“Ensure the wards are taking A&E doctors & results seriously.”

“Ensuring national medical records can be accessed.”

“Communication. Patient Care. “If I do ‘this’ will it hurt?” Simple TLC. Simple caring.”

“By being looked after by nurses that think more about patients than how clean the floor is, completely ignorant.”

“Please ensure that consultants who think they are God's need to be reminded they are not. (God was not a doctor) and they should treat patients with respect , not to have a lasting impact on their lives , which it has on mine, I'm 76 and did not deserve this.”

“Quick appointment by SLAM.”

“Kinder doctors.”

“Having people who work at the GP who are registered practitioners who actually care about patients. Are keeping up to date with current research and have interest in helping better the people who come to them. Checking up on them.”

“They were very insensitive which was an extremely difficult time for me. After suffering baby loss at 17 weeks 3 months before, I was extremely scared and nervous being pregnant again and now suffering pain and bleeding. No one seemed to care or even offered me a tissue when I was crying when having bloods done and starving. The nurse asked me “do you want me to take your blood or not?” Which took me by surprise when my bloods were lost by them already which is not my fault.”

“Hire people with experience and care about the patient.”

“Change the program and always check the activity in the hospital.”

“Covid test people and don’t leave people sleeping in chairs who are clearly unwell.”

“Caring more about the patient and trying to really help them.”

“There is too much to say here. People need to be treated with adequate care in a safe environment.”

Communication and information both with patients and between staff/services

“A feeling that somebody was in charge, as various staff would pop out and call patients, some of whom seemed to no longer be present. It all seemed a bit hit and miss. A definite update for all after waiting one hour is needed. A resting area behind the scenes, not just one stuffy waiting room for all. Water machines that all work. A tea machine that works as well.”

“GP should have been aware of signposted to SDEC department in the first instance Also staff in A&E should be better trained to sift patients Urgent referral from GP was for a scan of the leg which was all that was required based on blood test results.”

“Once you see a nurse to be assessed you should be able to be texted when it’s your turn for your appointment; instead of having to sit in there hungry & thirsty for over 5 hours.”

“No improvement needed for treatment but wider publicity for fact that Purley Hub was no longer “walk in” would have saved both the staff and me some bother.”

“Triage over the phone quicker. Train doctors for over the phone treatment, as a lay person you need to describe the different sorts of rashes to me before I can tell you which one more closely fits the description. Advice was just to try giving the suspected allergens again to see which one is causing a reaction and if they stop

breathing call an ambulance. This is alarming for parents to hear and I think allergen testing should only be done with greater guidance for parents.”

“More urgent reply to people.”

“Having someone checking that I and others like me were ok and being kept informed of what was going on. I did feel sorry for staff calling names of people to be seen because they were also being asked for updates because there was no one giving updates.”

“Also I was sent for an X-ray into a very isolated area of the hospital. The area did not feel or look safe as there was no signage, it looked like a storage area. As I was ill and in pain I had to sit down and even the seating area was far from the X-ray rooms. The area was not staffed and I only saw someone when the person doing to X-rays came out and called my name. I was very concerned about my personal safety.”

“These services need to communicate more. A&E need to understand 111 referred me, I shouldnt have been treated like I was wasting their time.”

“The main criticism if lack of important communication between departments and consultants.”

“Less waiting time and more communication between the NHS.”

“By tell the patients when they can see them and explain why they are late.”

“Better communication between departments.”

“To be kept more informed.”

“more information in hospital.”

“Ensure patient records are accurate.”

“More contact between doctors and nurses.”

“Triage was complicated.”

“Educate people about what services they should use.”

“More communication.”

“Waiting time in Triage is lengthy. Is it possible to keep patients informed on the scheduling following Check In? This may avoid irate patients questioning the check in staff re appointment times.”

“Patiently explain the results.”

“Communication between hospital and my GP.”

“After the chest X Ray results should have been discussed by the doctor in private and in the consulting room/ with a little extra time.”

“By creating more appointments slots at GPs and more out of hours service for GPs.”

“First by have access to GP 24/7. Second by not need to wait for six or seven hours sometimes before the doctor will see you. Third overall I believe and I am grateful for the professional And care service I was given.”

Empathy

“Not really sure it can. Staff are tired. This is a behaviours issue behind admin staff at east Croydon medical centre. Hub on the other hand were very friendly and patient with my query.”

“Hospital was highly professional and efficient. GP could do with learning that someone ill and in pain doesn't want someone making jokes.”

“The doctors are not friendly or helpful they are bad very bad.”

“Medical staff treat patients like human beings who are in need. e.g. not talking about a patient rudely in the third person in front of them.”

“Some happier people on the phone maybe.”

“Only issue was the registration nurse when I first attended. He was on the reception desk and was exceptionally rude with a lazy attitude. He needs retraining.”

“Make sure the nurses are not so abrupt with the patients as not all of us are nasty people.”

“By encouraging doctors to be more sympathetic. Listening skills could be useful. The doctor sent the prescription through to a chemist that was closed.”

“Doctors not assuming everyone is there when they shouldn't be. Also treating patients who have been through traumatic recent experiences with a bit of compassion.”

“Triage nurse on front dest. I had been seen at home by emergency paramedic first who advised all tests were OK but due to diagnosis I would be going to A&E. He recorded everything to hospital and gave me a card with a reference etc and when this was given to the nurse on reception he just threw it back at me told me it meant nothing to him and continually cut me and my sister off when we tried to explain or ask why. Very distressing when you feel unwell and anxious.”

“All staff that work in Emergency must remember that people who go there are in desperate situation.”

“Not employ people who enjoy exerting their power over others. Employ people with empathy.”

“A& E staff to understand the well-being emotional needs of someone experiencing a trauma. Empathy and compassion are needed alongside clinical care.”

GP

“Just have one covid message. Limit it to one quick question, is this about covid. If answer is no, divert the caller to what they want instead of going through 20 minutes trying to get past covid questions. Not every caller thinks they have covid. Some emergencies have nothing whatever to do with covid. I actually thought my medical emergency was being dismissed because it wasn't covid related.”

“If I had got a GP appt none of this would have happened. A&E dr treated me like rubbish because he was cross with 111.”

“My opening up more appointment because there are times when I have spent over 30 minutes in the phone only for the receptionist to answer and tell me there are no more appointment. And there are unable to book for the next day.”

“At least the GP surgery should be able to offer first level of help by picking up the calls.”

“Seriously? Read my previous comments. GP receptionists should not override 111 paramedic assessments.”

“It would have been easier if I could have been seen at my local surgery.”

“Own GP to answer the phone lines more quickly.”

“More staff to reduce waiting. Better doctors facilities in Coulsdon which has doubled in size yet lost one doctor.”

“Since then i have had a very bad left earache for weeks and my GP thinks I am ok and had not given me any antibiotics. I have an elderly unwell parent to card for so it's been awful since.”

“It would have been easier for me to have gone to see my GP.”

“More regular updates, rather than having to check and phone hospital. GP not accessible.”

“Online booking appointments at the GP throughout the day.”

“GPS surgery needs to offer a better service. Some Doctors in the emergency services need better training to Diagnose patients correctly.”

“To actually be able to have a face to face consultation with my GP instead of over the phone 😡”

“For the GP to be more available for their patients. I don't understand why the accept more patients than they could handle ... It doesn't make sense.”

“When I have visited a private doctor, who may also work for the nhs, they are more proactive, in getting to the root of the problem, I feel as if they are working with me, where a GP is not specialised, and sometimes not sure what to test for, and waste money on unnecessary tests, that I presume he/she may be told they can't test for that by the nhs or some authority.”

“Shorter waiting times. Actually being able to go in and see your own DR.”

“Better GP practice.”

“Just more care from GP receptionist to understand why a person may need to speak to a Doctor ASAP they do not ask enough questions at all. I was almost in a really dark place and if it wasn't for my family keeping me going it could have been worse.”

“No need to attend a GP hub as there would be sufficient appointments at my GP.”

“111 staff having more training and GP bringing back services they've got rid of.”

“G.p. surgery should be helpful. It was Friday and they ask me to try on Monday morning for appointment!!! My colour bone has popped up so by Monday it can be risky. I have many health conditions.”

“Being able to even speak to a dr.”

“To have got an appointment at my GP.”

“Open UP MY GP TO SEE FACE TO FACE NOT TELEPHONE APPOINTMENTS 5 MINUTES ONLY AND STILL WAIT OVER A WEEK,”

“To get a GP appointment easier.”

“More appointments available with the same doc as they no u.”

“GP service was slow.”

“If I was seen to before my condition got so bad that I had to go to a&e. If there was someone I could contact (a GP not receptionist).”

“GP could call back on the same day.”

“More services provided at GP Hub or they should send you for tests. I only did a pee test there the first time I went but a blood test would have shown the infection I have but they said they couldn't do that there.”

“GP appointment should give quickly first they don't pick n put in a queue then give very late appointment.”

“GP should see their patients, and refer them further instead of just down playing everything. Because my asthma has not been even considered by my previous GP, the diagnosis and treatment come late. and I am left struggling badly on a normal day now.”

“Give receptionists basic human decency training, open more GP’s, stop prioritising old people for appointments”

“1st the GP hub should've noticed how bad my sons condition was she examined him, I called the doctors explained what's wrong with my son she refused to let me speak to a doctor and didn't help in anyway. I then called GP hub who told me to go a&e immediately. A&e were amazing with him.”

Listening to patients

“My GP surgery needs to pay attention and listen to the patients, because of one doctor there, I would rather take my children to A&E than to see her. She is very rude and unfriendly.”

“My then 17 years old had the same experience with her and this something I didn't mentioned to her before.”

“Listen to your patients and be person centred.”

“Listen to the patient and try to see if there are any underlying conditions.”

“For the staff to listen properly and communicate the options and decisions.”

“Listening to the parents/carers when telling them symptoms. Better awareness of ill health and not to be dismissive and assume the most common children's illness.”

“Maybe you try to be more humane and investigate the source of the problem and point me to the solution and not dodged it.”

“Listen to patient.”

“I am not complaining, but the operator should listen to people.”

“Everyone should be taken seriously when feeling unwell.”

“The young doctors need more tuition and need to listen to the patients troubles.”

“I think that GP needs to listen more attentively to patients because they seemed to rush their services.”

“Privacy. Being listened to and taken seriously. As soon as you inform a health care professional that yr illness/condition is directly linked to vaccination you are dismissed. I'm not an anti vaxer I went on to have my second vaccine with no side effects, it's not acceptable to be so dismissive of someone's pain and fear because it's not the narrative that it being projected.”

“I think doctors should first check the patient's real situation before diagnosing what the patient has.”

“By asking what matters to me and even though there was no fracture seen by X-ray the soft tissue injury was significant and I needed access to the pathway to have physio or input from an allied professional. In the community it’s a different pathway.”

“Proper care and support for people attending emergency room. Listening to issue not telling us to return to see a particular service if they aren't going to see you.”

“More attention to the patient and take more seriously attention.”

“Listen to what the patient is saying instead of thinking the medical profession know better.”

Prioritisation

“When having initial consultation when you arrive the assessment should be better to ensure those who are waiting to be seen by a doctor really need to. With a open wound a second opinion should of been given in regards to whether it needed to be glued or not instead of waiting 5 hours or so with a 2 year old til the early hours of the morning.”

“More staff controlling cue and monitoring people’s needs. As some clearly should not have Ben there, and should have gone to chemist.”

“More NHS staff needed. Filter patients as they come in. There must be a team who turns around patients that can be dealt with quickly and sent home. More serious diseases / illnesses are to be seen by another team for longer stays.”

“For the staff to be more knowledgeable about eating disorders and emergencies that arise from them. They wanted to send my daughter home even though her heart rate was dropping below 30bpm. I took my daughter from Croydon and took her to kings college and had a totally different experience. Also children of 16 should be treated as children (minors) not adults. The staff wanted me to leave my 16 year old daughter alone in A&E at 1.30am.”

“Appointments for kids prioritised as unable to book appointment for child on line”

“Wait times at the hospital for children should not be longer than 2 hours, especially when a child has a fever.”

“As my experiences have been a good because of a repeat issue. Problems like mine or similar should have some kind of flag for receptionist, doctors and nurses to react to quicker and move the waiting and numbers list down a little quicker. (Not just for me but other waiting patients).”

“Less waiting time especially when you are with children and they are unwell.”

“GPS should set aside appt throughout the day for children and babies, and have a pediatrician on staff.”

“Less time if you see patient is in unbearable pain check them first ..nobody wants to come a&e without problem.”

“Give urgent treatment cos some patients do nit have enough stamina to bear pain. Including me as well and some of pateint can not wait for 3 to 4 hours in pain make sure u treat people as soon as possible.”

Process

“If it’s urgent service - each case should be considered in terms of its severity and urgency. There needs to be a system that is organised and transparent.”

“Better booking in services required”

“When you phone your doctor especially when your elderly, you want to speak to somebody not keep getting options to press this and press that.”

“The nurse was alone at the reception taking a repeat health details when it should be on the screen, there should have two nurses to help with the long queues. I thought having an appointment would break the waiting time especially during the pandemic. We are asked not to crowd the waiting area.”

“A system e.g. number slips for A&E to keep your place.”

“The lady on the welcome desk could of reffed me to 1st floor Morfields at the beginning. Instead of waiting and then the department was closed for the day.”

“They were too busy and not enough checks just left. Felt like a dying animal never forget it.”

“Uniformed Practices throughout, all Staff Members should be conducting correct procedures, liaise with Patient through each stage of care. Reassurance is vital when the Patient is vulnerable and scared. Communication is key throughout and that is lacking.”

“Changing the processes a little bit to give better patient care and make it more urgent.”

“Follow national guidelines and discharge notes need to be better. A doctor said we would be referred by the hospital to the stroke clinic. Nothing was noted in the discharge summary.”

“The triaging system is multifaceted and delayed which could be improved.”

“Purley hub should have seen me. I told them what my illness was. Not life threatening. Just needed more powerful medication. Receptionist in A&E could have seen I was in agony & offered medication. Purley hub should not have told me I was red flagged if I was not treated any differently.”

“Easier access to face to face appointment. Doctors reading my notes. Everytime I got through I had to explain my symptoms all over again.”

“Had we been triaged properly by having x-rays requested from initial discussion then clinician could have seen us with X-rays and cut our wait by 2 hours.”

“Make sure that documents are properly filed so it won't be lost. Also, doctors should request ALL the necessary test initially so multiple blood extractuion will be minimised. Lastly, staff who failed first and/or second attempt of IV insertion or blood extraction should consider asking a more experienced personnel even though they are their junior.”

“Better process for appoinments at Doctors. I was working so couldn't phone for 3 hours a day!”

“Next time I have a vitriol detachment I now know to go straight to the optician in addiscombe which has links to Moorfields and I will not need to use a slot at a and e.”

“By doing more further investigation checks not just tell them to go home and rest we come for a reason.”

“When my results came back took a long time before I could be released as I wasn't a serious case, however it would have been easier to send me home quickly in this pandemic time than keeping me there.”

“Better management from staff on what patients are in and ensuring they're using some kind of system to record which patients are there and if their name has been called etc.”

“Waiting time to be reduced and expedite the diagnostic tests.”

“Make it easier/faster to speak to a nurse/send pictures to a nurse.”

“I had to do another blood test that could have been done first time. This meant another long wait.”

Waiting time

“Waiting times could be quicker.”

“Improving waiting time.”

“Less waiting at the hospital.”

“The wait time was very long, could do with more staff.”

“Waiting time & for results too many appointments till not finished now over 3 months.”

“Cut down waiting times.”

“Maybe a little bit more fast with the testing results.”

“Quicker service not have so many staff standing around talking.”

“Having to wait less.”

“I was waiting in a&e for nearly 5 hours! And with a breastfed baby at home with husband, felt quite stressful.”

“Waiting up to 1 hour and a half is reasonable, more than that is a strong sign that more professionals are needed.”

“Call back from 111 suppose to be within 20min, actually that was 5/6 hours.”

“More patience with patience and reduce wait time.”

“If possible long waiting times can be reduced.”

“Respond to contact in a timely manner.”

“Shorter waiting times, nicer staff, staff doing job properly, commitment to solving issue.”

“Just a bit quicker.”

“I guess everyone will say that the waiting time need to be as short as possible.”

“I was admitted at 2pm and had to wait until 2am for a bed.”

“A quicker call back. The time given was within an hour and I waited far longer than that.”

“Maybe less waiting time but understand this is unavoidable.”

“Waiting times are still very long. It took 2.5 hours to be seen be dealt with. More doctors, nurses and support staff needed.”

2.9 Patient’s own definitions of difference between Emergency Care and Urgent Care

Difference between Emergency and Urgent Care - themes	
Emergency + life threatening	353
Same 46	46
Not sure 29	29
Don't know 14	14
No idea 9	9

- The difference between emergency care and urgent care seems to be clearer in the public’s mind with many equating emergencies with life threatening situations.
- Some however thought they are the same and other were not sure or did not know.
- More careful use of language will help communicate this better. This is a small selection of the 936 responses we received - a full list can be provided on request. This could help shape future messaging.

Please note that comments may contain typos to reflect authenticity.

“Urgent care = required urgently, with the potential for life threatening or changing illness or injury if not treated quickly.”

“Emergency = life threatening, urgent care = urgent but not life threatening.”

“Emergency = life threatening. Ambulance and A+E eg heart attack / stabbing. “

“Emergencia es algo de vida o muerte, que sucede en circunstancias imprevistas, una, urgencia es algo que no si bien se necesita para el momento, el paciente siente molestias o dolor pero no son de vida o muerte. (Translation) “Emergency is something of life or death, which happens in unforeseen circumstances, an urgency is something that is not necessary, although it is needed for the moment, the patient feels discomfort or pain but they are not life or death.”

“Urgent care might be feeling unwell or injuring that is not life threatening but urgent eg sprained ankle.”

“Emergency = visibal life threatening or impacting. Urgent care = potential to be life threatening or impacting.”

“Emergency =straight away.”

“Emergencies are clear. MRI or film should be taken on them, medicine should be given when necessary, these are for patients after all.”

“Emergency care is life threatening and urgent care is light bleeding.”

“Emergency care needs immediate attention and urgent care not so important.”

“Emergency care the person is able to responed .Emergency care i feel they need someone straight away.”

“Emergency care when you deal with the problem straight away urgently with straight away.”

“Emergency Care would be fear of dying and urgent care need to address possibly needs a serious issue but not , say, blacked out or in.”

“Emergency - immediately life threatening.”

“Emergency is kind of danger for life urgent.”

“Emergency is you got to attend now and urgent is get to the point in a slower past.”

“Emergency - life or death eg stroke , heart , head injury , fits , babies Urgent care , needs to be treated or rapid deterioration , eg fracture , bleeding , sever pain, very high temp especially child , confusion.”

“Emergency - life threatening urgent is quick response.”

“Emergency - life threatening, urgent - needs attention quickly but not life threatening.”

“Emergency - life threatening, urgent. Urgent care, not a routine issue and could escalate to life threatening. Acute issues.”

“Emergency - resuscitation, heart attack, stroke, life threatening. Urgent - can't wait for GP but not life threateningt.”

“Emergency us ,immediate threat to life ,urgent not as much.”

“Emergency - you may die if not attended to urgently as it could be a serious issue. Urgent care to means you have been diagnosed with something that needs to be attended to as soon as possible to avoid it becoming something more serious or critical.”

“Emergency = immediately life threatening or life changing illness or injury.”

“Emergency care is life and death.”

“Em care is A& E ..Urgent care can be dealt with by GP ?”

“emargancy is important where as ugernt is needed now.”

“Emergency care is life threatning like car accidents, heart attacks things like that. Urgent care is where someone is ill or hurt and needs quick care before it could go in to emergency care.”

“Emergecg is when you have a leg hanging off. Urgent is when you are not life threatened but need tests and treatment to avoid a condition escalating.”

“Emergency aid is needed mainly by people after accidents.”

“Emergency as a life threatening and urgent as ASAP.”

“Emergency being life threatening - urgent care non life threatening but urgent care required.”

“Emergency being potentially life threatening; urgent needs to be seen and treated without undue delay.”

“Emergency can do all you need and you get the right special whilst urgent can not cover all the issues you might have and you get less diversity of specialist.”

“Emergency cannot wait, urgent needs to be within 24 hours.”

“Emergency card is life threatening and urgent care describes a condition that needs urgent treatment such as a fall or broken bone.”

“Emergency care - a matter of life or death. Urgent care - need to be seen before condition deteriorates? Basically same?.”

“Emergency care - condition that can lead to fatality.”

“Emergency care - dealing with issues beyond a GPS remit. with issues beyond a GP’s remit. Urgent care - crucial to be seen by a professional.”

“Emergency care i cant breath or chest pain, i would call an Ambulance Urgent Care i cant want with back pain going into my leg ,and the nerves is trap,i cant see a doctors so i get help.”

“Emergency care possibly minor injuries, urgent Care severely unwell.”

“Emergency care - sepsis, heart attack etc.”

“Emergency care: that’s when you need a quick visit and can’t contact the GP.”

“Urgent care : when you think it’s life threatening.”

“Emergency care = life threatening urgent care = a condition that requires attention.”

“Emergency care- act immediately.”

“Emergency care and urgent care i think both are the same because i get my treatment at emergency care.”

“Emergency care are for life threatening cases and for urgent care are same day treatment.”

“Emergency care are for life threatening conditions. Those who could wait. Urgent care can wait a little more time.”

“Emergency care can be life threatening like car accident, heart attack and so on while urgent care could be severe food poisoning a reaction to something. It is still important but not life threatening.”

“Emergency care can be urgent, while urgent care requires immediate attention

Emergency care- can wait a few mins urgent care- seen straight away.”

“Emergency care could be life threatening. Urgent care is needed when you are not ill enough to attend emergency.”

“Emergency care deals with life threatening situations and urgent care deals with the area between your local doctor and the emergency department.”

“Emergency care dealt with almost immediately.”

“Emergency care for life threatening problems against urgent care for those that can wait.”


“Emergency care for serious injuries that are not life threatening but could develop to be so. Urgent care - Life threatening serious illness or injury that needs dealing with immediately.”

“Emergency care I would consider as life threatening. Urgent care where u r seen on the same day and given treatment.”

“Emergency care I would consider to be life threatening or unbearable pain and urgent care as pressing but maybe not emergency.”

“Emergency care i would hope to be attended to ASAP urgent care you need to wait for some time in my case 111 booked appointment urgent as it was chest pains but still had to wait hours before being seen for diagnosis

“I saw no difference.”



“I see them as the same.”

“I think emergency care is a little more serious than urgent care. Like life or death situations.”

“I think emergency care is abit quicker.”

“I think its same.”

“I think there are no differences between them.”

“I think they are the same.”

“I think urgent care means something very seriously happening to the individual. Emergency care means that you can wait in an emergency room for your turn to get support ,and treatments.”

“I thought they were the same.”

“There clearly isn’t one.!

“There is no difference.”

“There is very little difference between the two concepts.”

“There's not much difference, I'd say emergency care it slightly more grave.”

“This isn’t clear to me.”

“This semantics, I think there about the same.”

“To be honest I am not entirely sure but would think urgent care if more important because of the term urgent being used.”

“To me all the some.”

“Unfamiliar with those classifications. Emergency and urgent both relate to critical situations that require immediate care. Emergency is a noun whereas urgent is an adjective. In and of themselves they don't convey any sort of priority or ranking of how critical the situation ought to be before selection.”

“Same dept.”

“Same difference.”

“Somebody else decides if it's an emergency. Urgent is when the patient is personally terrified.”

2.10 Patient’s own definitions of difference between GP and GP Hub:

- The difference between a GP and a GP Hub is less clear. Croydon residents have a clearer idea of GPs and their role, but GP Hubs are less clear and many simply do not know the difference or their description does not effectively describe their role
- If GP Hubs are being continued to be commissioned, much consideration on describing what they do rather than who delivers them may be worth consideration. However, this is a small selection. A full list can be presented on request.
- Please note that comments may contain typos to reflect authenticity.

Difference between GP and GP Hub	
Definition attempted	266
Don't know	64
Same	46
Not sure	47
Don't know	14
No idea	

“GP hub used in emergency.”

“GP hub any time.”

“GP hub = consists of a variety of doctors that can be called upon at times when it’s not possible to contact your own GP, eg out of surgery hours.”

“GP hub, I was practice, GP hub takes the overflow of patients offering advice whereas my GP is where I am registered.”

“The GP hub is available if you require an out of hours appointment. Appointments can be accessed through 111 or by walking in. Your GP offers bookable appointments but not walk ins.”

“GP hub was able to deal with my issues outside of the GP working hours.”

“I have not used a GP hub.”

“GP hub offers walk in diagnosis and treatment when one can't get an appointment with GP.”

“A GP hub is where you can go without an appointment a GP you need to make an appointment to see one.”

“My GP doesn't give two hoots, a GP hub may have one who does.”

“GP hub is a walk-in.”

“GP hub can be accessed without prior appointment and they have longer opening hours.”

“GP is an individual. GP hub is a group of doctors at the same practice.”

“No idea. I dont kbow what a GP hub is.”

“GP hub does not know you and your medical history while GP knows you very well and your medical history and knows yyou personally.”

“GP hub is used when your GP is not available.”

“GP hub you don't need to be registered with any surgery, but GP you must be registered with a family doctor.”

“Dont know what GP hub is.”

“GP hub is an emergency appointment/out of hours if I cannot get to my own GP.”

“The GP hub provides a doctor who can give some advice about your condition, but they don't have your medical history. They also take longer to send out test forms - such as blood tests.”

“GP hub is continuing care same as GP surgeries.”

“GP hub is a GP service to access when your own GPS are unavailable.”

“GP hub is in the hospital.”

“GP Hub dont have to be registerd.GP at least the receptionist might know you...dont even know if i have ever seen mybaassigned GP.”

“GP hub is accessible out of hours or if no appointment available with own GP. Hub will be a GP i dont know, but who can still provide good advice/treatment.”

“A GP hub is there when a GP office is closed.”

“GP is very close to home, GP hub is a bus and tram ride.”

“GP Hub is a information point of medical advice and guidance and effective routing to receive medical care. GP personal 1-1 medical care and advice.”

“GP HUB is when your GP surgery is closed and you need to see a doctor or your surgery has referred you to the Hub because there's no appointment. GP is non

urgent but need intervention within certain time. It's also a follow up investigation and treatment plan. GP makes referrals to other specialist team.”

“GP hub is an extra clinic that will fit you in when you're own GP surgery cannot. The GPs are there to help you with diagnosis or prescribe medication if needed but if you need bloods or chest X-rays they cannot request it.”

“GP is ‘in hours’, knows patients better and gets funding per patient. GP hub is out of hours when it is serious enough to not be able to wait.”

“GP hub is other GP's in neighbouring area. GP is my local practice.”

“To me a GP Hub is somewhere you can visit over a weekend or a bank holiday when your own doctors is closed ?!”

“It is much easier and quicker to get help at the GP hub than an appointment with GP sometimes.”

“The different is a GP hub does not require appointment.”

“GP Hub is accessible when own GP is not available.”

“GP hub are for people who are not able to get an appointment with the GP.”

“GP hub is a walk-in service (or at least it used to be) and almost certainly the doctor will not know you will be familiar with your history. Your own GP is going to know you.”

“GP hub is in my opinion for emergency/urgent care out side of doctors hours.”

“When you call a GP hub you're guaranteed to get an answer wjole with your GP the phone is constantly engaged then when it does ring you're told to call kn the afternoon or next day to speak to a GP.”

“There is no urgency used in bookings, whilst at a GP hub you are listen to them Ps
I assume a GP hub means several doctors on call.”

“GP hub is a walk on centre.”

“No idea never been to a GP hub.”

“GP hub, means a group GP’s coming together to run a GP and other services in
one place.”

“GP hub variety of doctors and GP your doctors that you see often.”

“No idea haven’t heard of GP hub.”

“GP hub have longer hours and can usually see a dr quickly but can’t see a specific
GP.”

“A GP hub has more availability especially out of normal hours however they do
not have the knowledge on you as a patient that your GP would.”

“A GP is usually your own personal doctor, where as a GP hub takes on more
patients.”

“I am not used GP hub.”

“GP hub is on call doctor available for when you cannot see your GP or you do not
have one.”

“GP hub is where you have doctors with different types of skills.”

“You just can’t make appointments in GP hub and they are open late.”

“GP hub had appointments, prescribed medication and gave follow up advice. GP
told me to call back!”

“GP hub is where you can see a GP if your unable to see your own GP.”

“A GP is your regular doctor. GP hub are used when you can't get an appointment with your GP.”

“GP hub is available in the evenings and weekends.”

“Unsure i think a GP hub may offer additional services to a GP like on site blood testing x-ray and scanning equipment.”

“GP hubs are more convenient are more easily accessible.”

“Never tried GP Hub, this term is unknown to me.”

“GP hub uses other care professionals like DN, physio or social enabler.”

“In a GP hub there are more GPs to consult with.”

“Don't like GP hub they run differently and tight budget.”

“GP hub answer your calls on the day GP don't see you until they are free can never get appointments.”

“A GP hub is for conditions that cannot wait for a GP appointment and is a walk in centre.”

“A GP hub a pool of medical practitioners used when the GP that I'm registered with is unavailable.”

“Perhaps if your are not registered with a GP in the area or it is out of hours, you would attend the GP Hub.”

3 Satisfaction & demographics

3.1 Overall demographics - sent and received

Gender

Gender Sent text	Number	%	Gender Responders		
Female	28250	57.50%	632	60.89%	
Male	20870	42.48%	353	34.01%	
Not Known	1	0.00%	8	0.77%	Non gender conforming
Unknown	3	0.01%	7	0.67%	Transgender
Unspecified	6	0.01%	38	3.66%	Blank
	49130		1038		

More females than males were sent the text and the responders were even more heavily leaning towards females.

Age

Age Band	Number	%	Age of patient	No	%
			0-10	27	3%
10-19	1948	4%	10-20	28	3%
20-29	10105	21%	20-30	81	3%
30-39	10784	22%	30-40	133	13%
40-49	8382	17%	40-50	168	16%
50-59	7848	16%	50-60	229	22%
60-69	5006	10%	60-70	261	25%
70-79	3001	6%	75+	89	9%
80-89	1652	3%	No age given	22	2%
90-99	397	1%			
100-109	7	0%			
	49130			1038	

We compared the age of patient. It is interesting that the highest groups in the sample were 20-29 and 30-39 equalling 43%, but when it came to responses of only 16% a gap of 27% with a particular gap between 20-29 of 18%. Our survey had

heavier bias in age towards 50-60s and 60-70s, which may reflect that age group willingness to fill in a survey via a text.

Ethnicity

Ethnicity Sent text	Number	%	Responders	%	
African	39	0.08%	32	3.08%	
Any other Asian background	4	0.01%	17	1.64%	
Any other Black background	12	0.02%	6	0.58%	
Any other ethnic group	20	0.04%	28	2.70%	
Any other mixed background	11	0.02%	9	0.87%	
Any other White background	11	0.02%	27	2.60%	
Asian - Any Other Asian Background	1868	3.80%			
Asian or Asian British – Bangladeshi	222	0.45%	42	4.05%	
Asian or Asian British - Indian	1811	3.69%			
Asian or Asian British - Pakistani	1022	2.08%			
Asian/Asian Brit: Bangladeshi-Eng+Wales eth cat 2011 census	15	0.03%			
Asian/Asian Brit: Chinese - Eng+Wales ethnic cat 2011 census	27	0.05%			
Asian/Asian Brit: Indian - Eng+Wales ethnic cat 2011 census	216	0.44%			
Asian/Asian Brit: other Asian-Eng+Wales eth cat 2011 census	108	0.22%			
Asian/Asian British:Pakistani-Eng+Wales eth cat 2011 census	64	0.13%			
Bangladeshi	1	0.00%	2	0.19%	
Black - Any Other Black Background	2956	6.02%			
Black African	1	0.00%			
Black British	15	0.03%			
Black or Black British - African	2962	6.03%			
Black or Black British – Caribbean	2519	5.13%			
Black/Afr/Carib/Black Brit: other Black- Eng+Wales 2011 cens	246	0.50%	104	10.02%	Black, African, Caribbean or Black British

Black/African/Carib/Black Brit: African- Eng+Wales 2011 cens	168	0.34%		
Black/African/Caribbn/Black Brit: Caribbean - Eng+Wales 2011	103	0.21%		
British	414	0.84%		
British Asian	7	0.01%		
Caribbean	14	0.03%	19	1.83%
Chinese	1	0.00%	5	0.48%
Ethnic group not given - patient refused	2	0.00%		
Greek Cypriot	1	0.00%		
Indian	9	0.02%	41	0.00%
Irish	2	0.00%	25	3.95%
Italian	1	0.00%		
Mixed - Any Other Mixed Background	643	1.31%	24	2.31%
Mixed - White and Asian	111	0.23%		
Mixed - White and Black African	147	0.30%		
Mixed - White and Black Caribbean	452	0.92%		
Mixed Asian	2	0.00%		
Mixed Black	2	0.00%		
Mixed: other Mixed/multiple backgrd - Eng+Wales 2011 census	86	0.18%		
Mixed: White+Asian - Eng+Wales ethnic category 2011 census	19	0.04%		
Mixed: White+Black African - Eng+Wales eth cat 2011 census	39	0.08%		
Mixed: White+Black Caribbean - Eng+Wales eth cat 2011 census	37	0.08%		
Nigerian	2	0.00%		
North African	1	0.00%		
Not known	564	1.15%		
Not stated	1	0.00%		
Oth White European/European unsp/Mixed European	1	0.00%		
Other - Any Other Ethnic Group	1628	3.31%	9	0.9%
Other – Chinese	184	0.37%		
Other - Not Stated	3785	7.70%		
Other ethnic group: Arab - Eng+Wales ethnic cat 2011 census	31	0.06%		

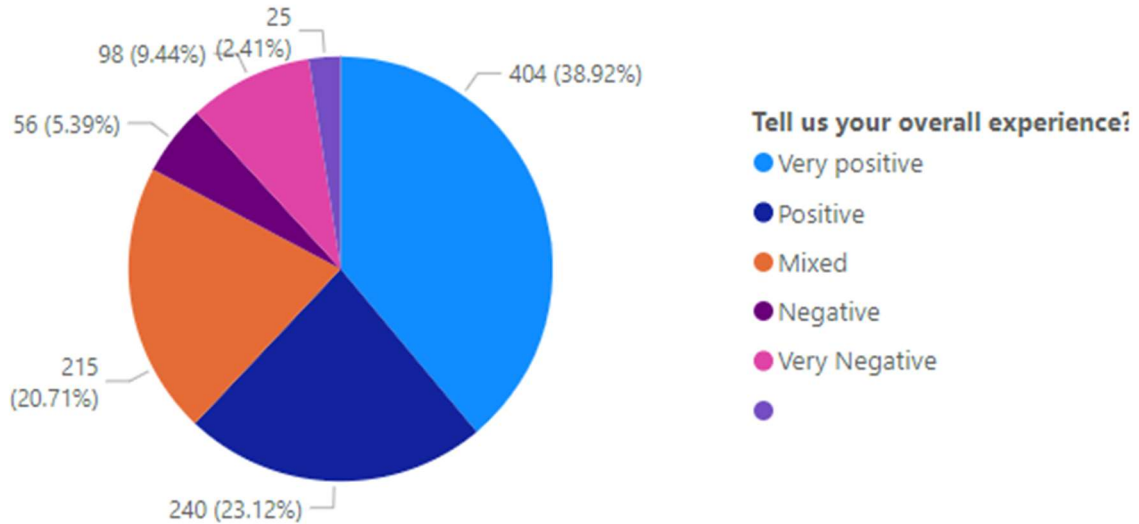
Other ethnic: any other grp - Eng+Wales eth cat 2011 census	690	1.40%		
Other Mixed or Mixed unspecified ethnic category	2	0.00%		
Other White or White unspecified ethnic category	1	0.00%		
Pakistani	3	0.01%	14	1.35%
Polish	1	0.00%		
White	1	0.00%	423	40.75%
White - Any Other White Background	4208	8.57%		
White – British	10270	20.90%		
White – Irish	286	0.58%		
White and Asian	3	0.01%	13	1.25%
White and Black African	3	0.01%	17	1.64%
White and Black Caribbean	6	0.01%	19	1.83%
White British	77	0.16%		
White: Gypsy/Irish Traveller - Eng+Wales eth cat 2011 census	7	0.01%	4	0.39%
White: Irish - England and Wales ethnic category 2011 census	90	0.18%		
White: other White backgrd- Eng+Wales ethnic cat 2011 census	305	0.62%		
White:Eng/Welsh/Scot/NI/Brit - England and Wales 2011 census	2409	4.90%		
English, Welsh, Scottish, Northern Irish or British			122	11.75%
(blank)	8161	16.61%	34	3.28%
Arab	0	0.00%	2	0.19%
	49130		1038	

This was a challenge to compare because there is such a range of classifications. We have tried to compare, for example we had 11.75% response for English, Welsh, Scottish, Northern Irish, or British, but this is not stated as white which had 40.75%. so it difficult to fully classify. It is also possible that people changed their classification from when they registered with services and what they put in our survey. That said it does seem that more respondents came from white/British responses compared with the overall dataset. More analysis can be done if needed.

3.2 Satisfaction against various demographics

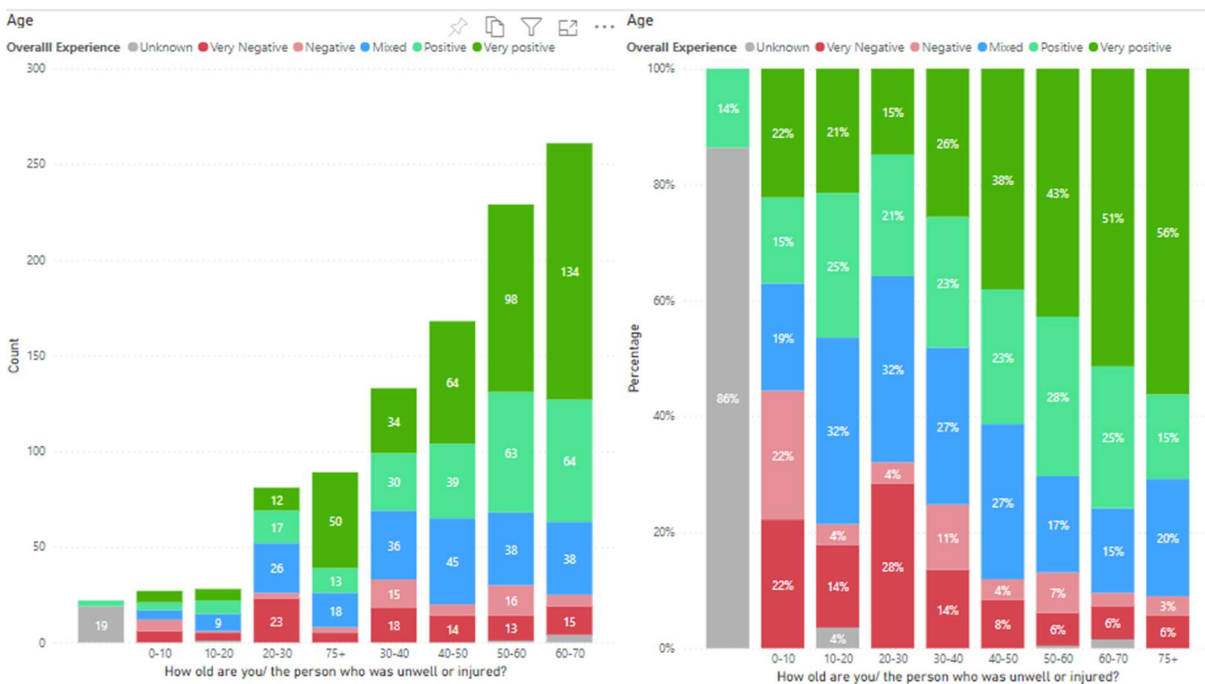
Overall satisfaction

Overall Experience



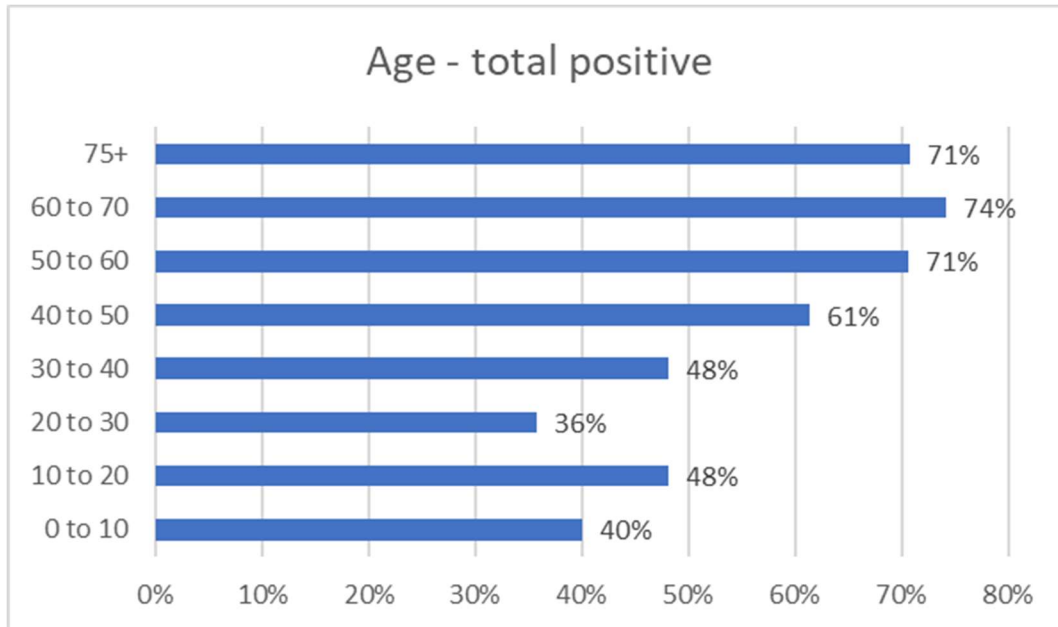
A majority found the overall experience very positive (39%) and 23% found the experience positive, making an overall combined positive satisfaction of 62% with 20% finding it mixed and 15% found it negative or very negative. 2% did not comment.

Age



The left shows the actual number and the right the comparative percentages. It is interesting that satisfied experience increases significantly with age with the over 75s recording 71% positive or very positive (56% very positive).

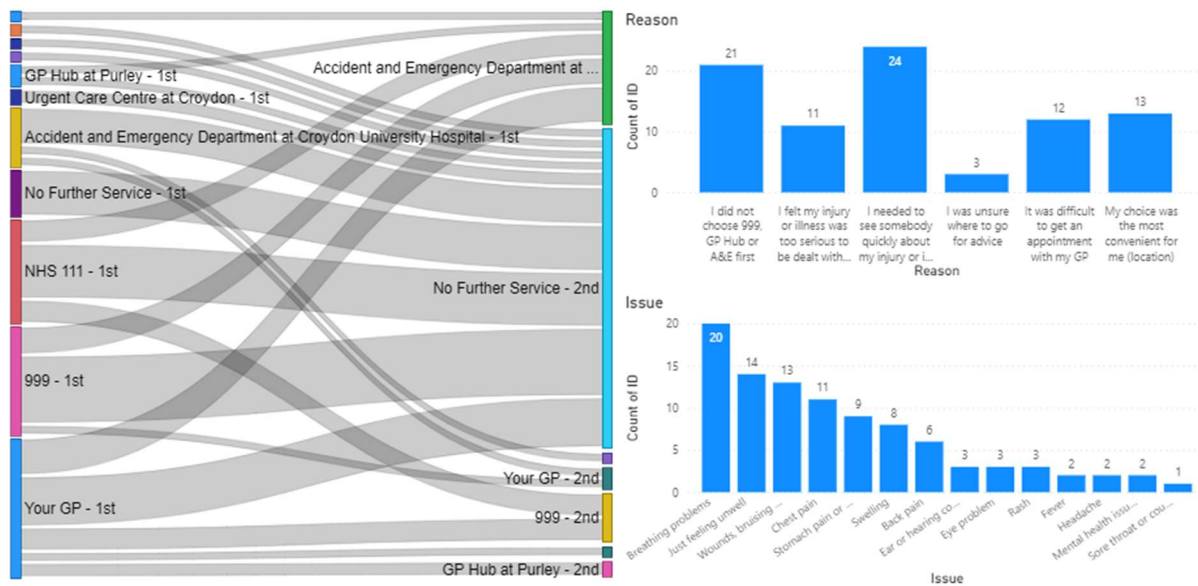
Total satisfaction



	0 to 10	10 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	75+
Age - total positive	40%	48%	36%	48%	61%	71%	74%	71%
Total respondents	2%	3%	8%	13%	17%	22%	26%	9%

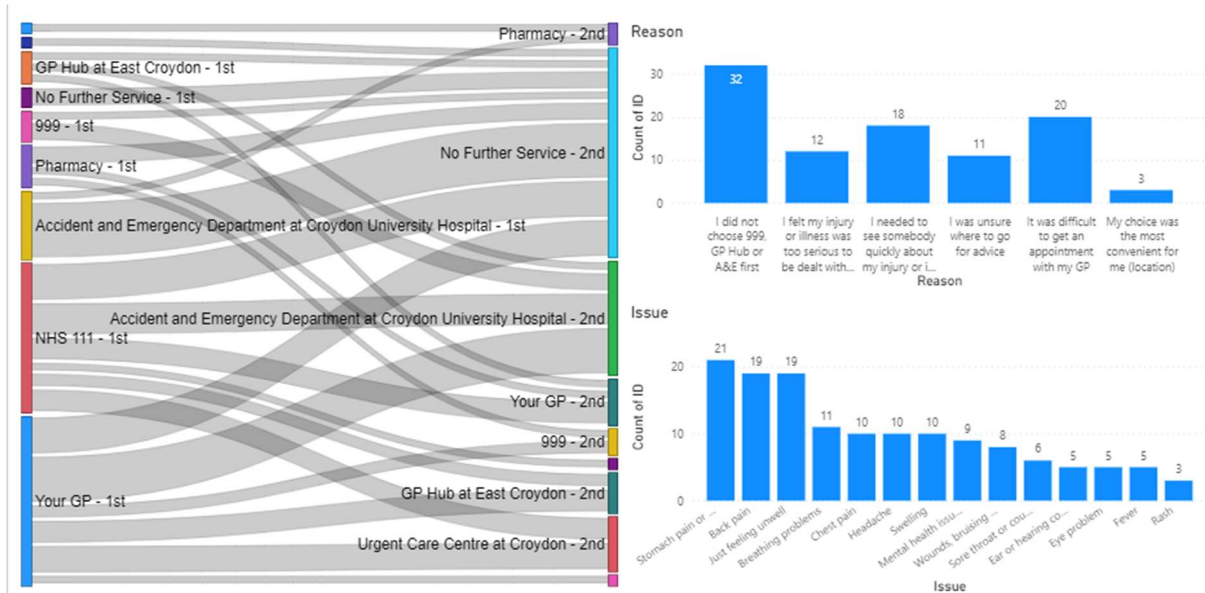
We do have lower numbers from younger groups but proportionately they are less satisfied, over 75s and 20-30s had the similar numbers of responses but over 75s had twice the level of satisfaction.

This is the over 75s experience:



More had a direct service to A&E after one stop or when directly. Most wanted to see someone quickly, or did not choose 999, GP Hub or A&E first. In terms of illness many had breathing problems, just felt unwell or had wounds.

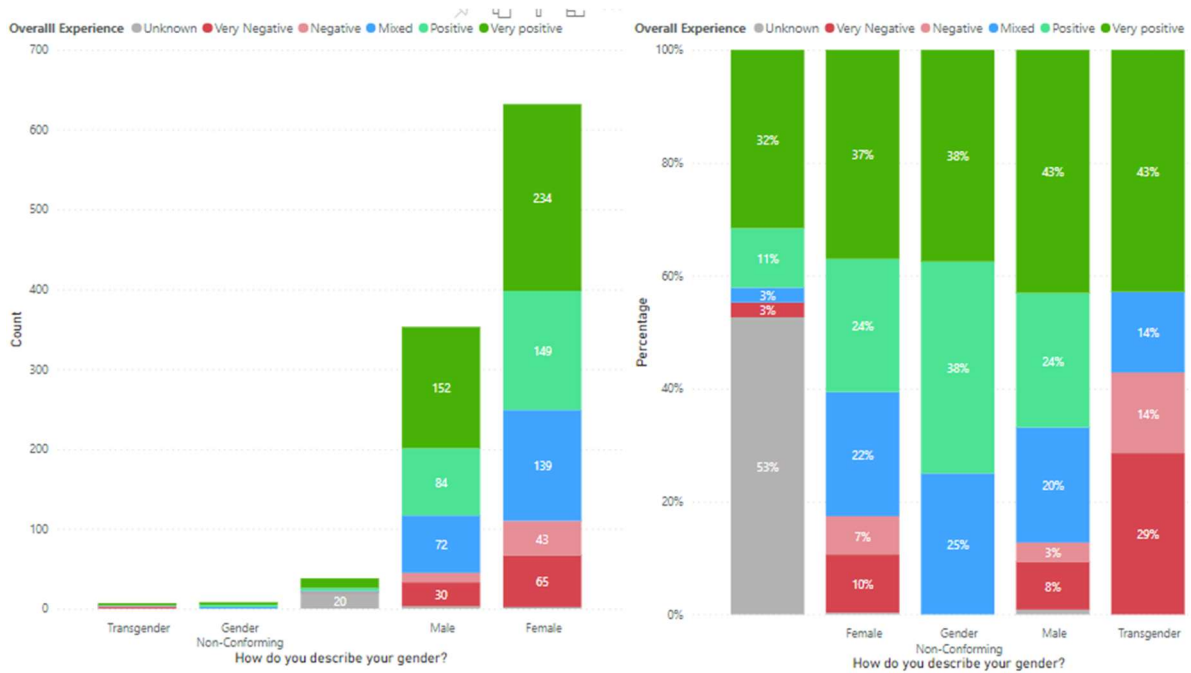
The least satisfied were the 20-30 group with 32%(negative):



They had a wider range of journeys with more not getting to A&E by the second stop. Most did not choose 999, GP or A&E first and many had difficulty getting to see their GP, or needing to see somebody quickly. Stomach pain, back pain and just feeling unwell were the highest scored conditions.

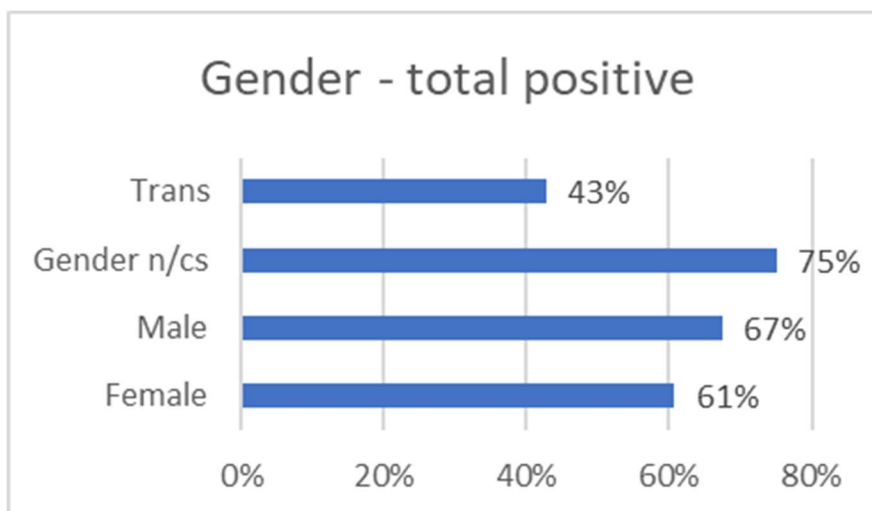
Overall, the younger the respondent the more negative their experience. The numbers are small for those under 20. There are higher levels of dissatisfaction 20-30. 30-40 and 40-50. Satisfaction increases as people get older.

Gender



There is not a significant difference between genders, but males were more likely to be positive (24%) and very positive (43%), where women are slightly higher in mixed (22%) and negative (10%).

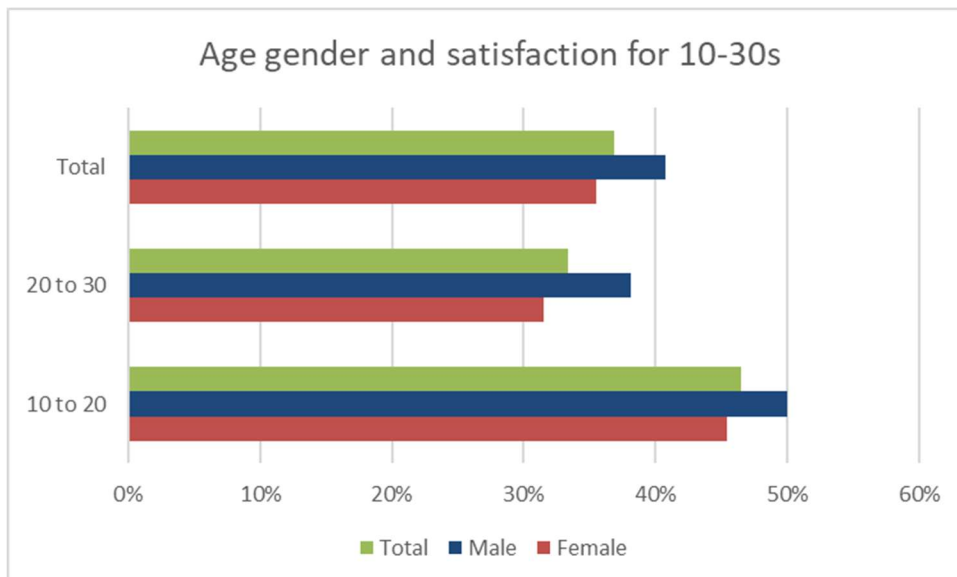
Total satisfaction



This shows just the combined scores of total satisfaction. It should be noted there are very small numbers for transexual and non- gender conforming. Those not answering about gender was not included here.

	Female	Male	Gender n/cs	Trans
Total positive	61%	67%	75%	43%
Total respondents	63%	35%	1%	1%

Age and Gender



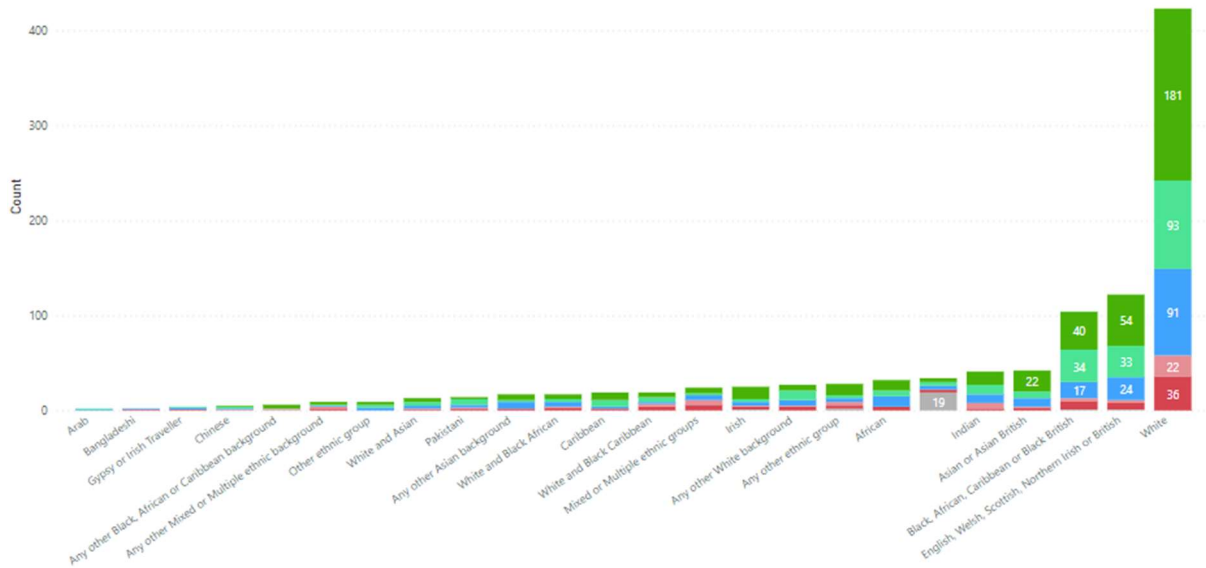
All	10 to 20	20 to 30	Total
Female	22	54	76
Male	6	21	27
Total	28	75	103

Pos/Vpos	10 to 20	20 to 30	
Female	10	17	27
Male	3	8	11
Total	13	25	38

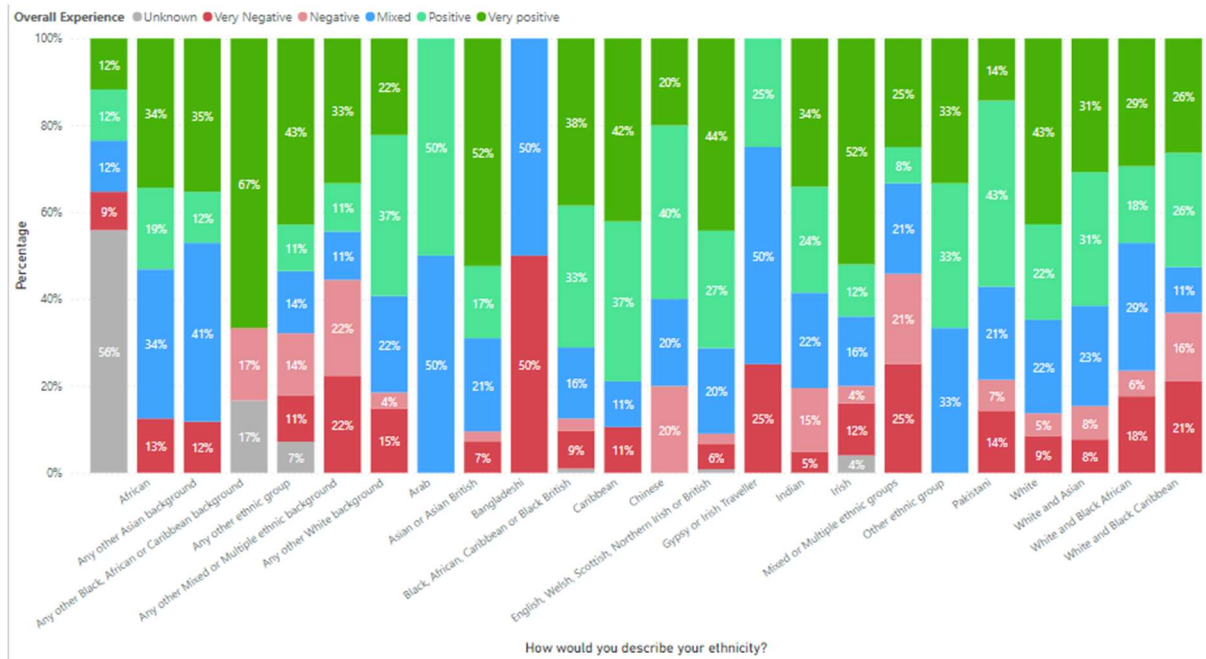
% satisfied	10 to 20	20 to 30	Total
Female	45%	31%	36%
Male	50%	38%	41%
Total	46%	33%	37%

Ethnicity

Overall Experience: Unknown, Very Negative, Negative, Mixed, Positive, Very positive



How would you describe your ethnicity?

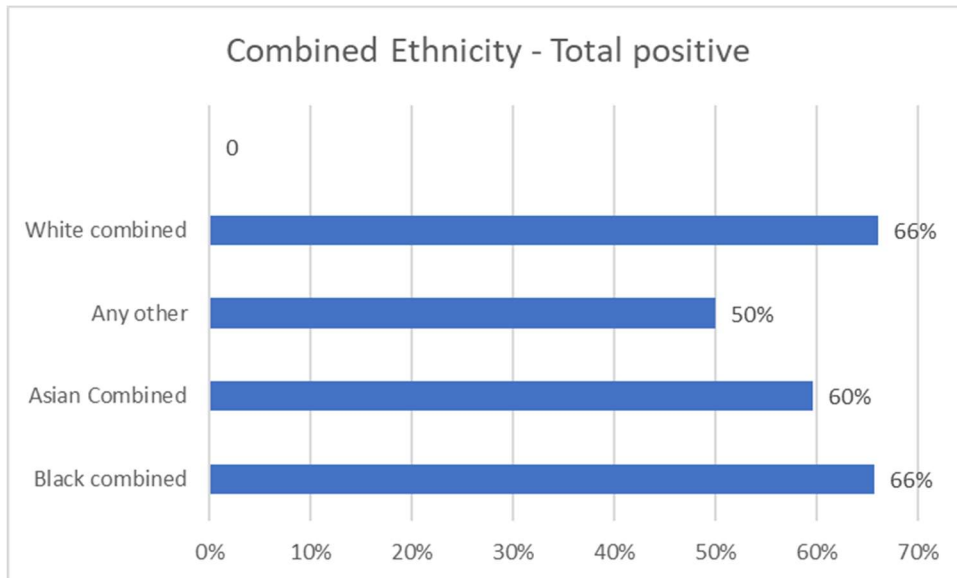


How would you describe your ethnicity?

It is important not to make too many generalisations as the numbers for many of these ethnic subgroups is small. However there seem to be higher levels of

positivity amongst white/Irish and English/Welsh/Scottish/Northern Irish/British who all between 64-67% levels of very positive and positive as well as Asian British. The highest levels of negative satisfaction came from mixed or multiple ethnic groups, white or black Caribbean, but the numbers are small and warrant more research to understand more before making any firm conclusions.

Total satisfaction

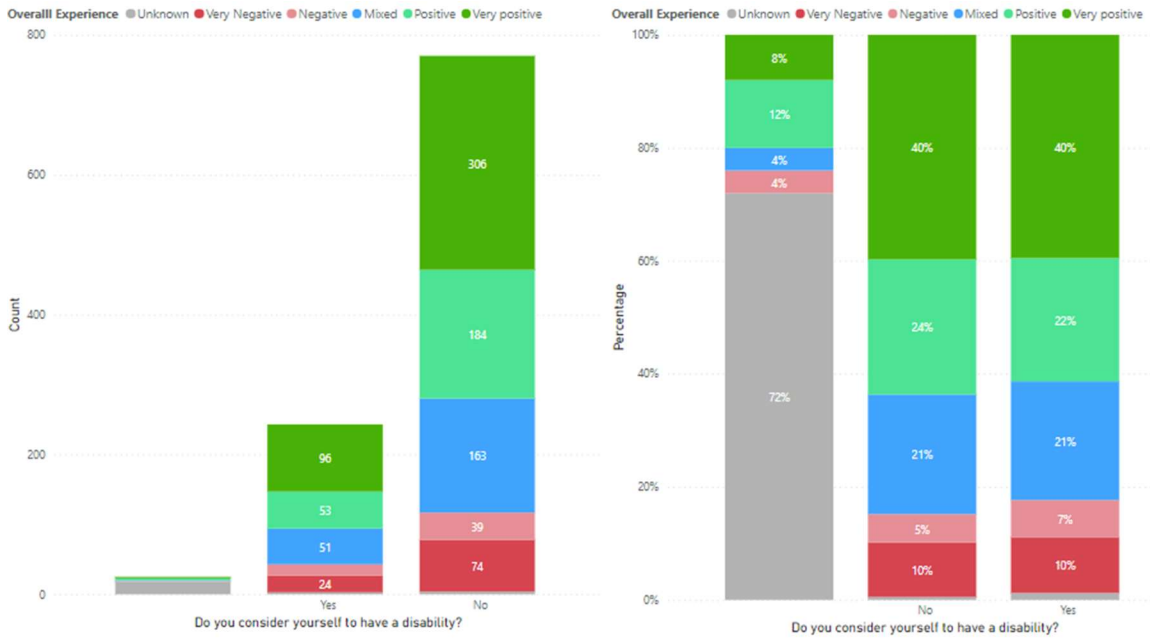


This shows just the combined positive scores by ethnicity. To enable broader analysis we combined ethnicities into Black (Mixed race white and black Caribbean, British, African), Asian (including Chinese, Indian, Pakistani, Mixed white and Asian), White (White British; White English, Scottish, Welsh, Northern Irish; Irish, White other), and Any other (which covered any other ethnic group, mixed or multiple ethnic group and Gypsy or Traveller).

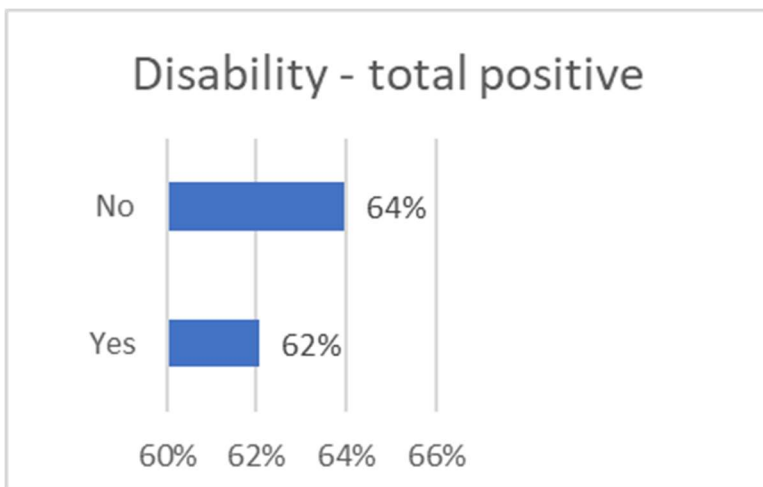
	Black combined	Asian Combined	Any other	White combined
Combined Ethnicity - Total positive	66%	60%	50%	66%
Total respondents	20%	14%	7%	60%

This table shows the combined satisfaction against the number of respondents. We had few respondents from Asiana and any other groups, but their comparative satisfaction was lower. Interesting overall positive satisfaction between White and Black communities was the same at 66% and four points above the average of 62%.

Disability

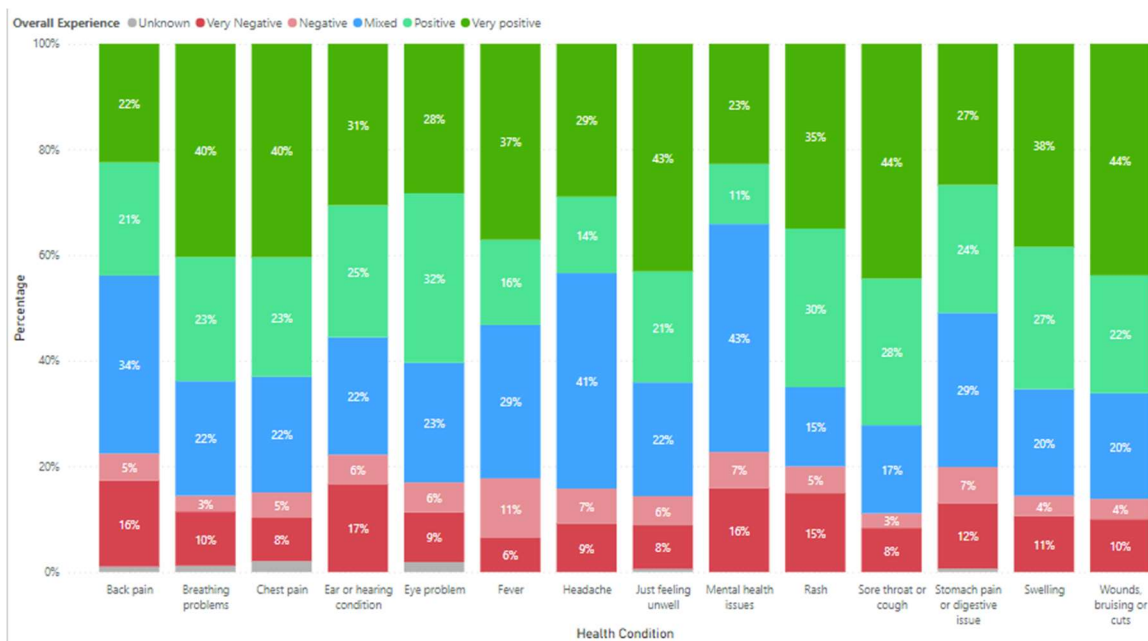
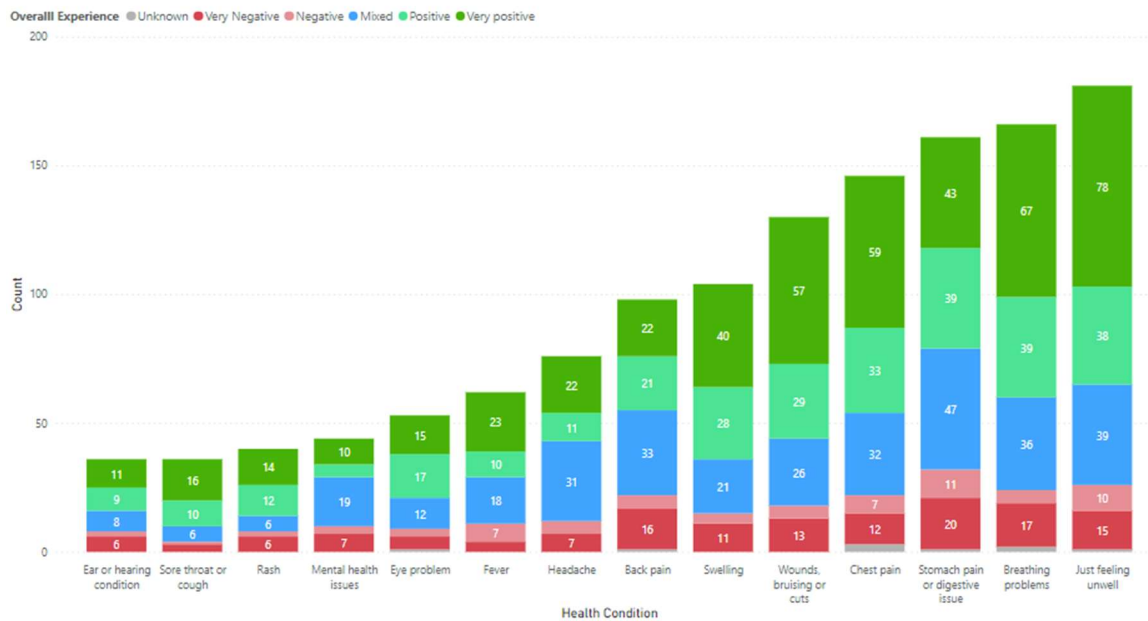


Although three quarters of respondents had a disability, there is little difference in satisfaction in service whether the person was disabled or not.



	Yes	No
Disability - total positive	62%	64%
Total respondents	24%	76%

Health Condition

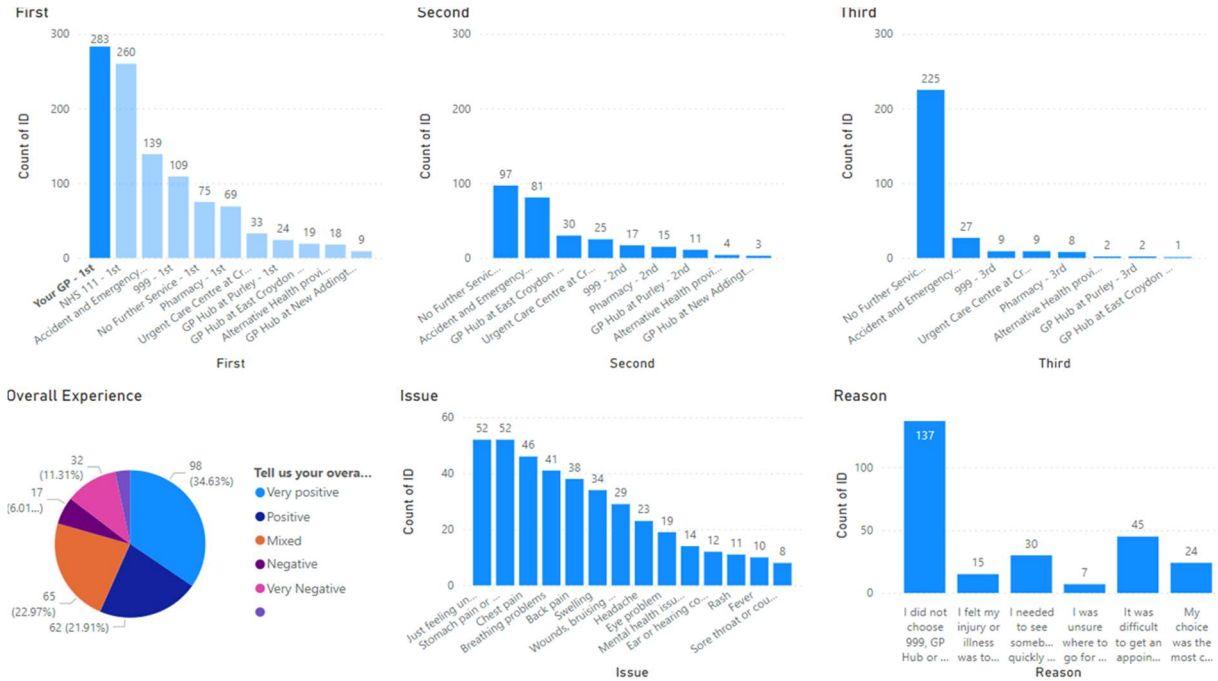


As we noted before, just feeling unwell was the highest registered condition but also one that was more satisfied experience with 64% positive or very positive along with wounds (66%), sore throat or cough (72%) and breathing problems and chest pain (63%). Mental health had the highest levels of dissatisfaction with 25% negative or very negative, rash at 20%, ear condition (23%) and back pain (21%) and stomach pain or digestive issue (19%). While we do not know the details of these it may relate to the ease at which the issue can be managed and resolved or the length in time that people had to wait to be seen while in pain. It may suggest that communicating on waiting times, directing to services who can resolve these more easily that A&E or managing expectations on how long it will take be relieved would improve satisfaction.

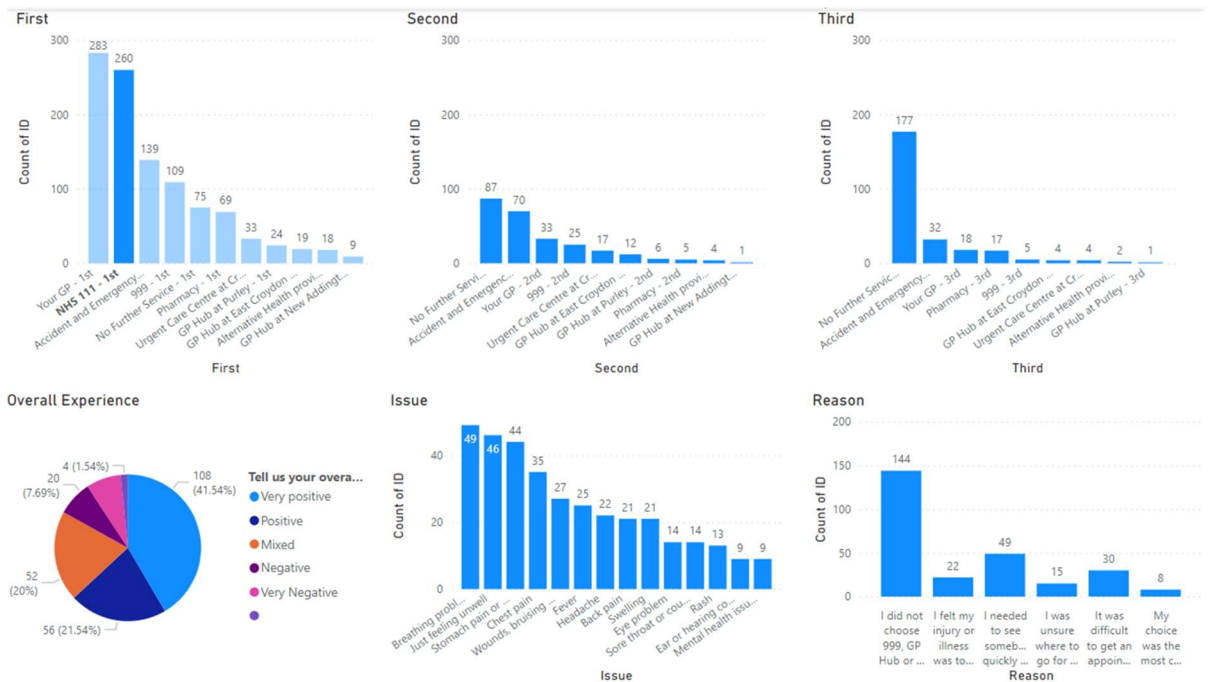
3.2 Satisfaction by first choice of service

Comparing levels of satisfaction, A&E has higher satisfaction at 70%, then NHS111 at 63% and GP 55% probably because of the latter of the challenges getting through – see much higher numbers of difficulty in getting an appointment with GP.

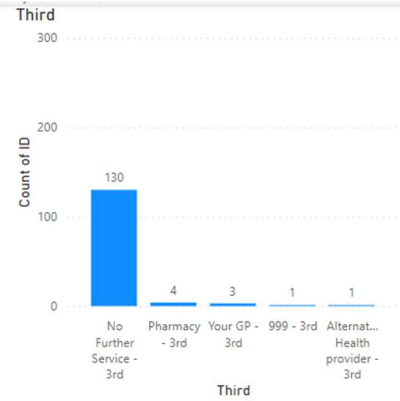
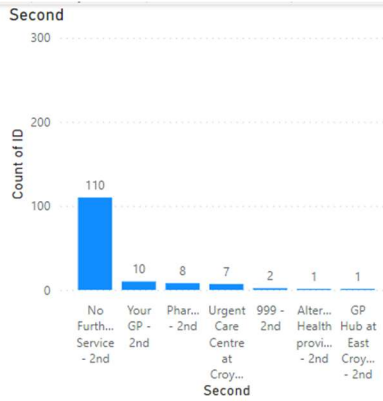
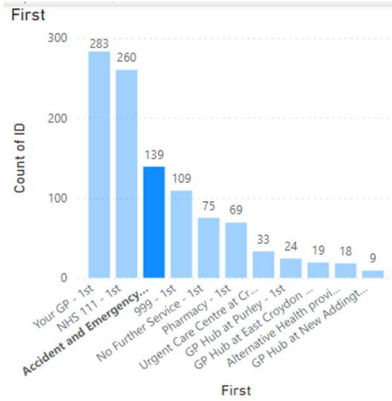
Those who chose GP first: 55% positive or very positive



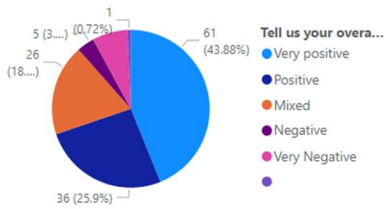
Those who chose NHS111 first: 63% positive or very positive



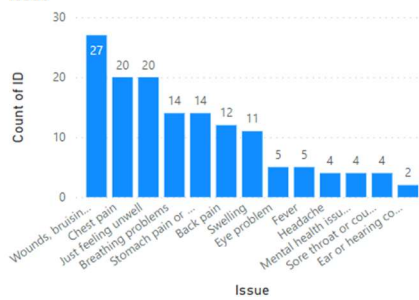
Those who chose A&E first: 70% positive and very positive



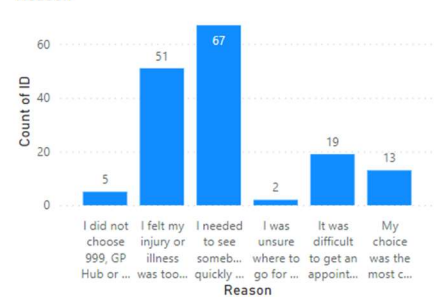
Overall Experience



Issue

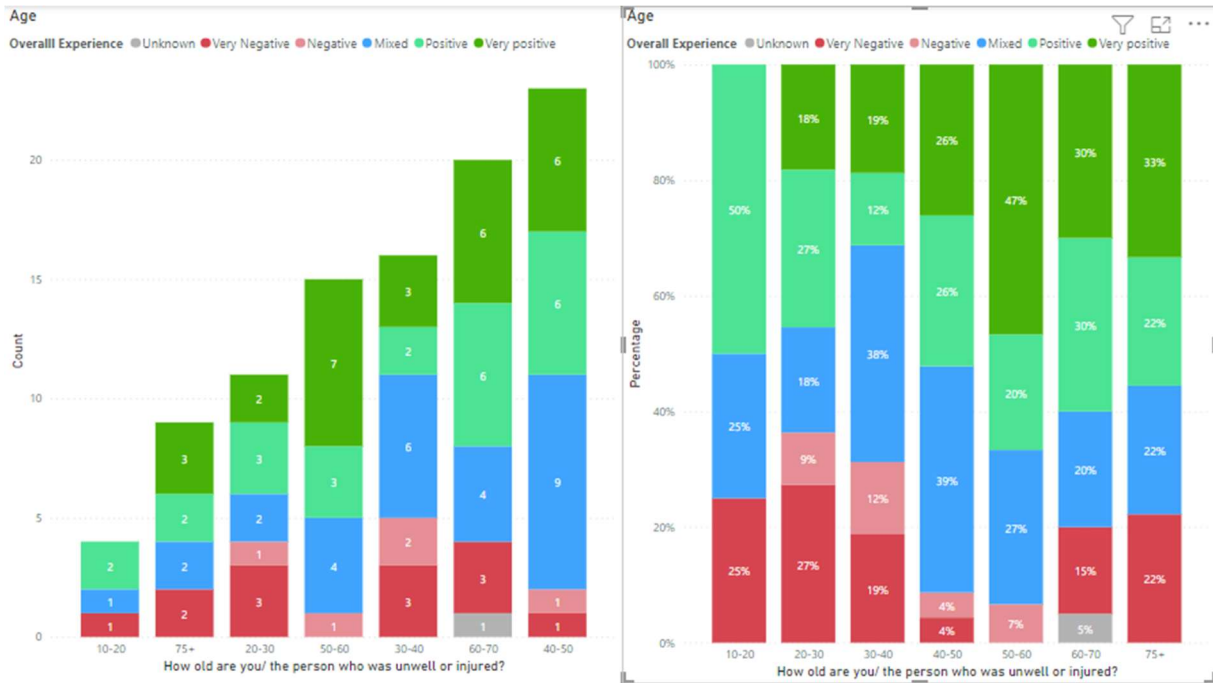


Reason



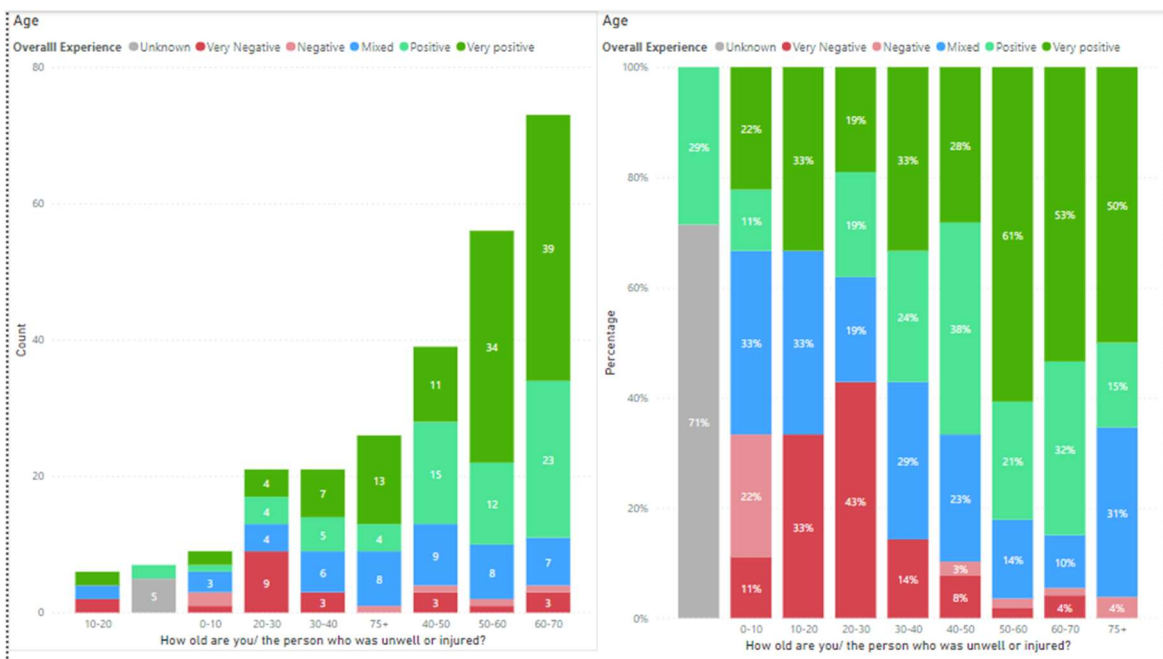
3.3 Patient satisfaction by PCN and age

Central Croydon Network (N=98)



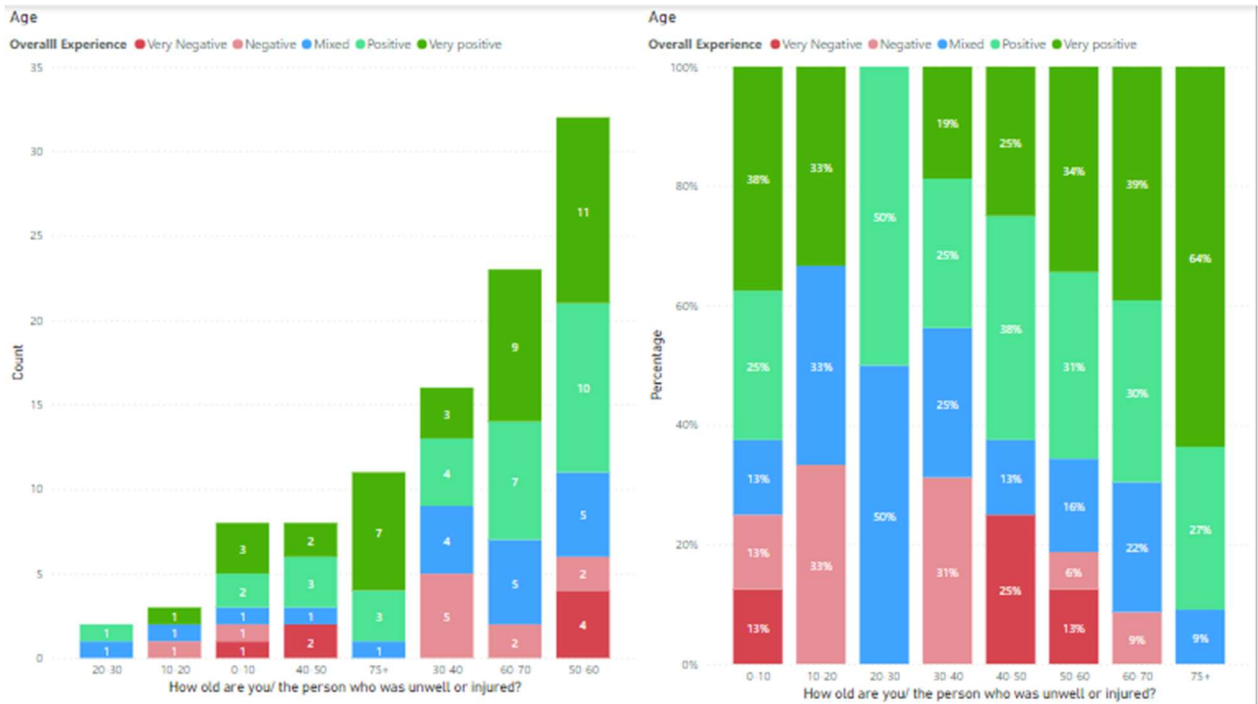
- 20-30s and 30-40s had higher levels of dissatisfaction compared to overall.

Croydon GP Super Network (N=173)



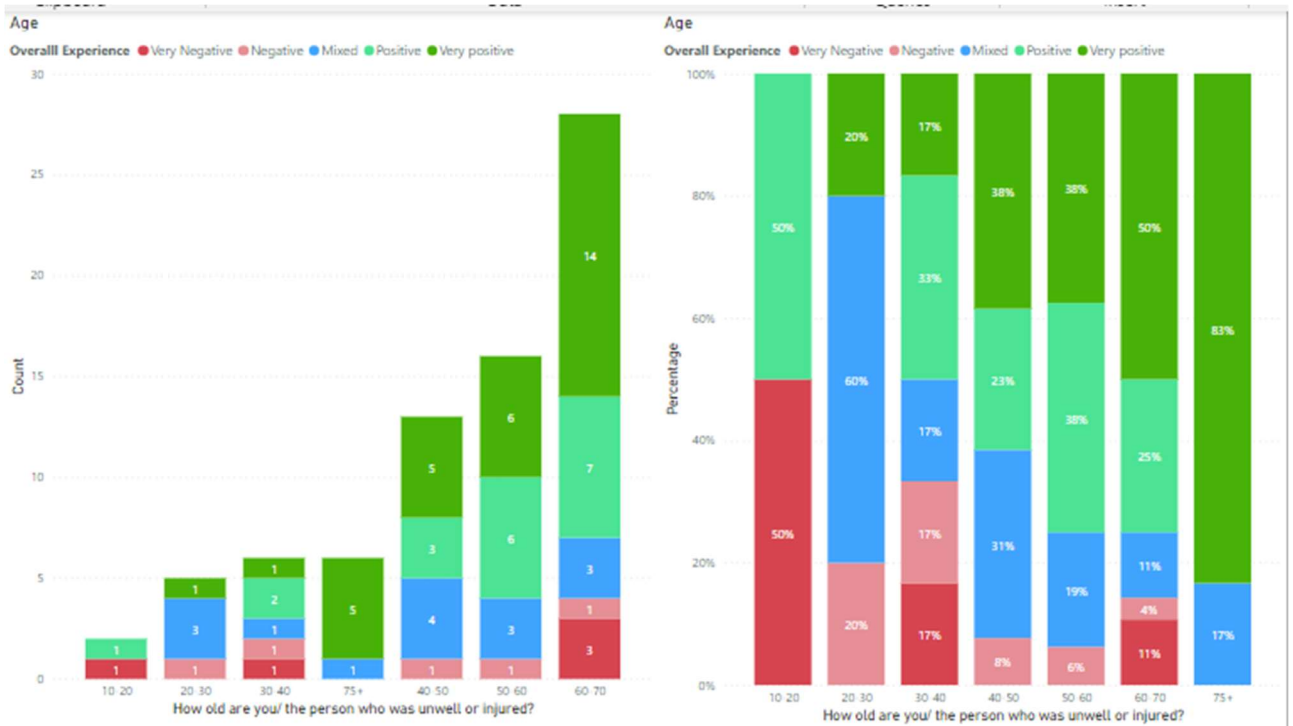
- 20-30s again the highest level of dissatisfaction compared to overall

GPNET (N=103)



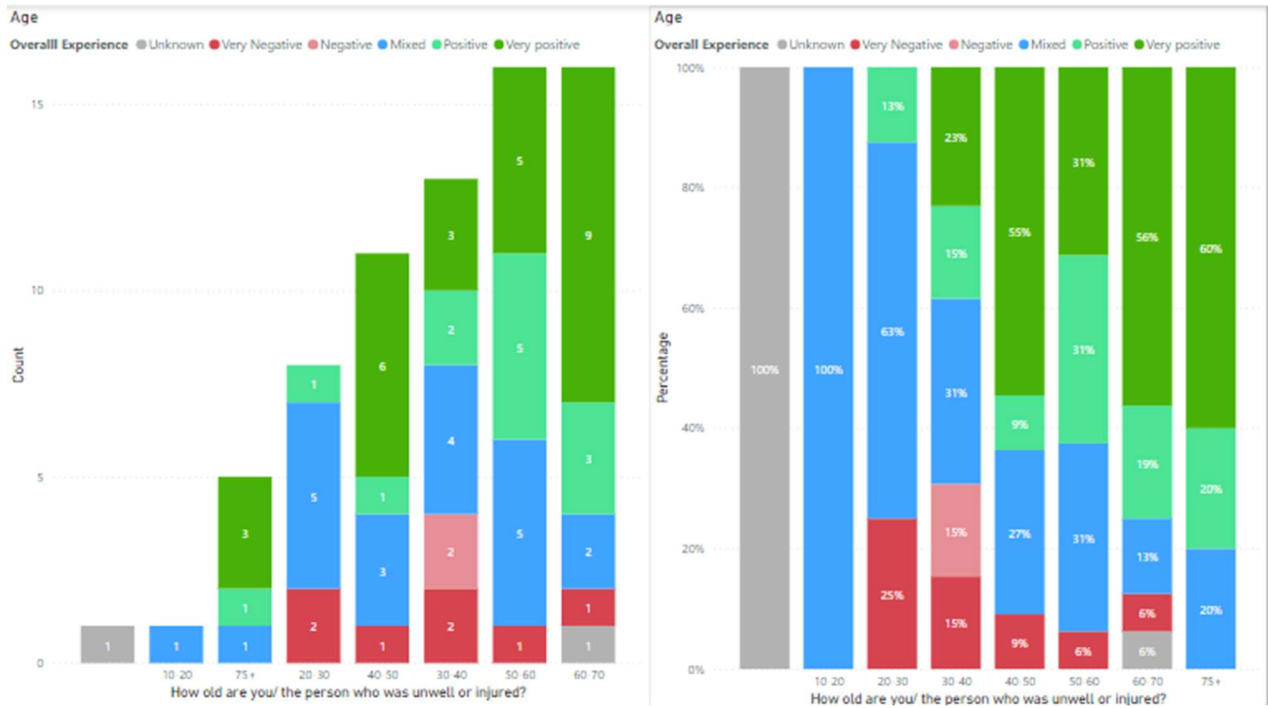
- Higher numbers of dissatisfaction amongst 40-50s and 50-60s.

KMP Network (N=76)



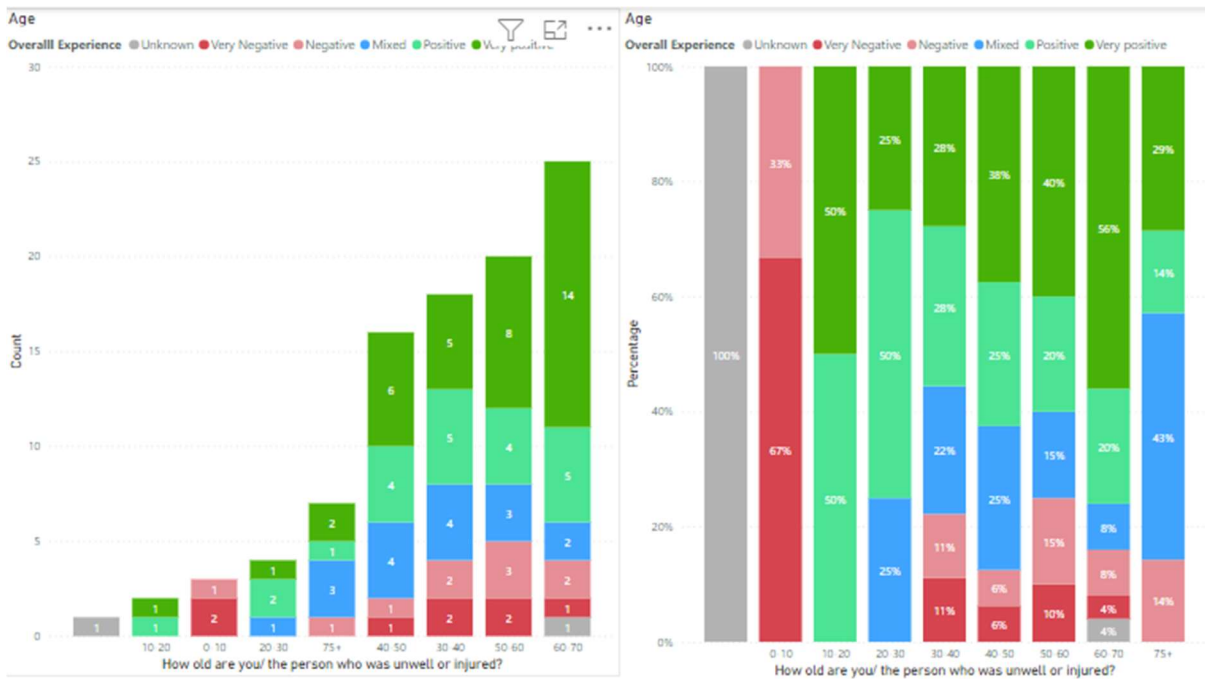
- Higher levels of dissatisfaction by 60-70s but numbers are smaller.

Mayday South Network (N=71)



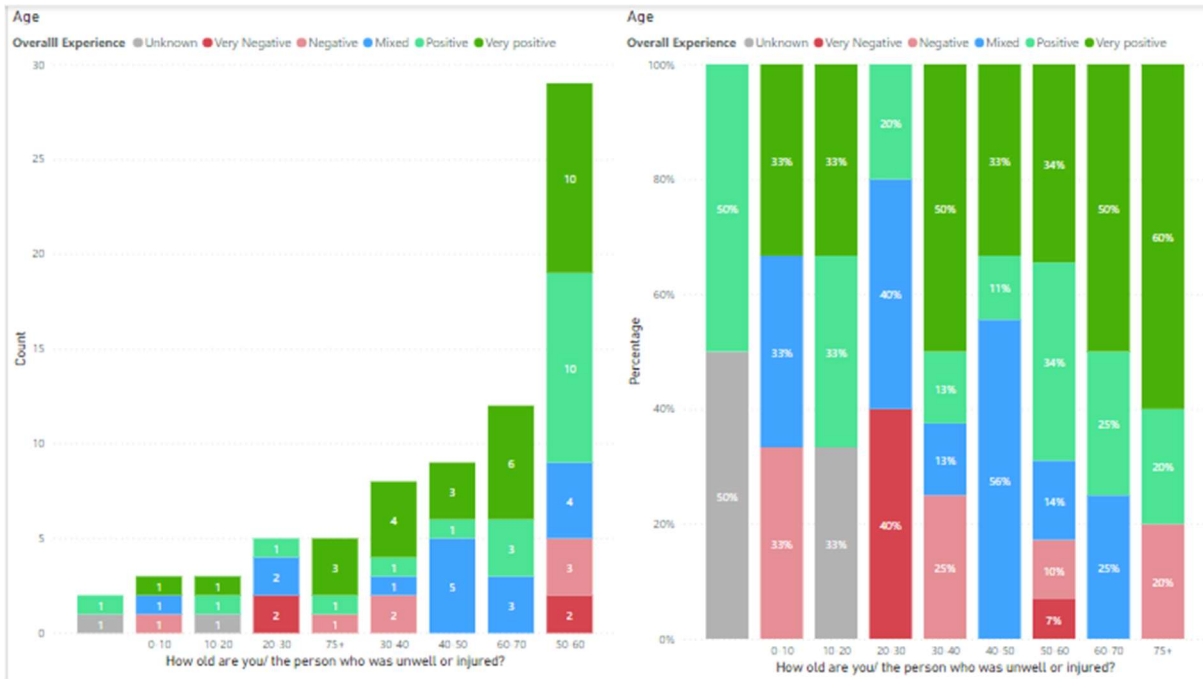
- 20-30s and 30-40s more dissatisfied.

One Thornton Heath (N=95)



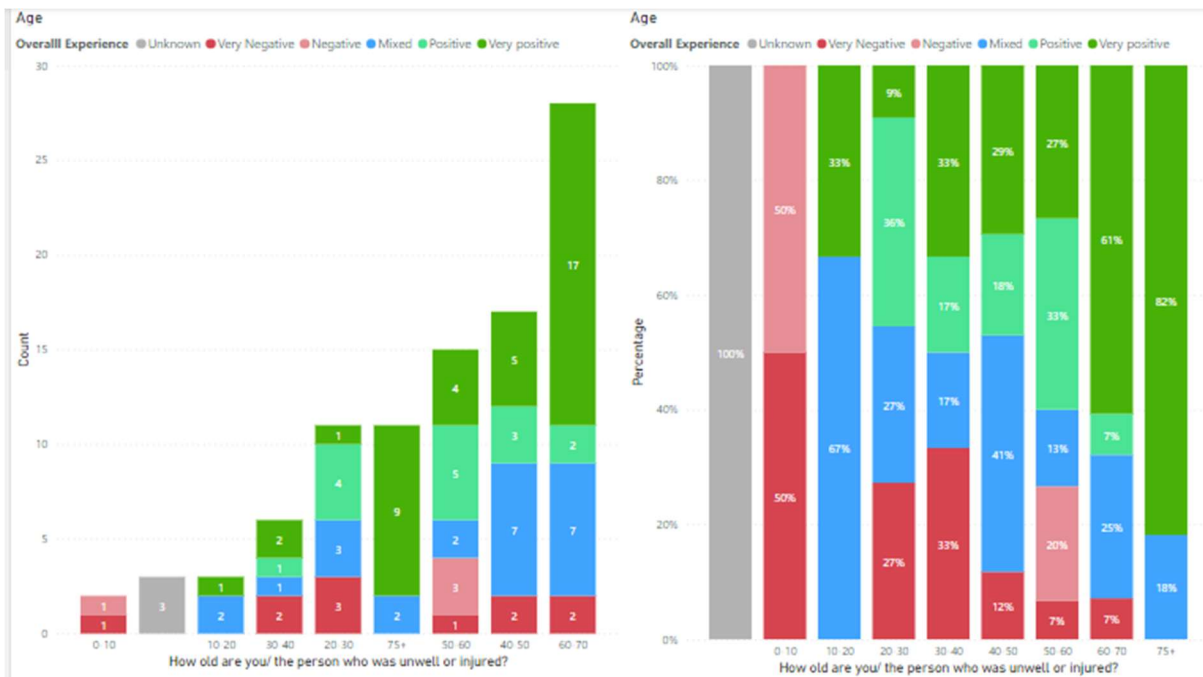
- Higher numbers among 30-40s and 50-60s but numbers smaller.

Primary Care North Croydon (N=76)



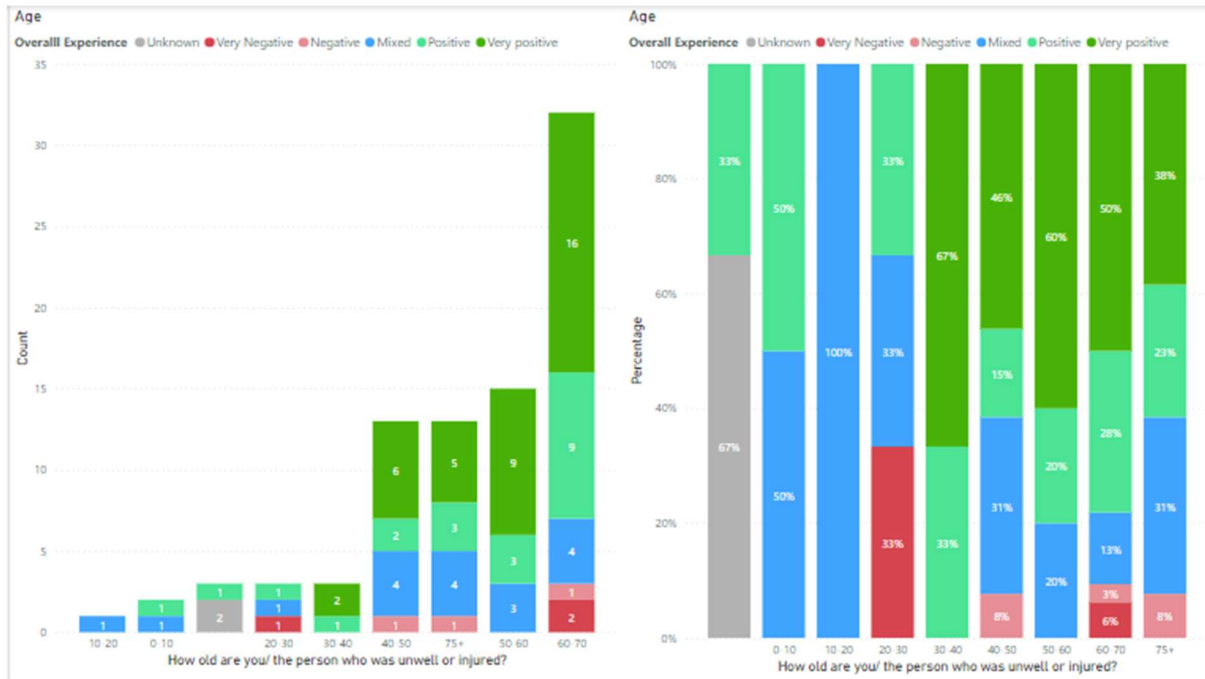
- Higher levels of satisfaction. Lower sample size.

SELNASH (N=76)



- Higher levels of very negative or mixed amongst 40-50s and 60-70s.

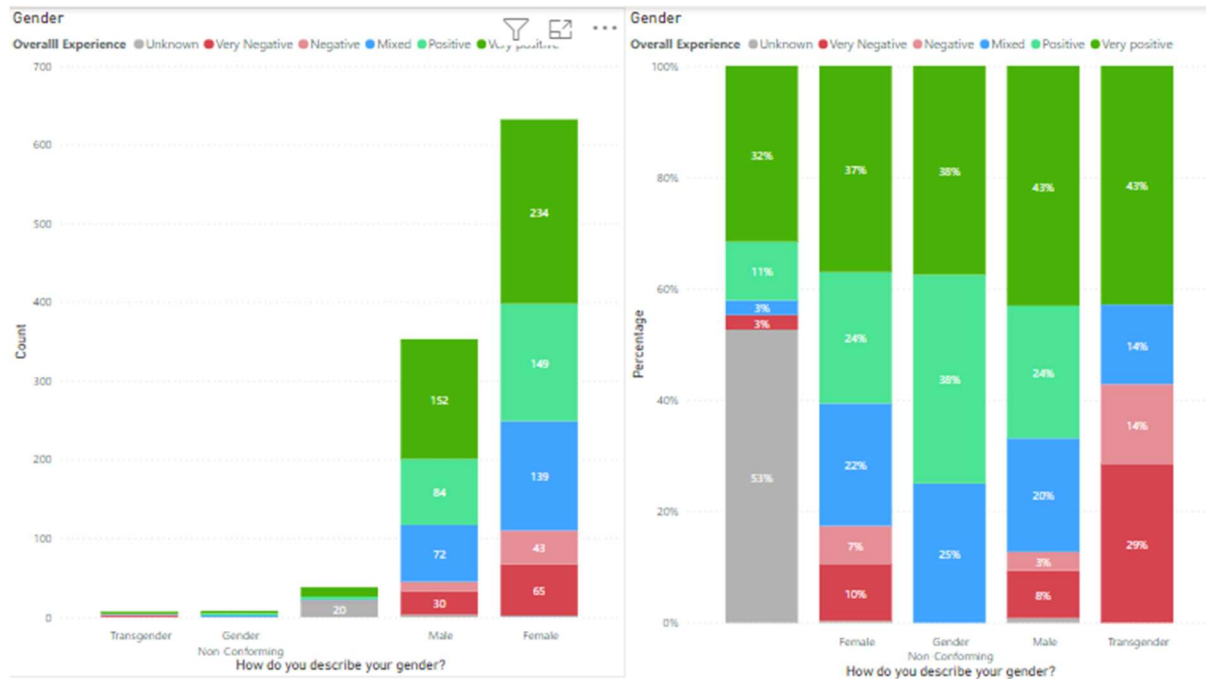
SPC Primary Health Care Network (N=85)



- Higher levels of satisfaction here.

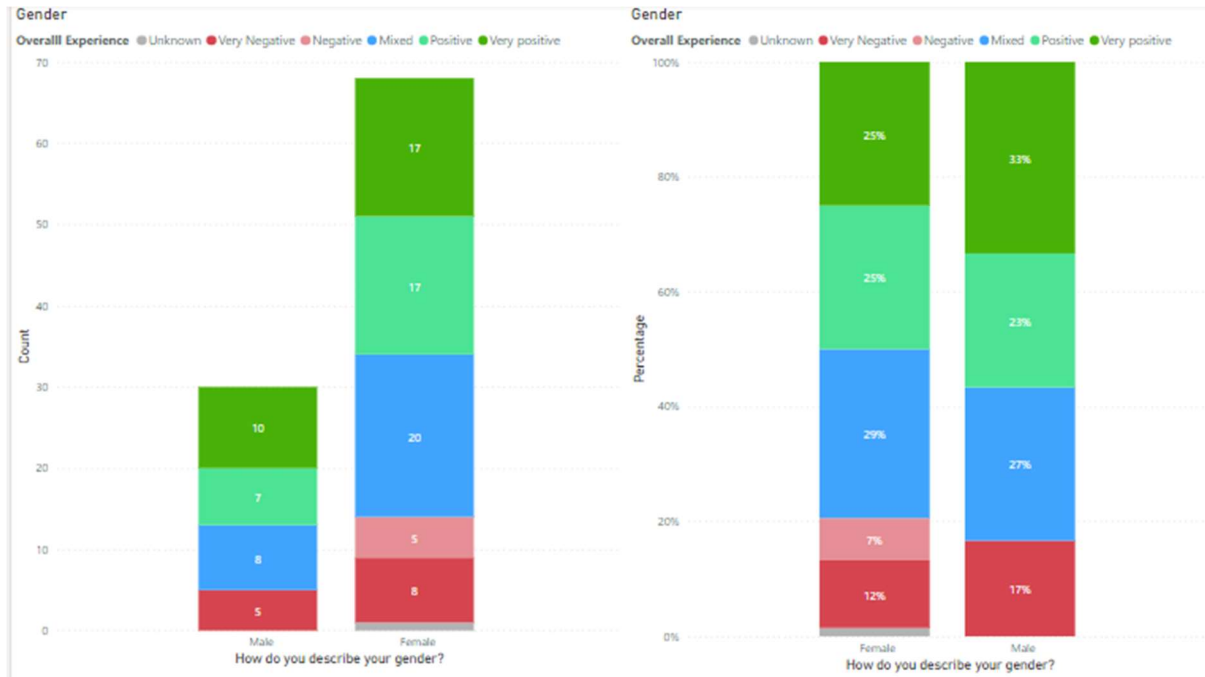
3.3 Patient satisfaction by PCN and gender

Overall (N=1038)



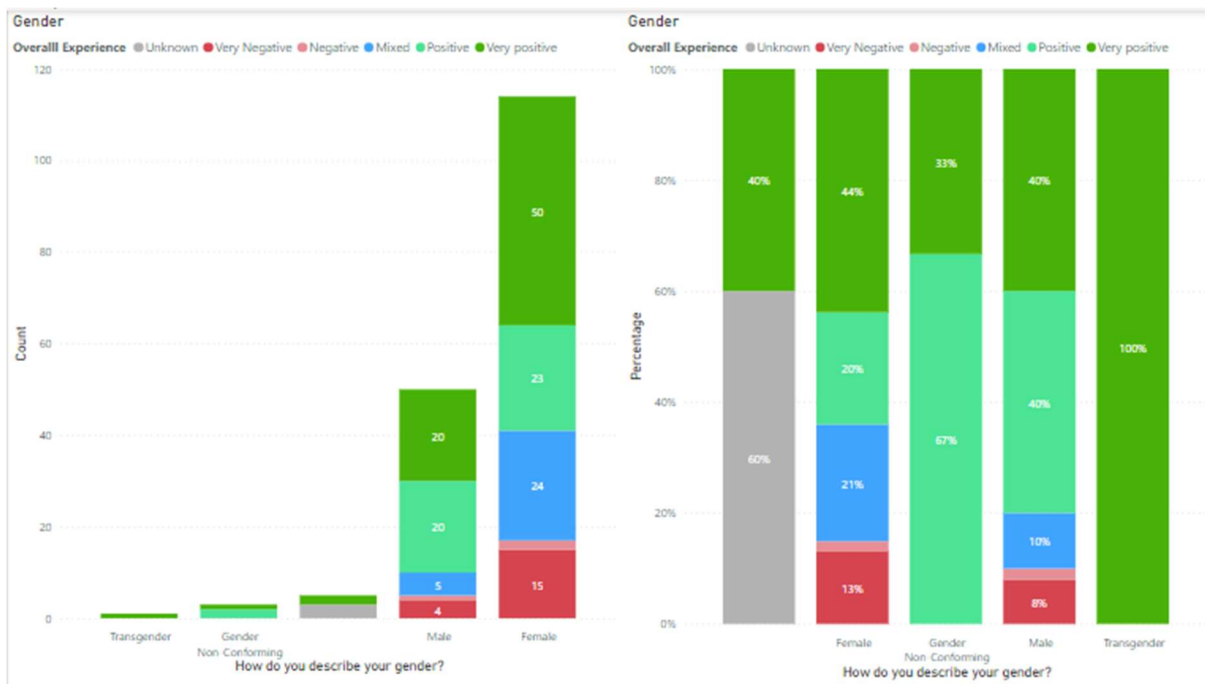
- More females completed the survey, and males were marginally more satisfied.
- Those who identify as transgender were marginally more satisfied, but the sample numbers are very small and so will not be referenced in the PCN breakdown.
- There is not a significant difference between genders, but males were more likely to be positive (24%) and very positive (43%), where women are slightly higher in mixed (22%) and negative (10%).

Central Croydon Network (N=98)



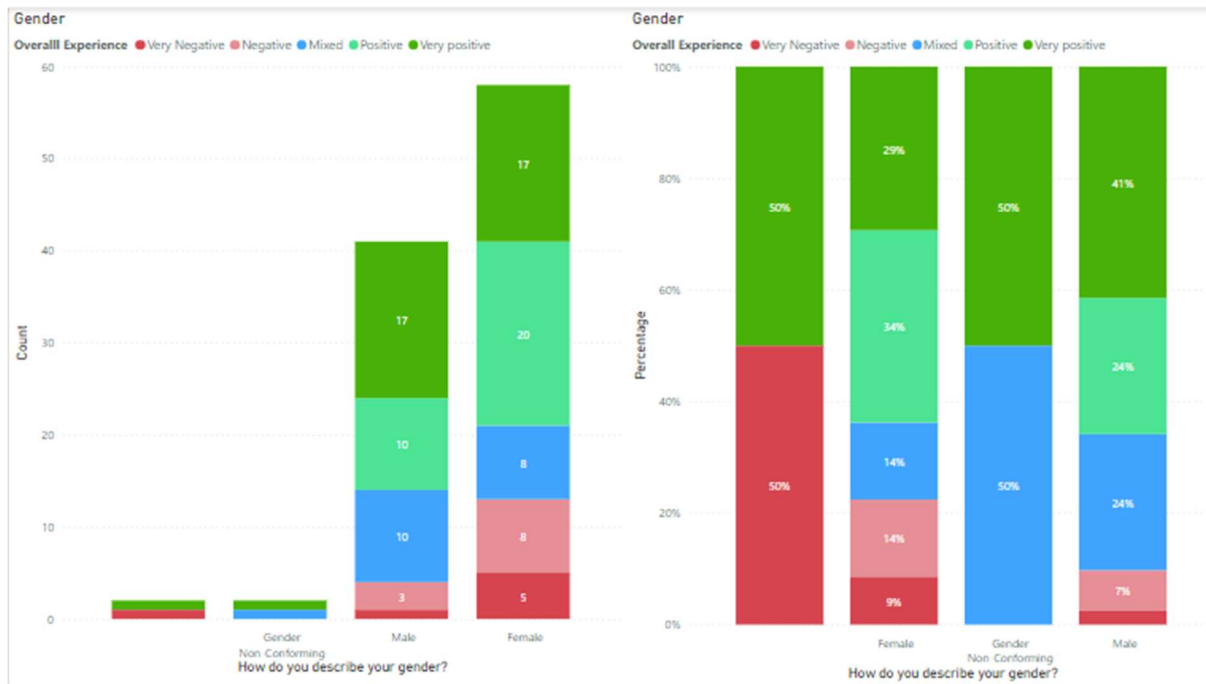
- Higher levels of dissatisfaction across genders compared with overall, men more satisfied.

Croydon GP Super Network (N=173)



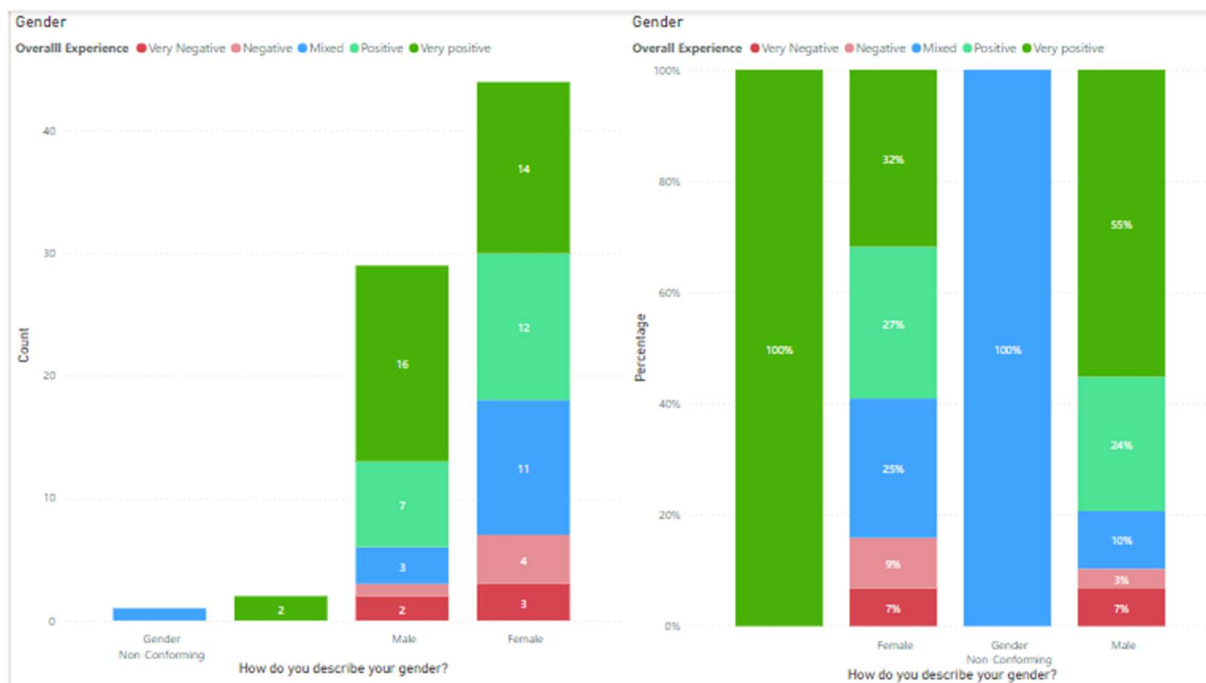
- Higher levels of satisfaction, but very negative equal to overall. Higher female response rate.

GPNET 5 (N=103)



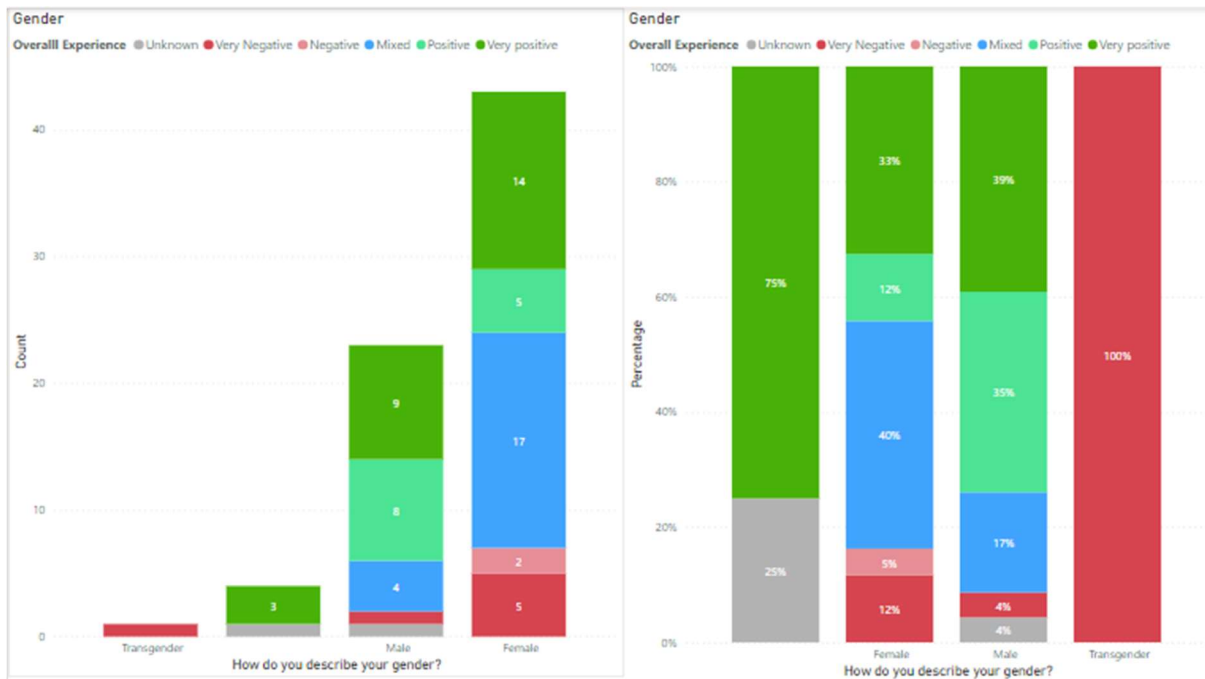
- Much higher levels of satisfaction across all than overall, men most satisfied. Higher male response numbers.

KMP Network (N=76)



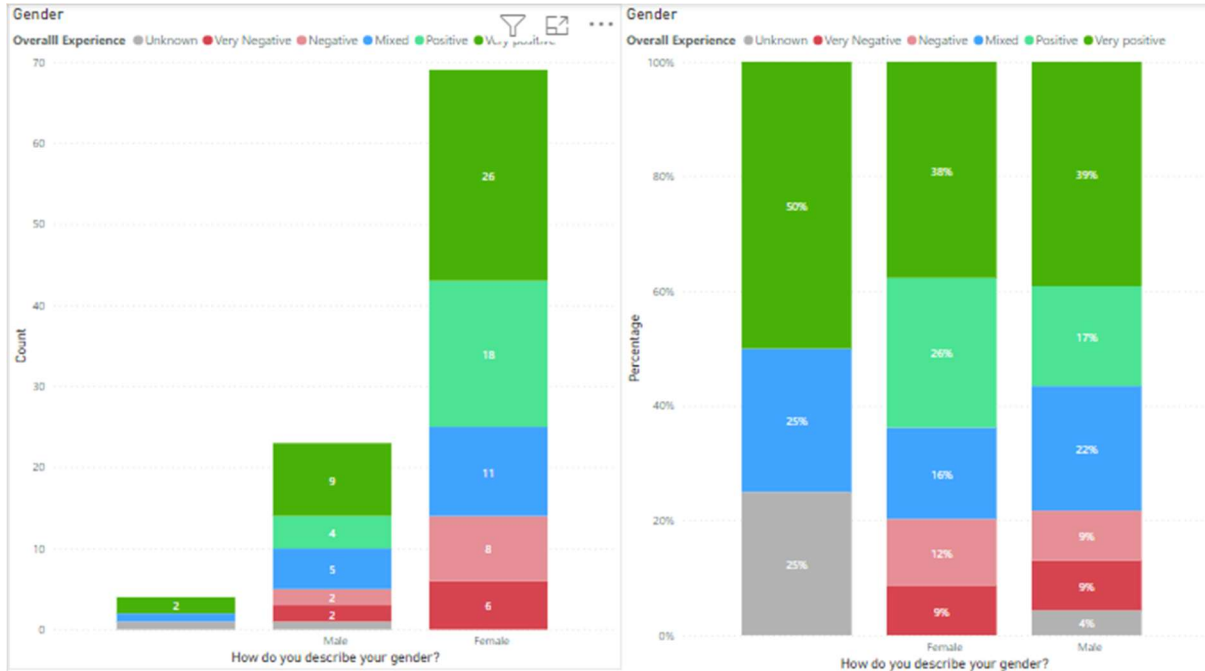
- Higher levels of satisfaction by men, women slightly more unsatisfied. Higher male responses.

Mayday South Network (N=71)



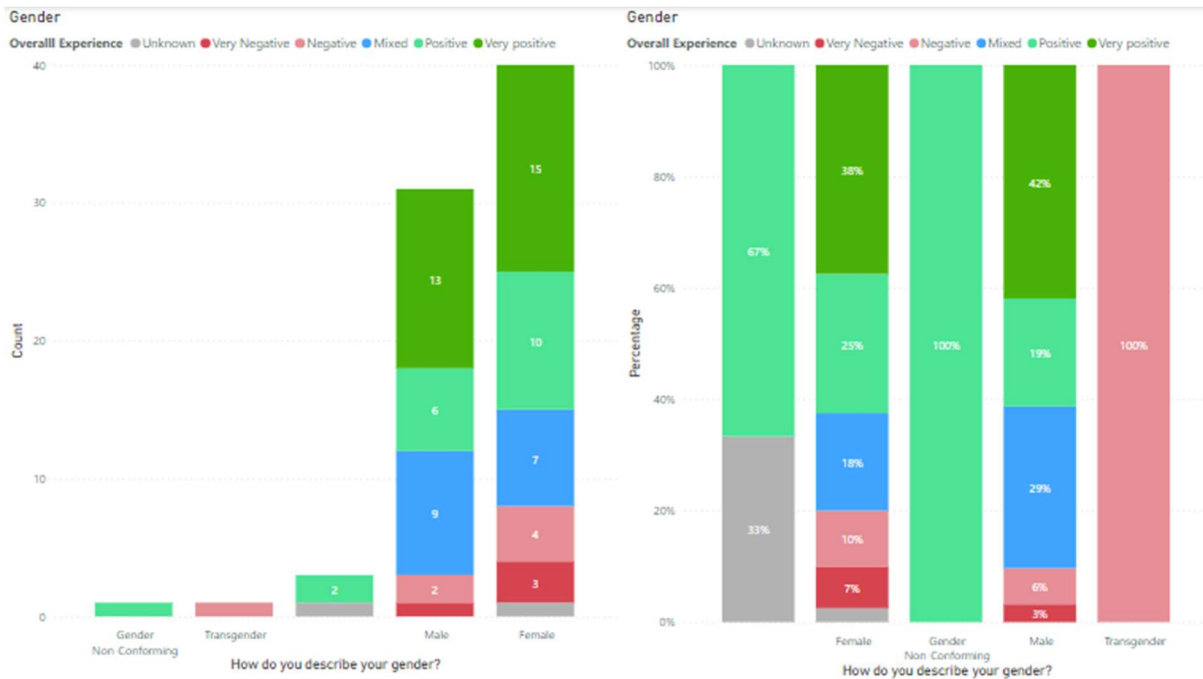
- Again, higher levels of satisfaction by men, women much more unsatisfied.

One Thornton Heath (N=95)



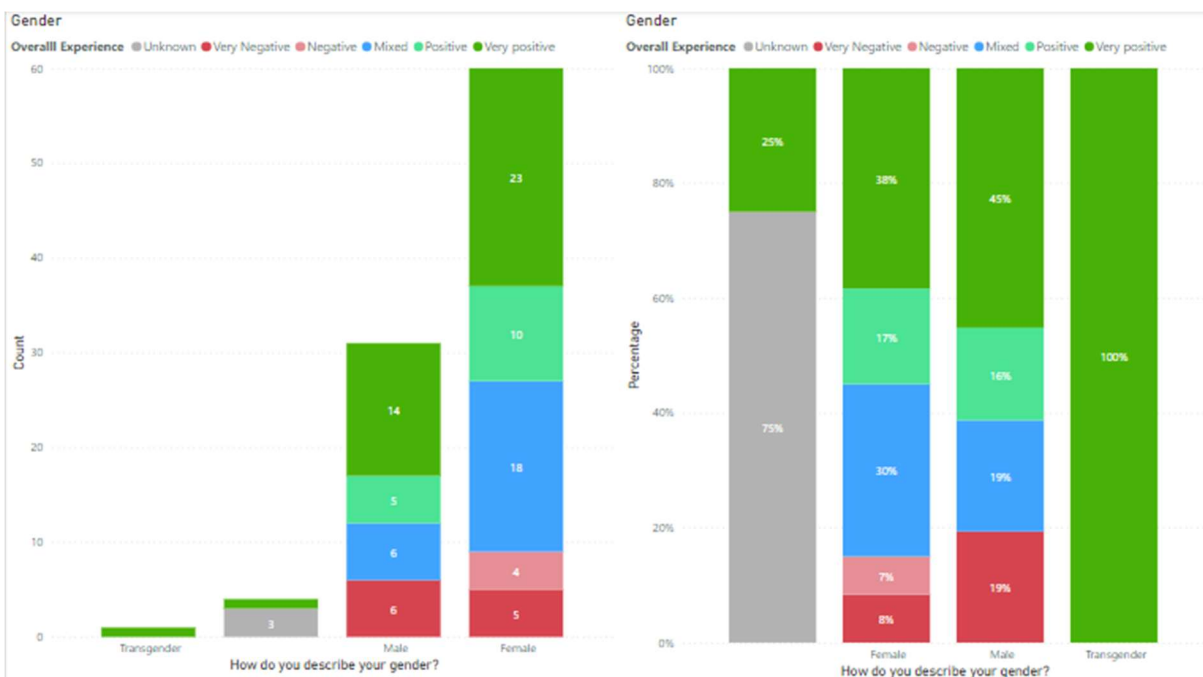
- Women more satisfied than men, but similar very negative responses. Fewer male respondents.

Primary Care North Croydon (N=76)



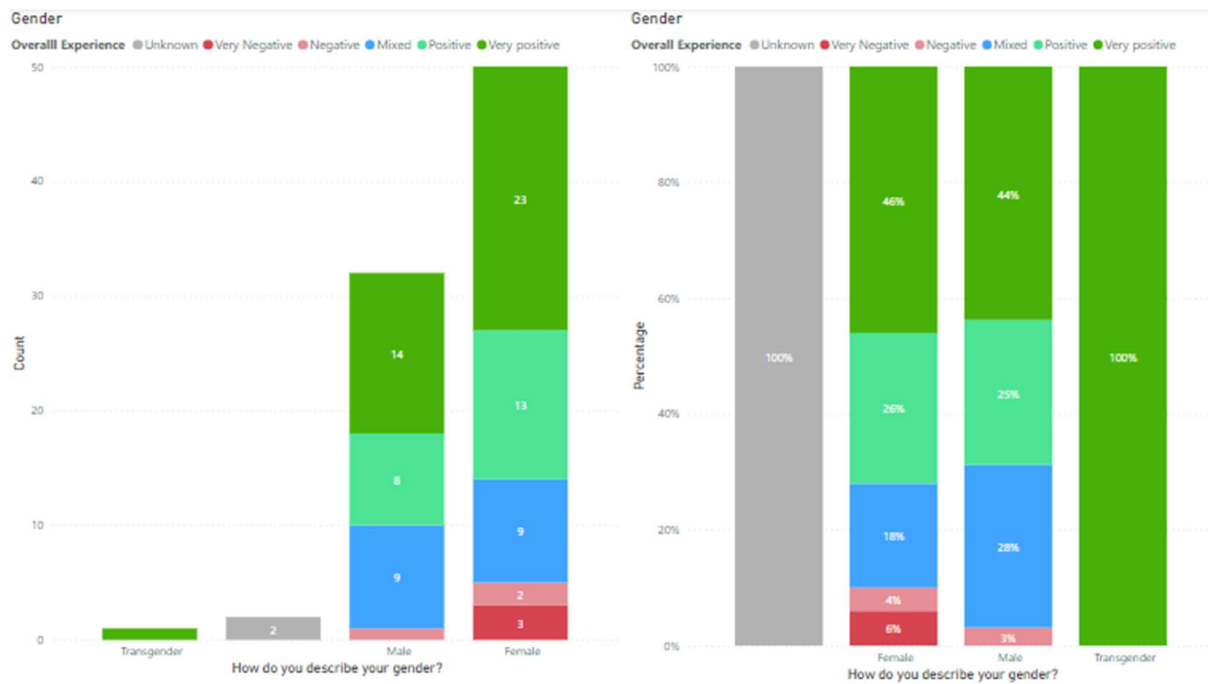
- Respondent numbers much closer than other PCNS, much higher levels of satisfaction, at similar levels between genders.

SELNASH (N=96)



- Higher levels of very negative from men, but also higher levels of satisfaction.

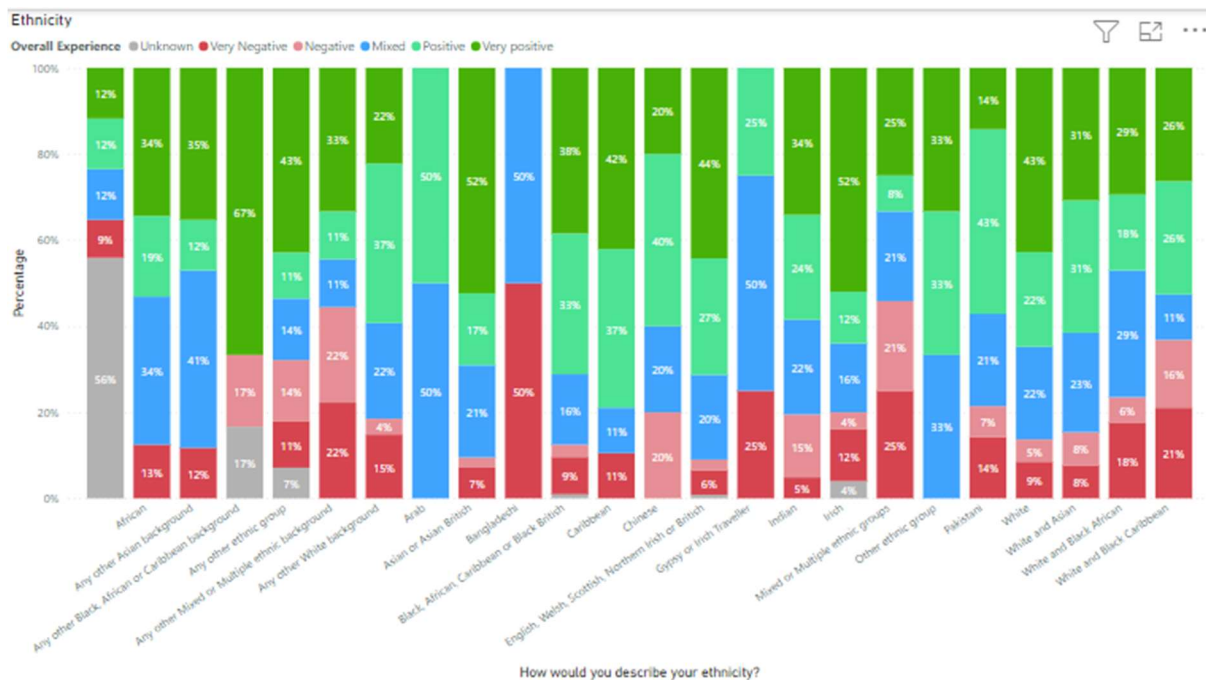
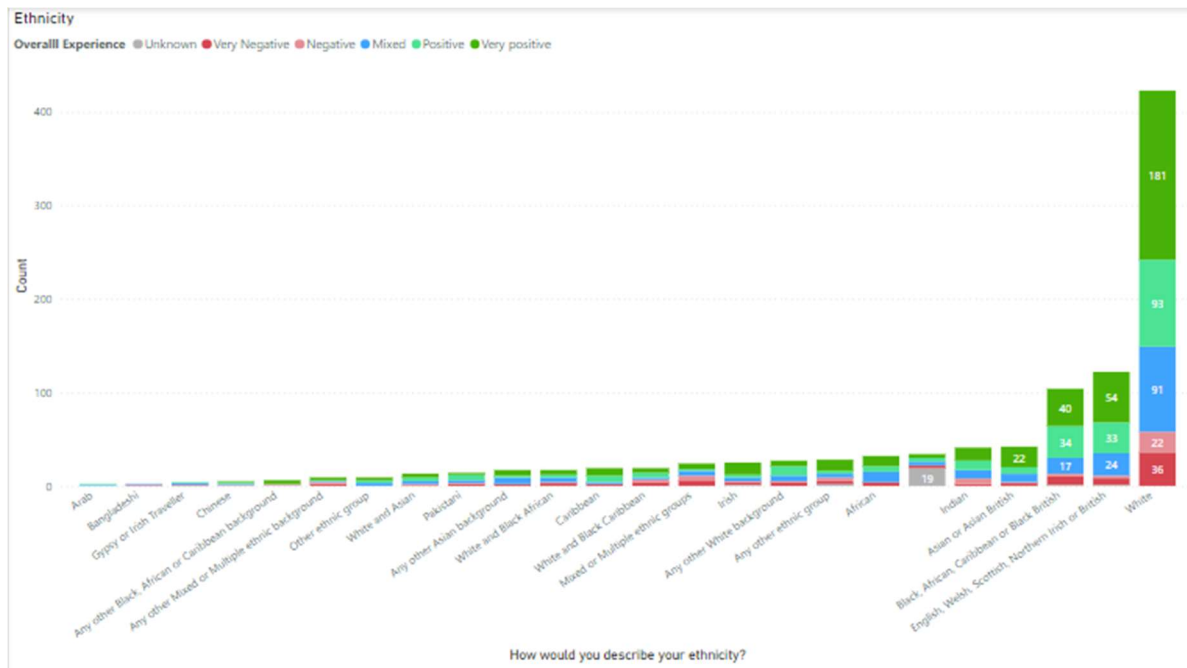
SPC Primary Health Care Network (N=85)



- High satisfaction, with lower levels of negative and very negative from women, compared by men.

3.4 Patient satisfaction by PCN and ethnicity

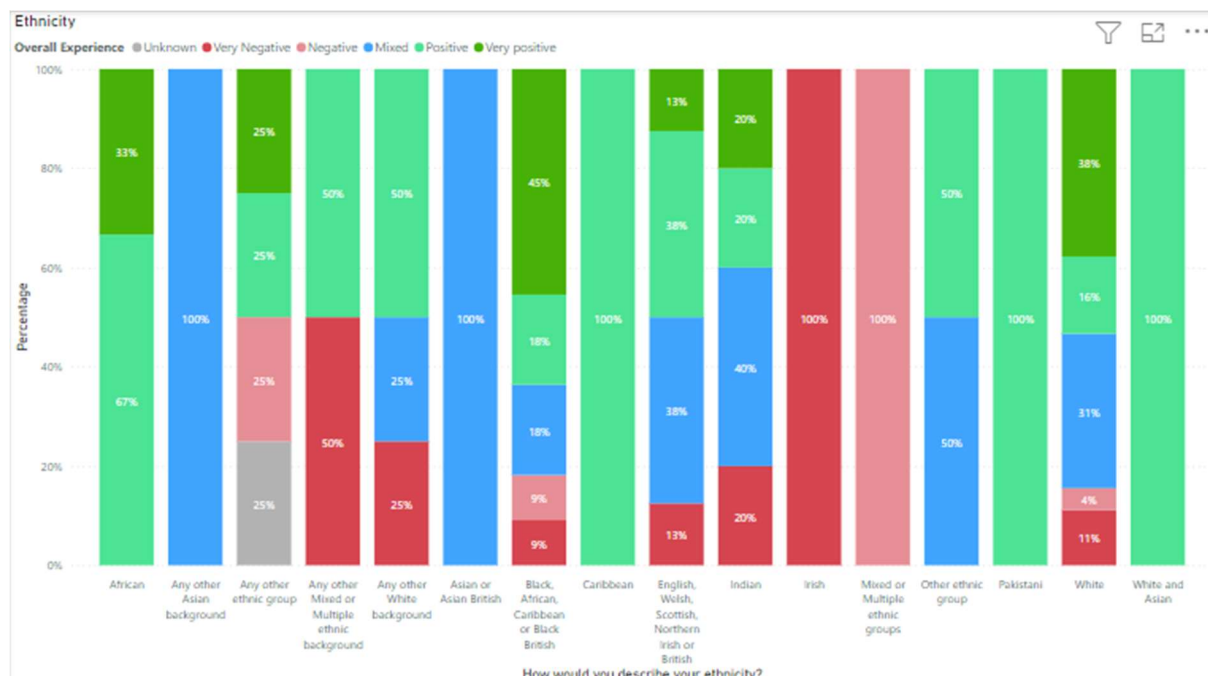
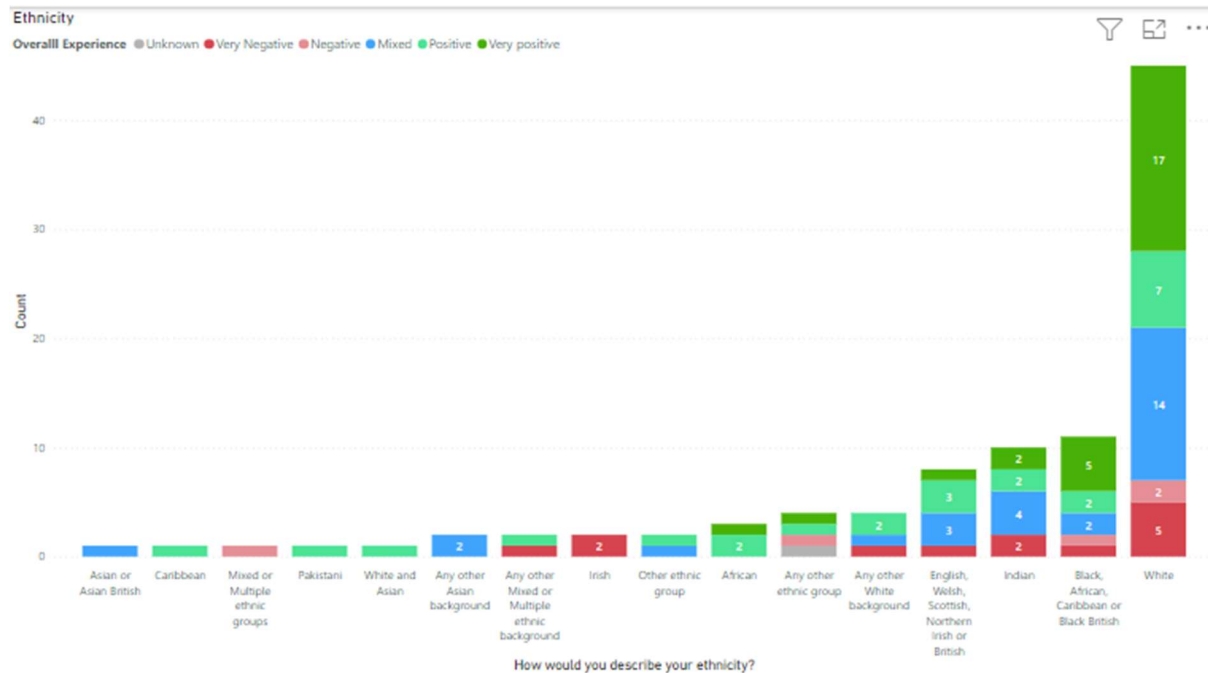
Overall (N=1038)



It is important not to make too many generalisations as the numbers for many of these ethnic subgroups is small. However there seem to be higher levels of positivity amongst white/Irish and English/Welsh/Scottish/Northern Irish/British who all between 64-67% levels of very positive and positive as well as Asian British. The highest levels of negative satisfaction came from mixed or multiple ethnic

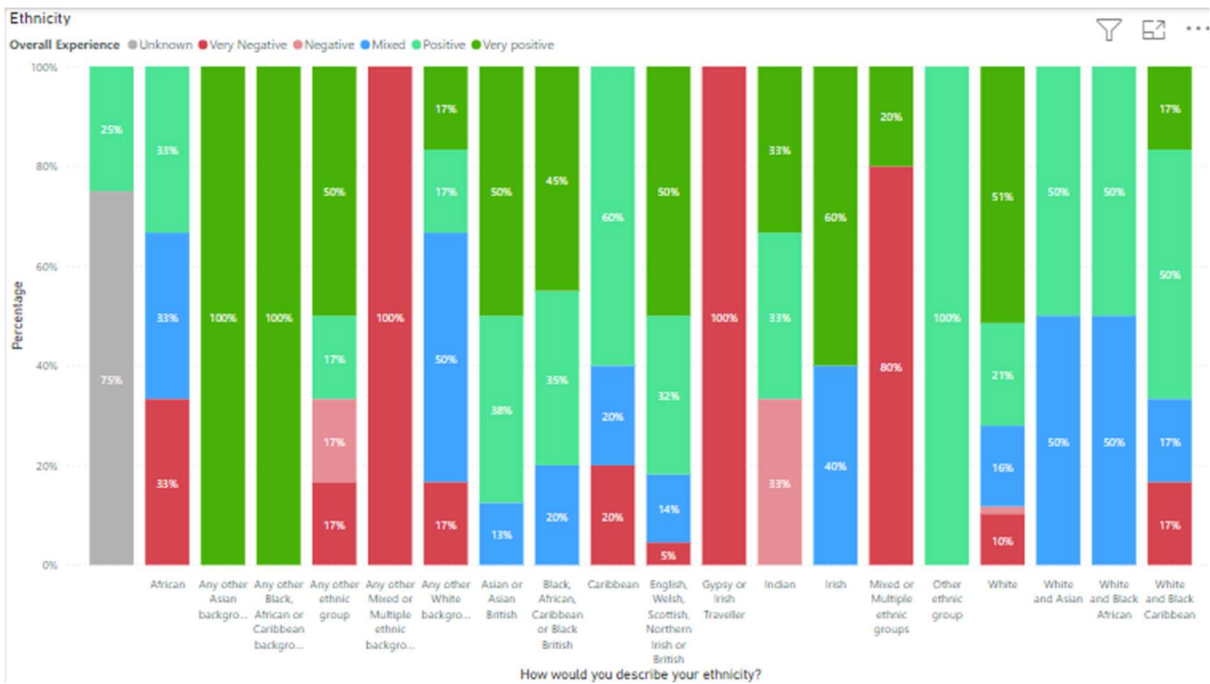
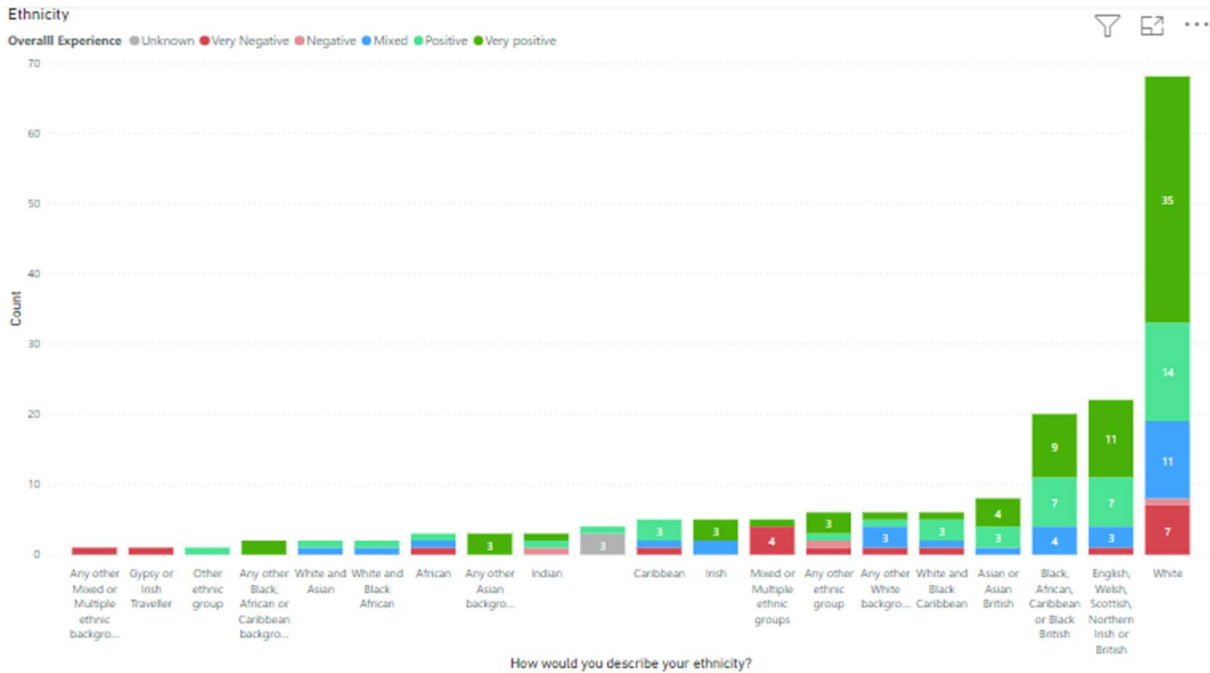
groups, white or black Caribbean, but the numbers are small and warrant more research to understand more before making any firm conclusions. The PCN breakdowns should be considered with care.

Central Croydon Network (N=98)



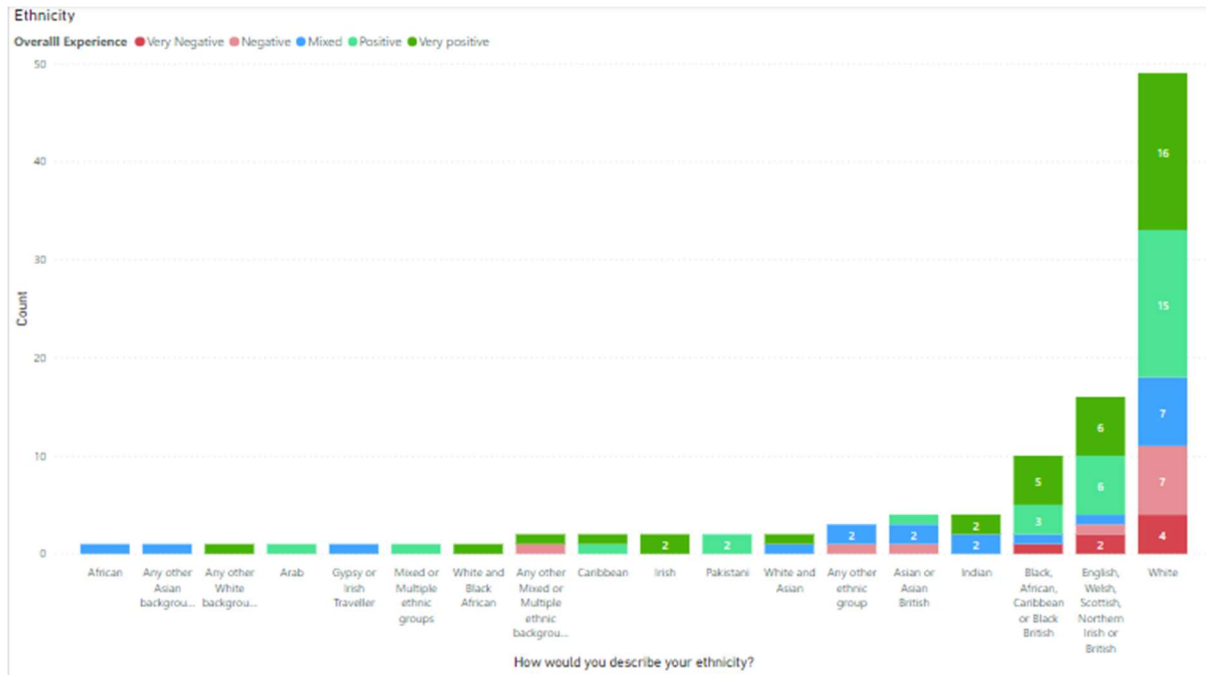
- White/ White British respondents more mixed compared with overall, but higher levels of satisfaction with Black African and Caribbean/Black British and African. Indian had higher levels of dissatisfaction but lower response numbers.

Croydon GP Super Network (N=173)



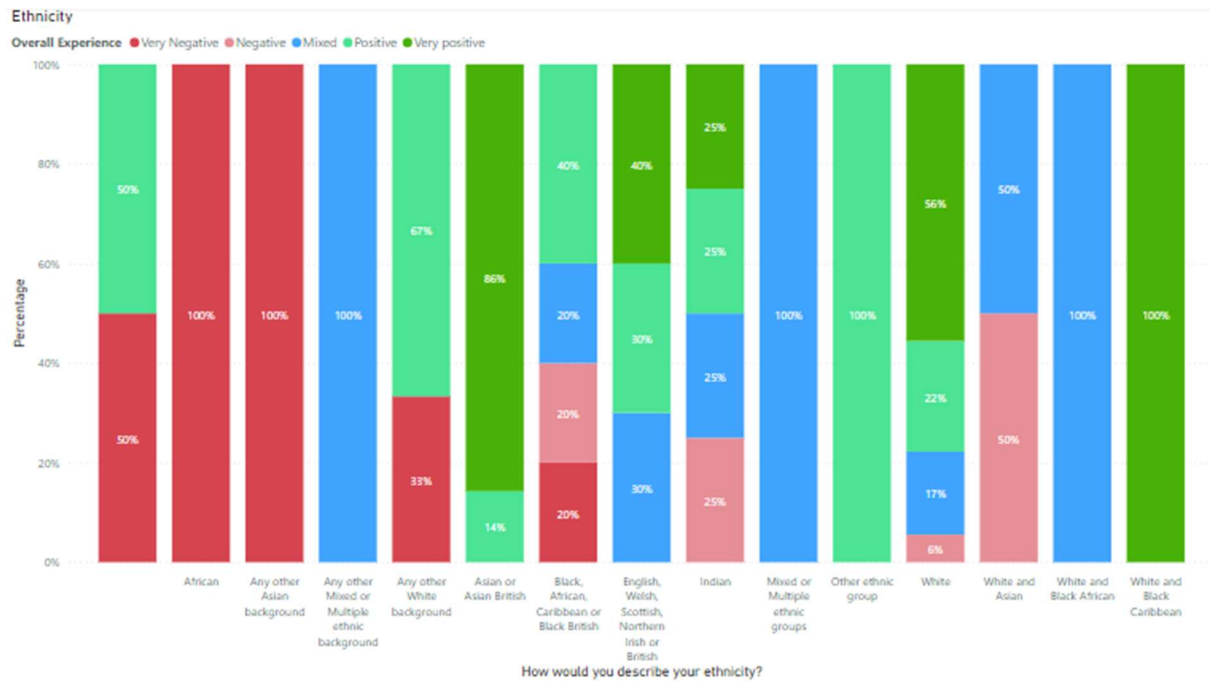
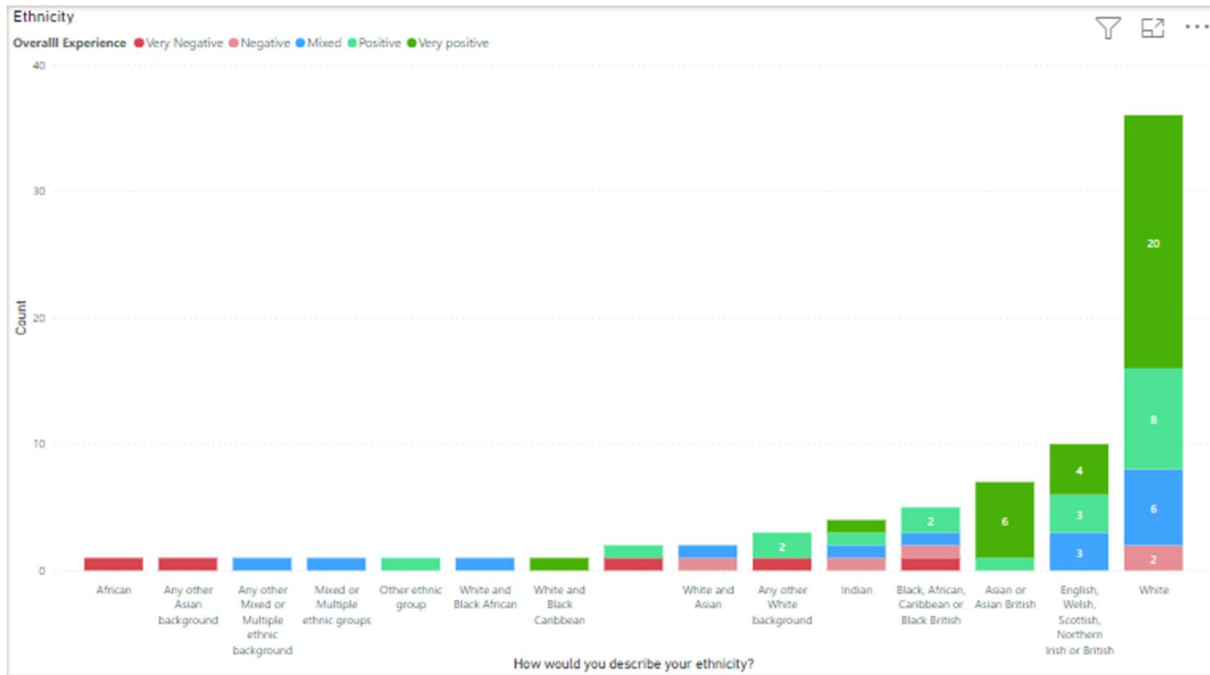
- Higher satisfaction from White/White British, and higher satisfaction for Black, African Caribbean/ Black British with no negatives and similar numbers for Asian/ Asian British communities.

GPNET (N=103)



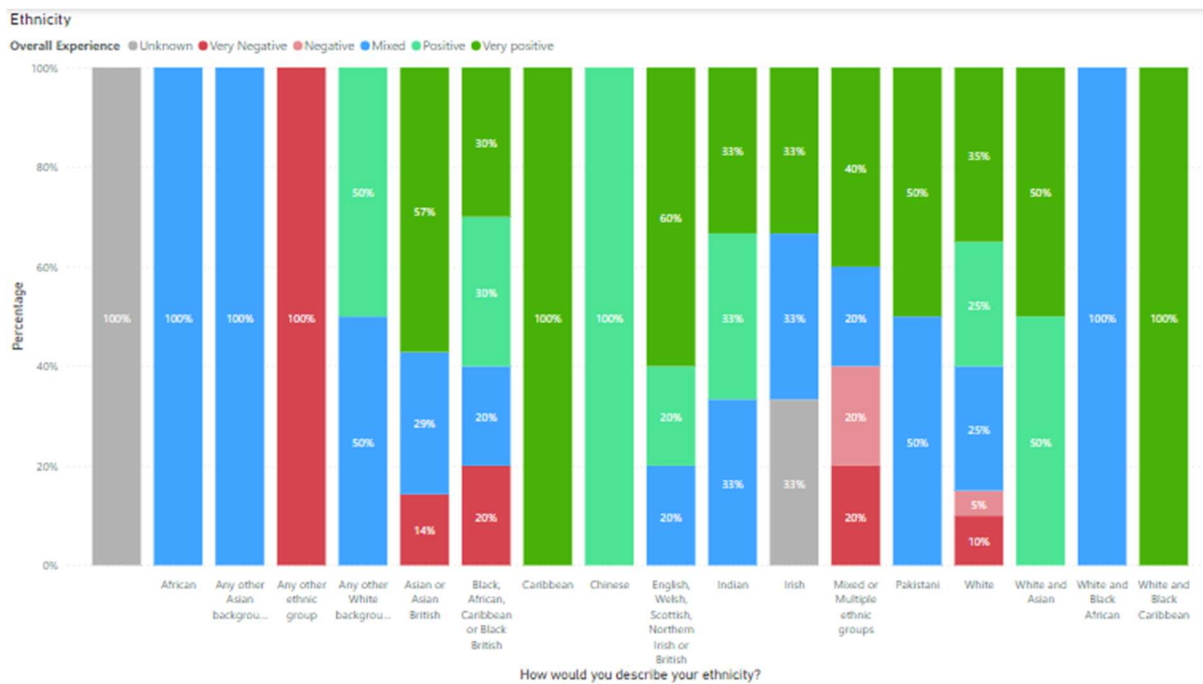
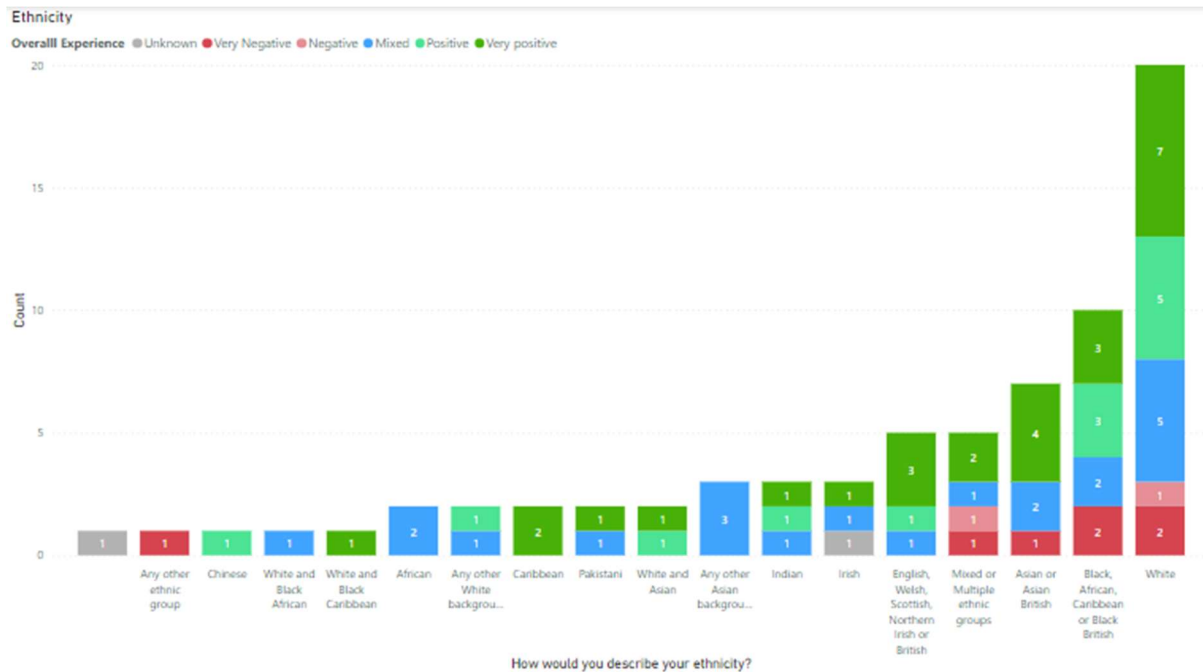
- Similar levels of satisfaction compared with overall from White/White British and Indian for Asian communities seeing higher satisfaction, but lower response numbers.

KMP Network (N=76)



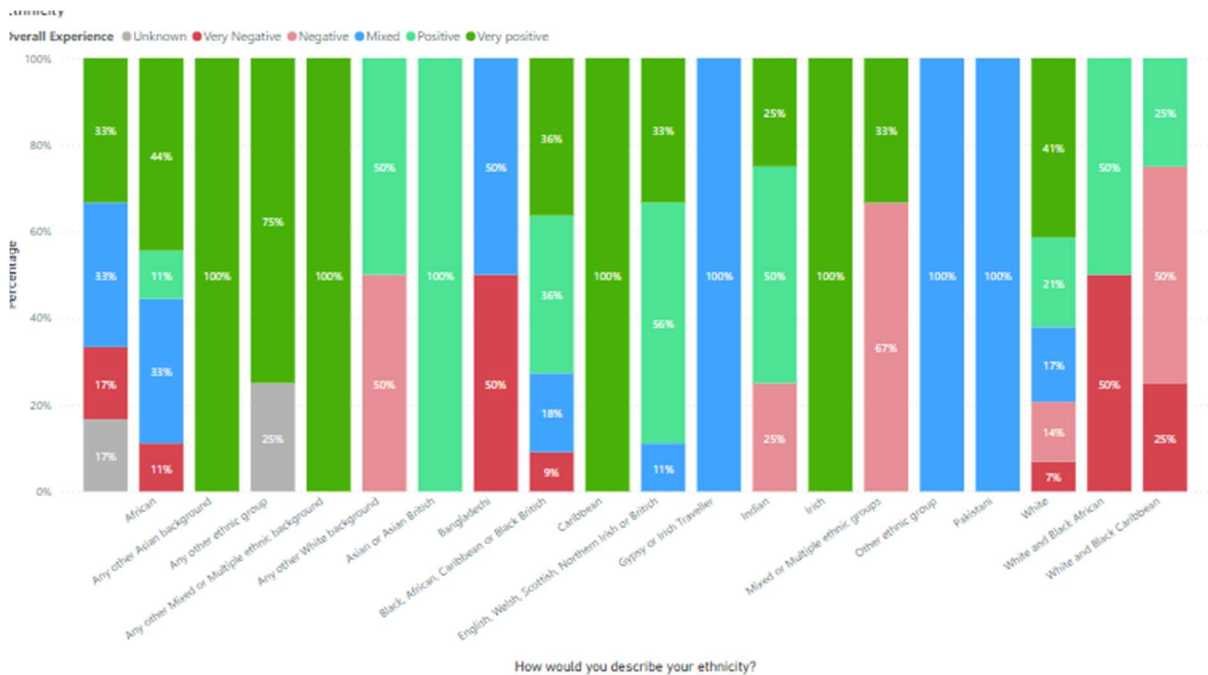
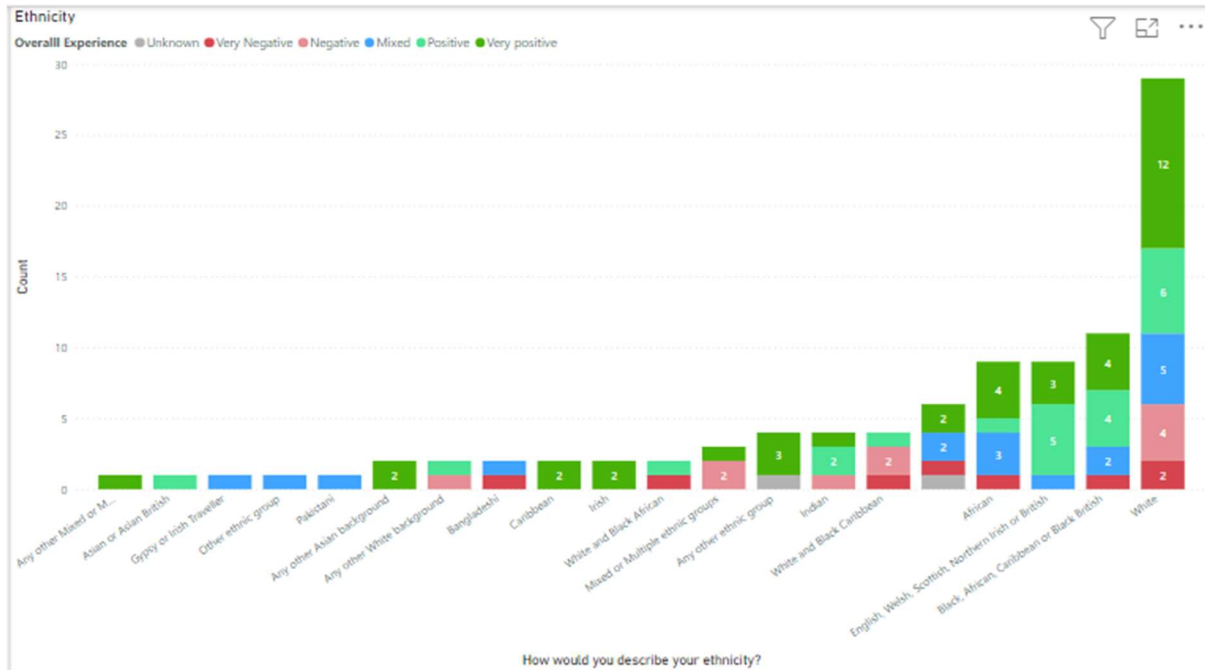
- Higher levels of satisfaction across all groups with higher numbers of responses.

Mayday South Network (N=71)



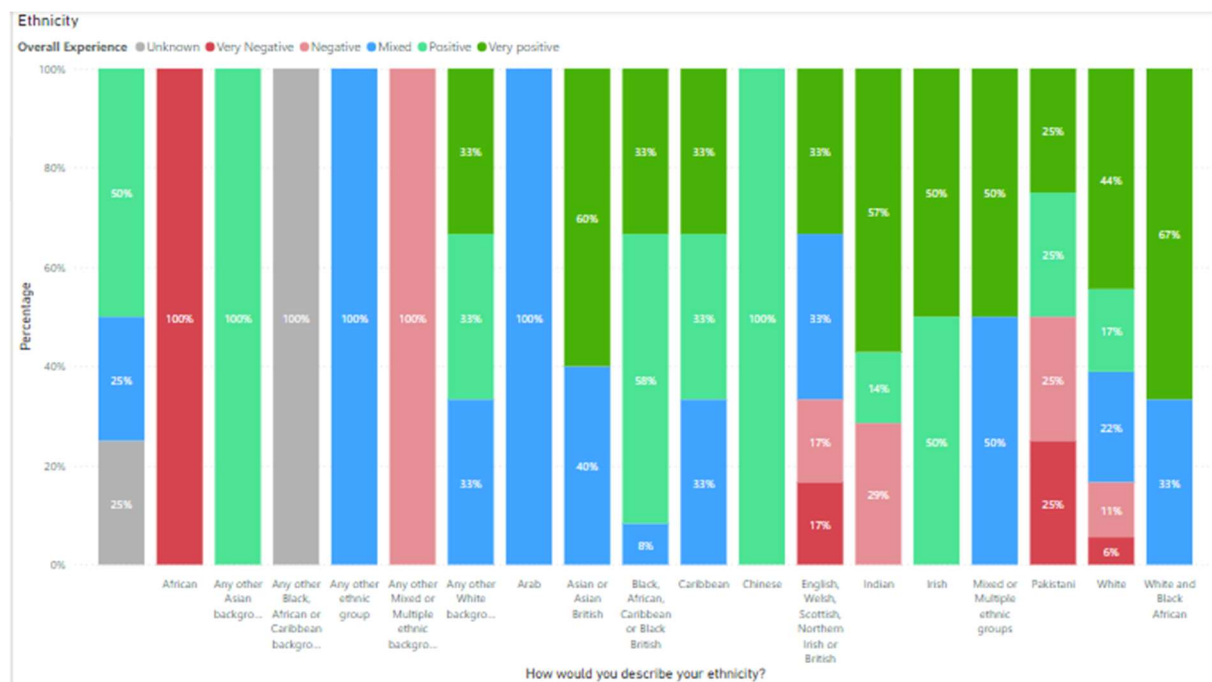
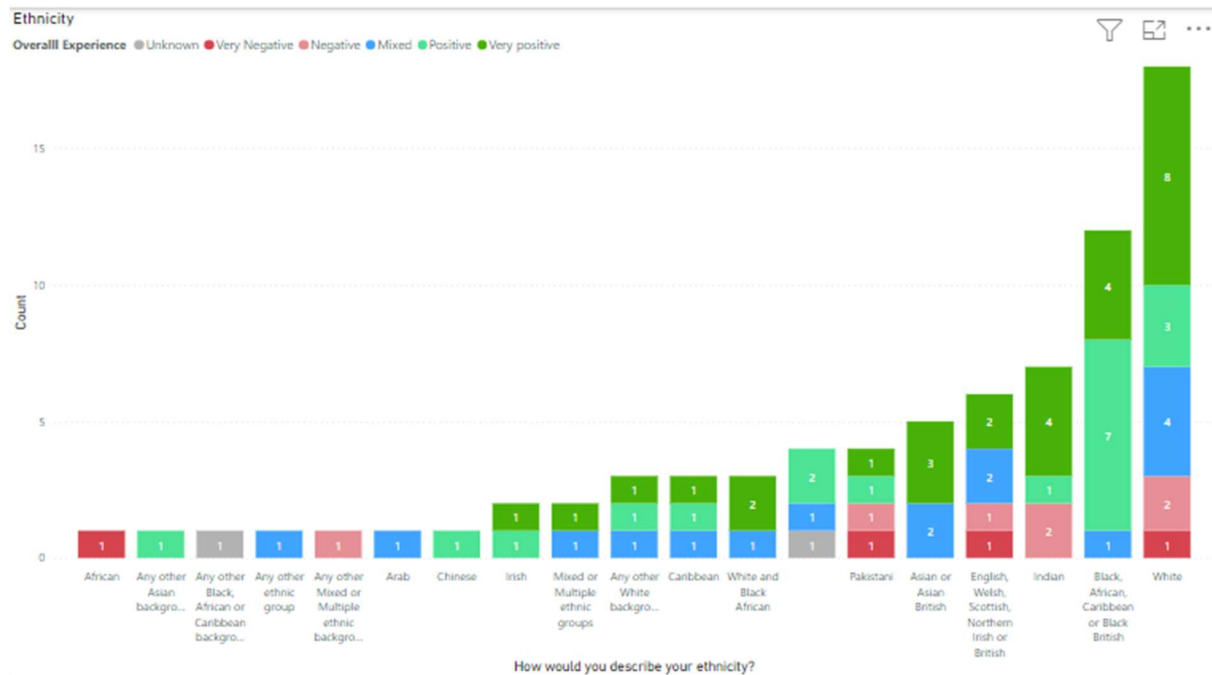
- Similar satisfaction compared with overall from White/White British, and higher dissatisfaction for Black, African Caribbean/ Black British, and Mixed/ multiple ethnic groups.

One Thornton Heath (N=95)



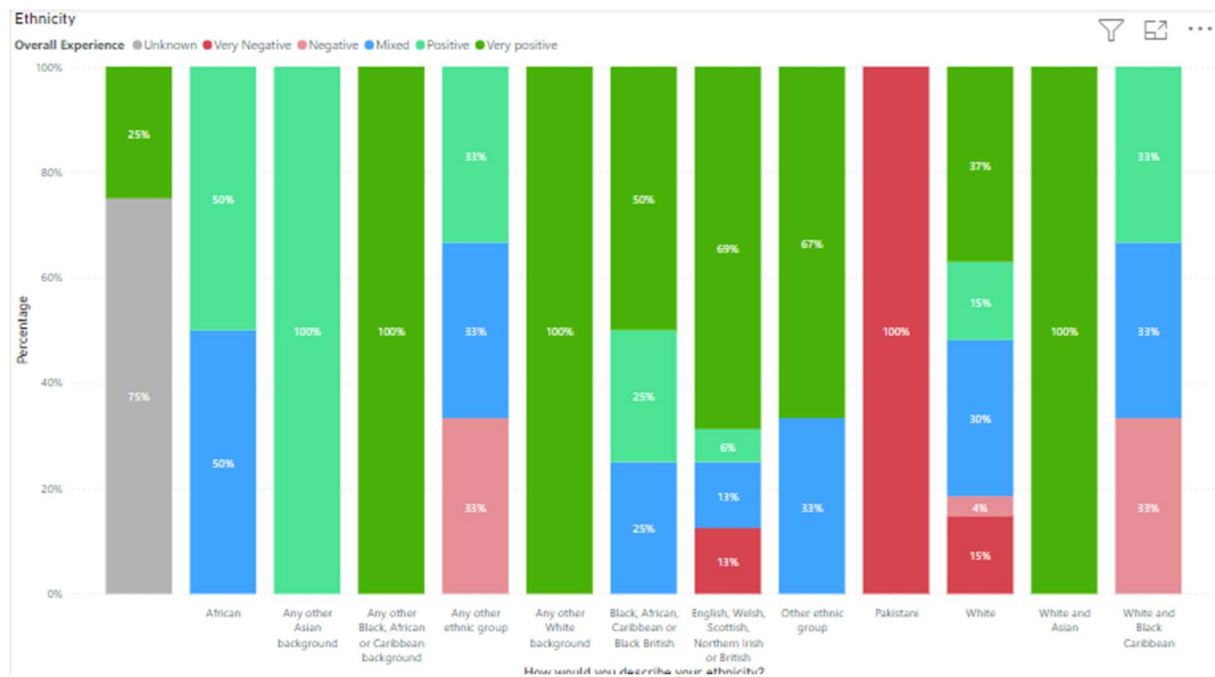
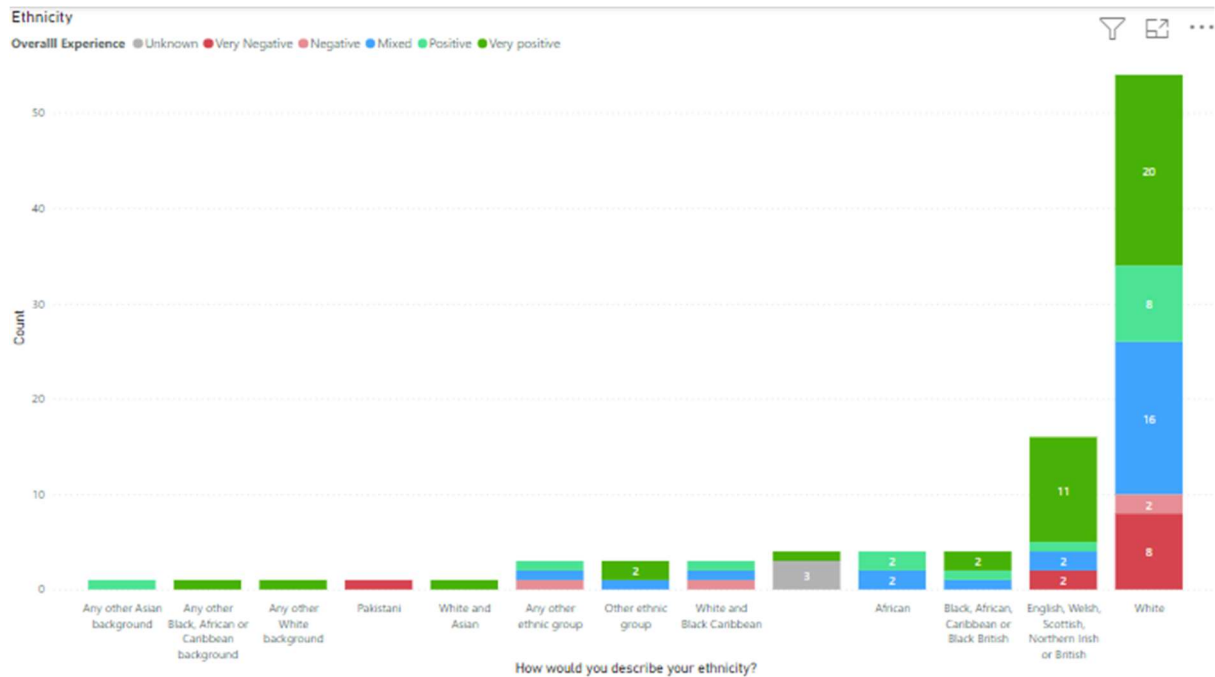
- Higher levels of dissatisfaction compared with overall from White/White British, similar levels with overall for Black, African Caribbean/ Black British, and African respondents.

Primary Care North Croydon (N=76)



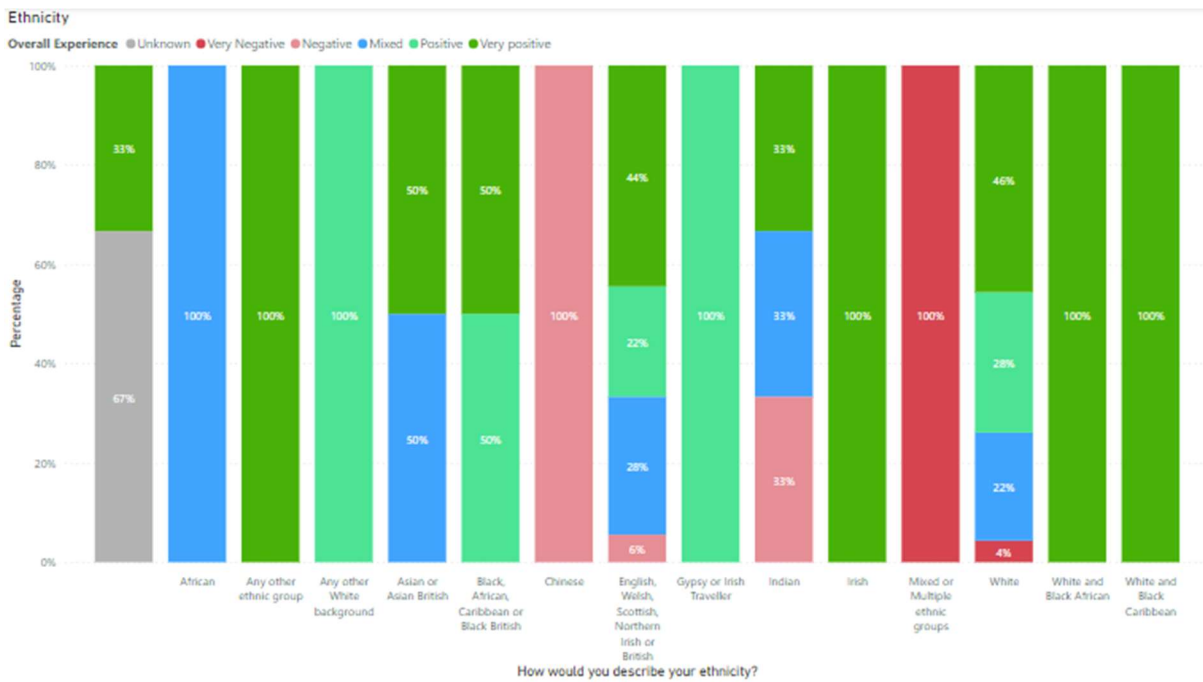
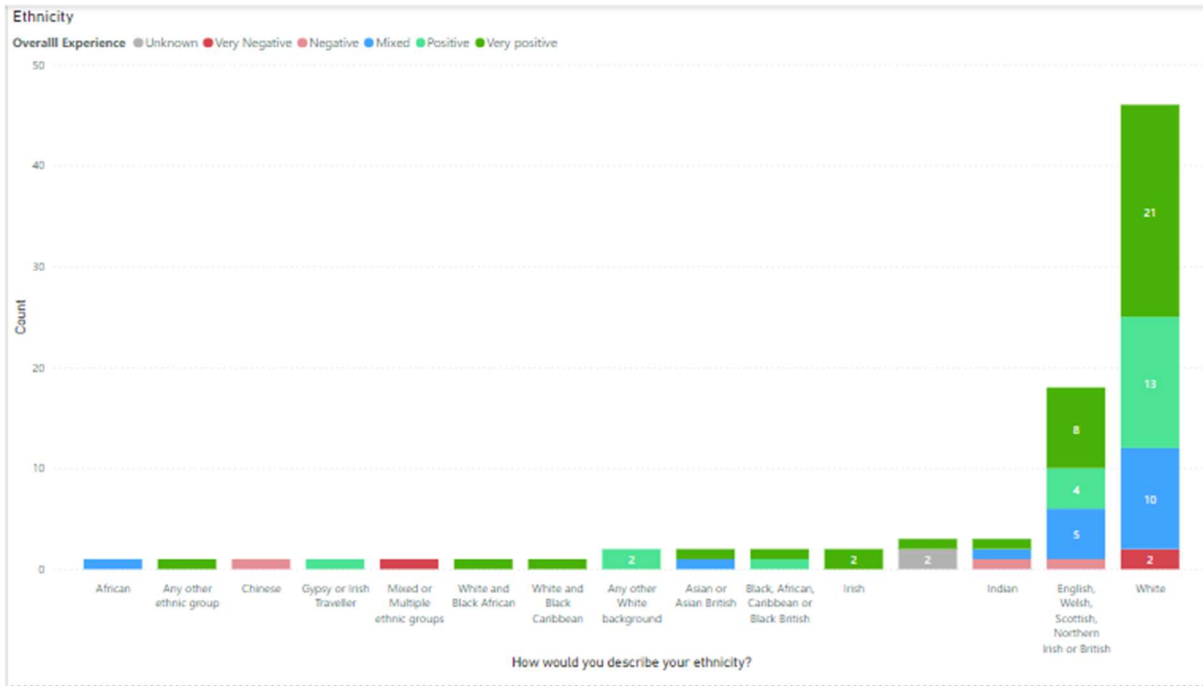
- Higher levels of dissatisfaction compared with overall with White/White British respondents, higher levels of satisfaction from Black African Caribbean/ Black British respondents.

SELNASH (N=96)



- Higher respondents than overall where White or British and had higher levels of dissatisfaction than overall. Black African, Caribbean/ Black British, and African had higher levels of satisfaction from low respondent numbers.

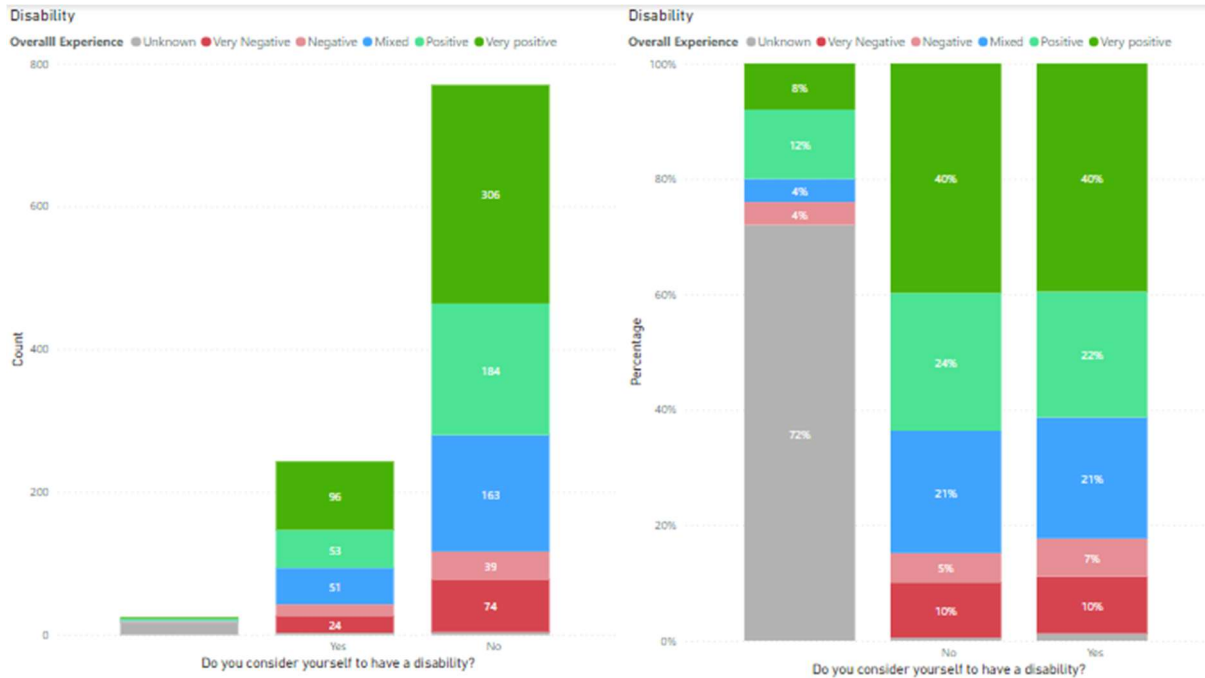
SPC Primary Health Care Network (N=85)



- Higher levels of satisfaction across all ethnicities, very few non-white respondents.

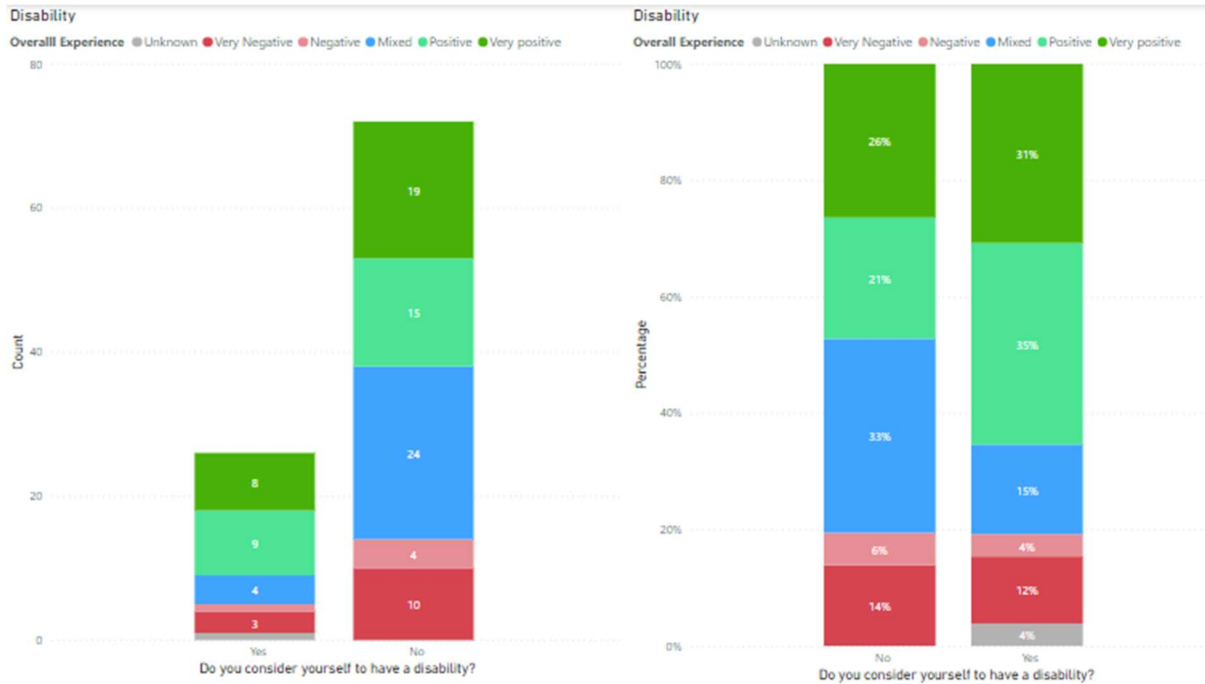
3.5 Patient satisfaction by PCN and disability

Overall (N=1038)



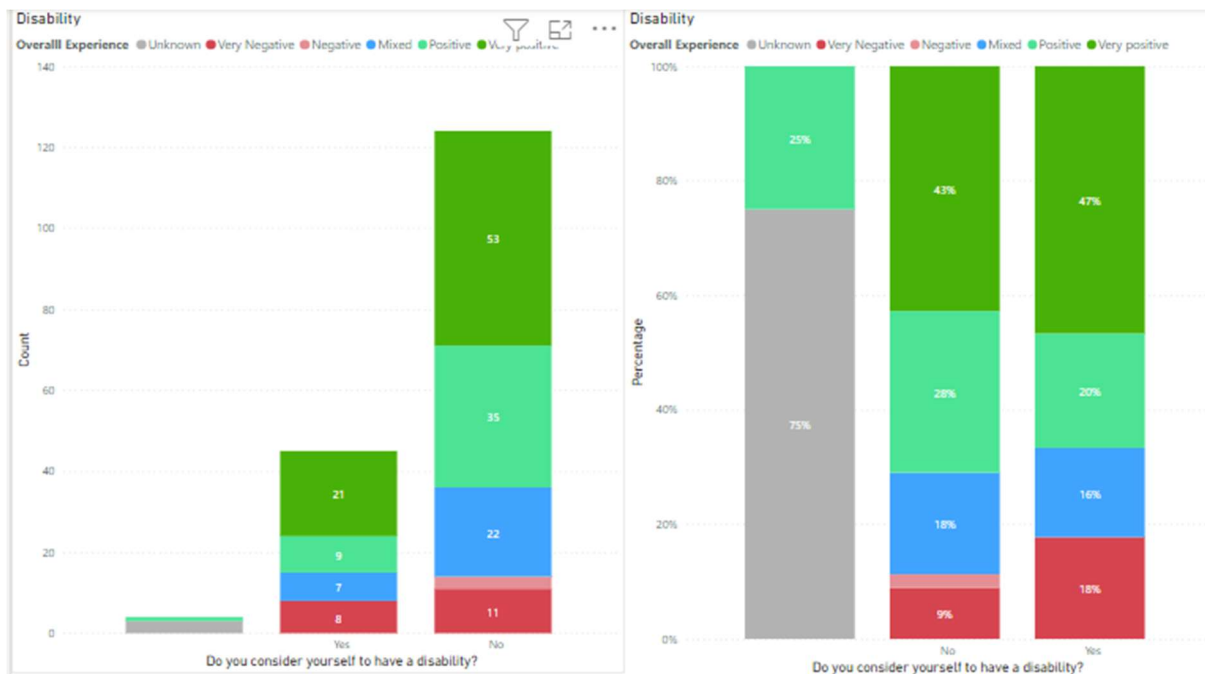
Disability did not seem to have an effect experience of services with the percentages almost mirroring between yes and no.

Central Croydon Network (N=98)



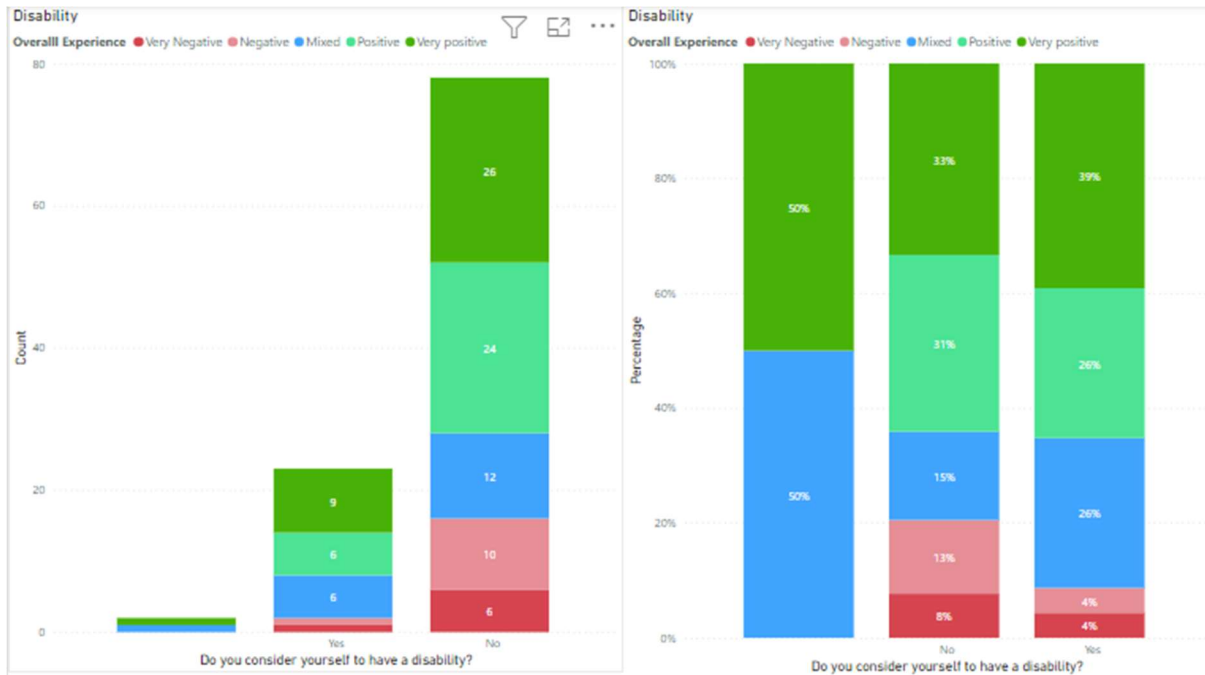
- Those who did have a disability were more satisfied than those who did not.

Croydon GP Super Network (N=173)



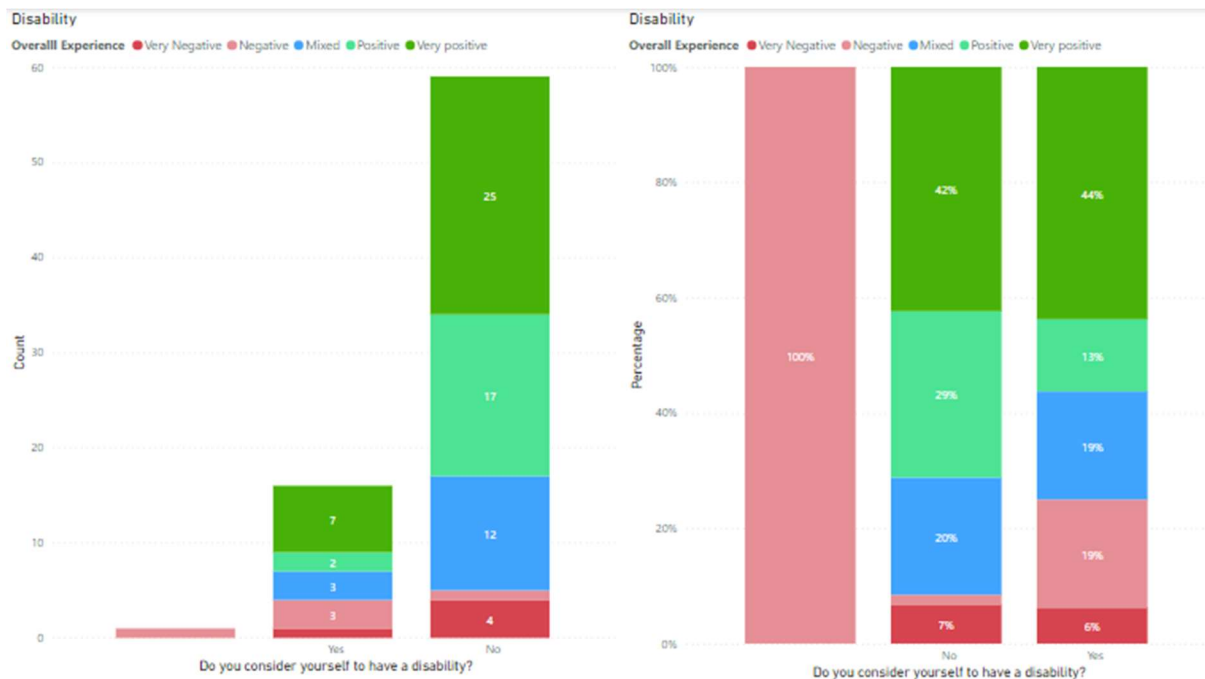
- Those who did not have a disability had higher levels of satisfaction, with nearly 1 in 5 of those with disability having a very negative experience.

GPNET (N=103)



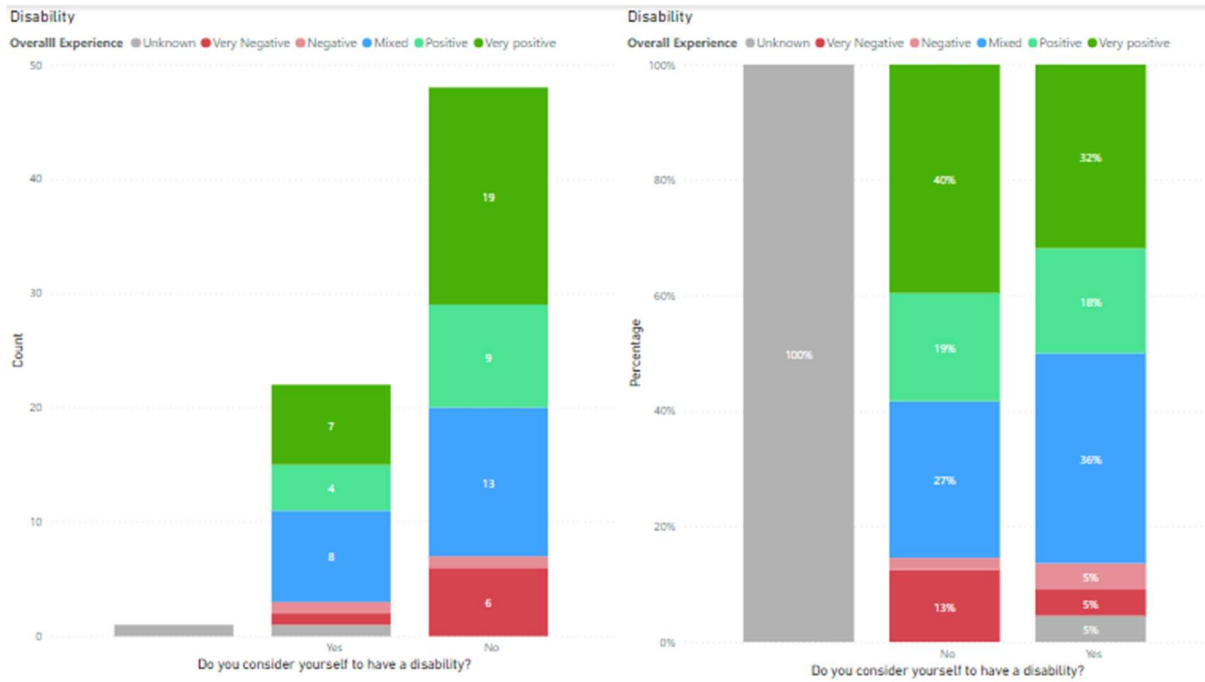
- Nearly 1 in 4 of those who do not have a disability rated dissatisfaction.

KMP Network (N=76)



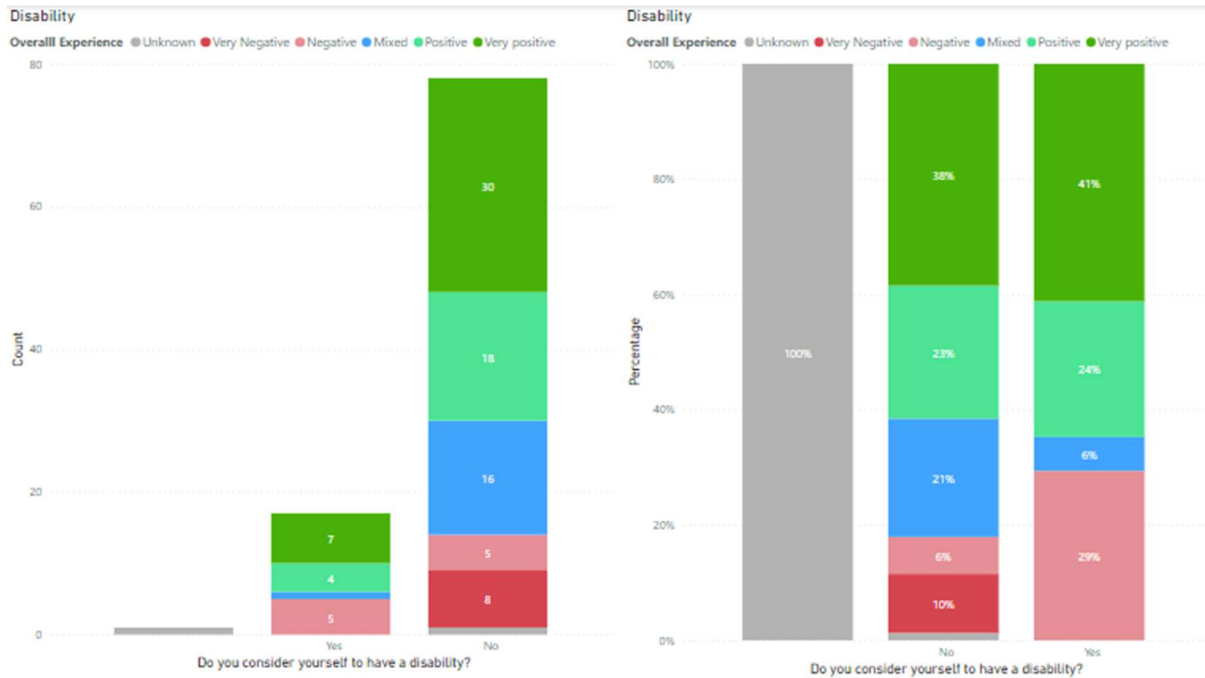
- A quarter of those with a disability had a worse experience - one of the highest, but from low sample numbers. Those without a disability were closer to overall sample.

Mayday South Network (N=71)



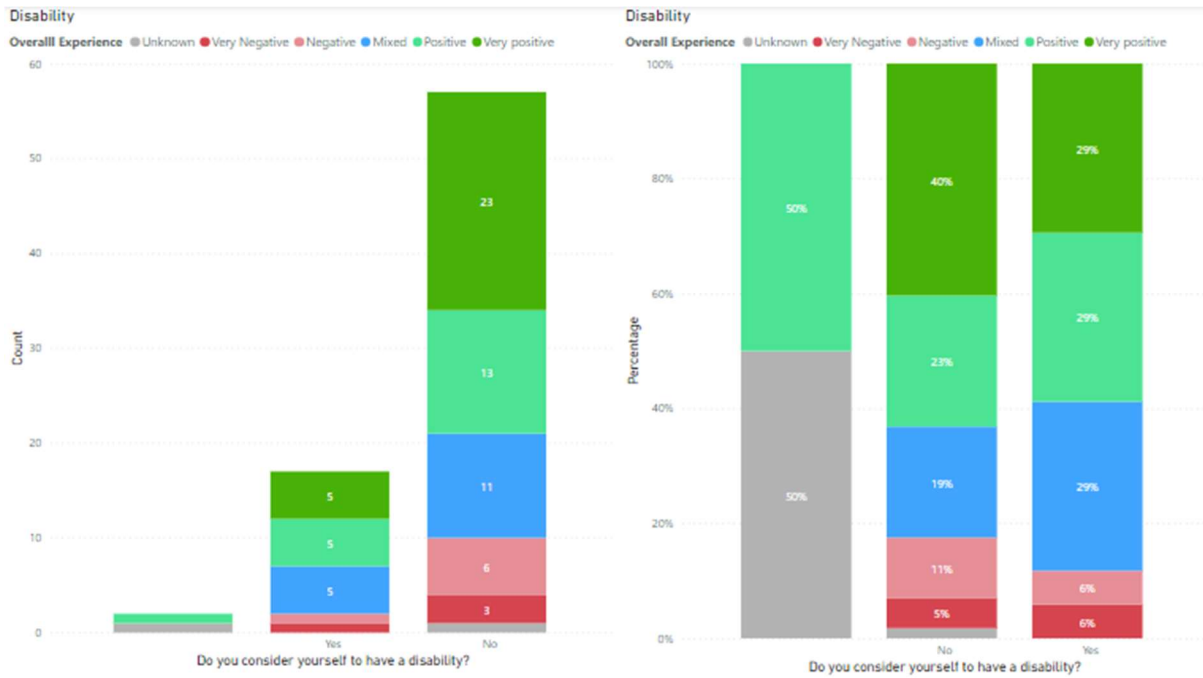
- For those with a disability, dissatisfaction levels were lower.

One Thornton Heath (N=95)



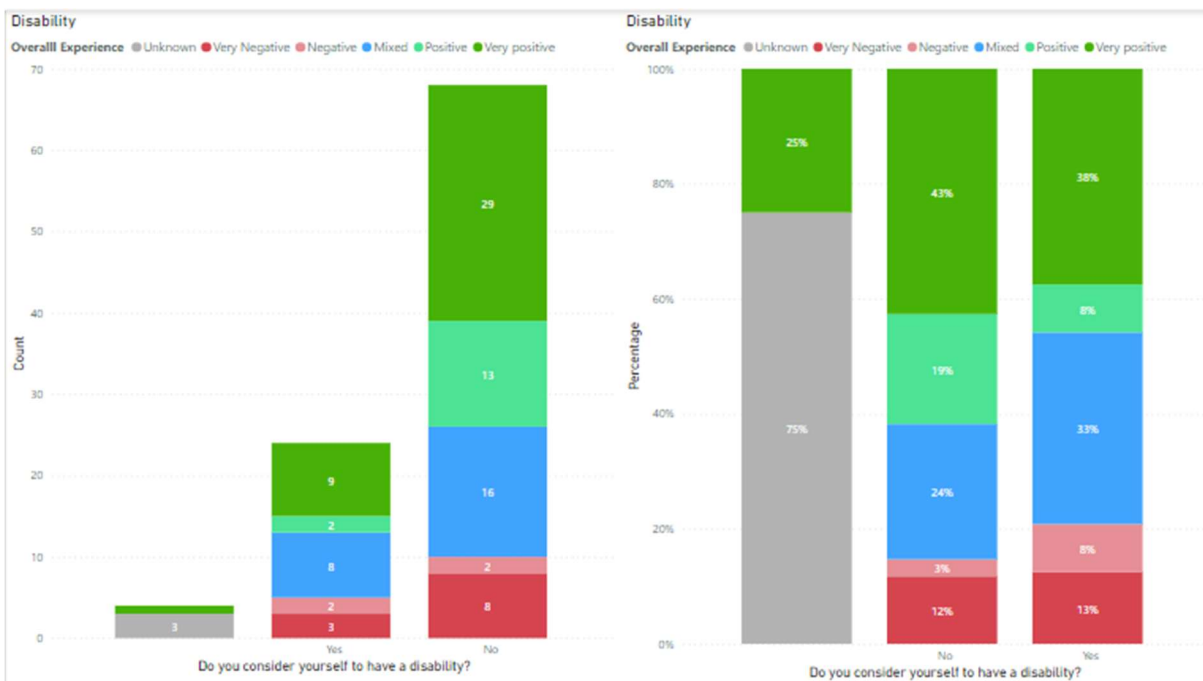
- For those with a disability, dissatisfaction levels were higher.

Primary Care North Croydon (N=76)



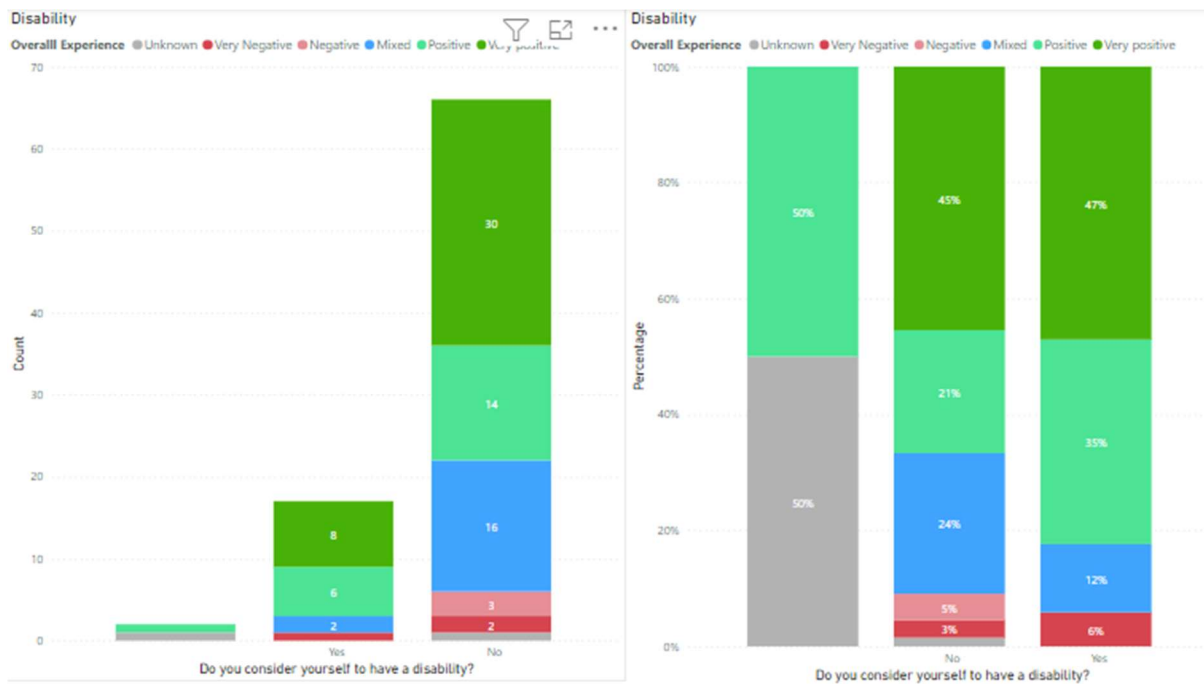
- Levels of dissatisfaction are lower for both.

SELNASH (N=96)



- Higher levels of dissatisfaction for those with a disability, compared with overall.

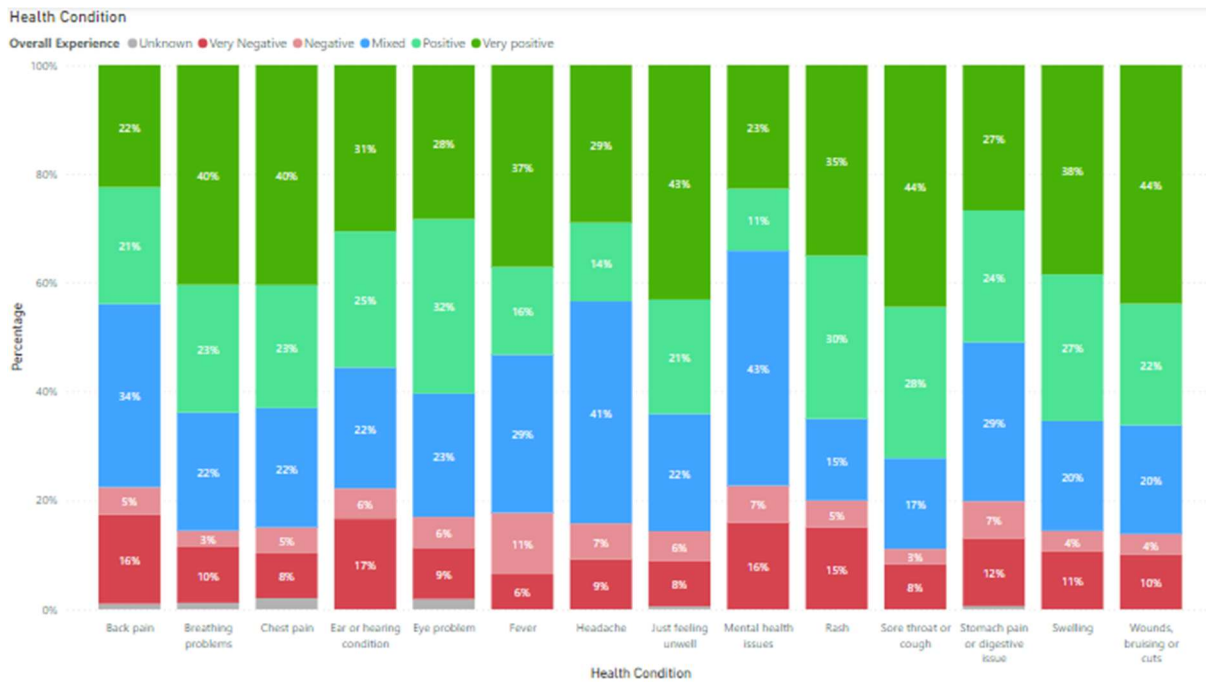
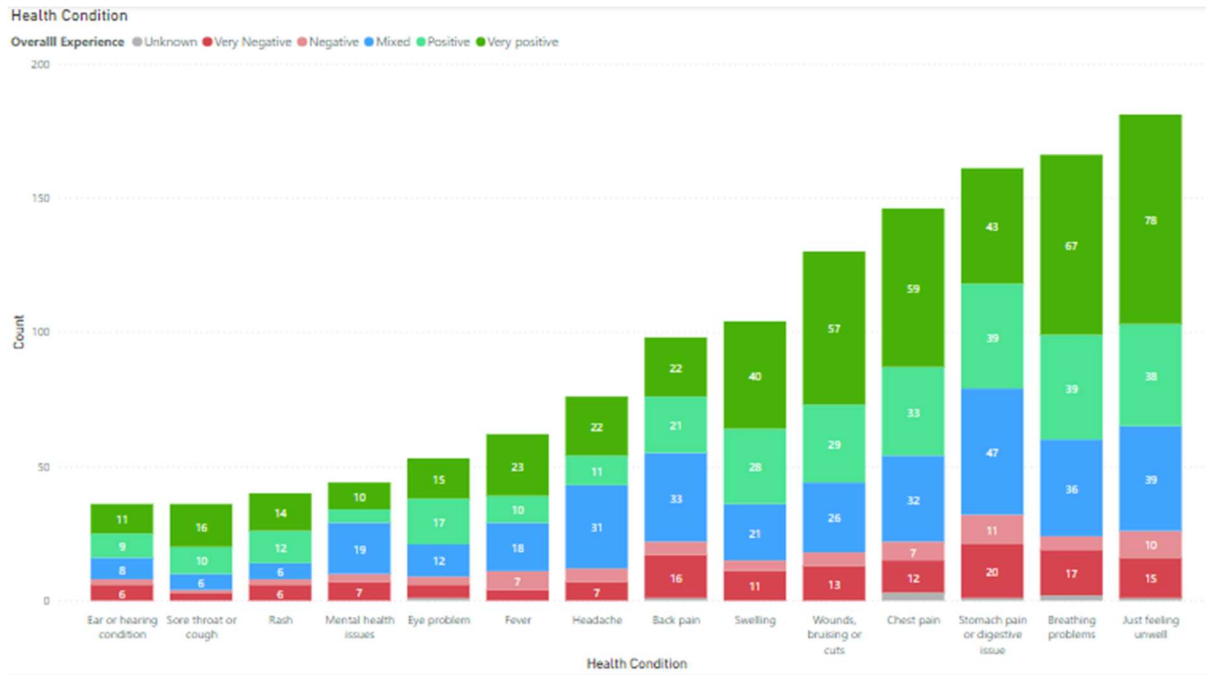
SPC Primary Health Care Network (N=85)



- Much higher levels of satisfaction for both.

3.6 Patient satisfaction by PCN and health condition during pathway

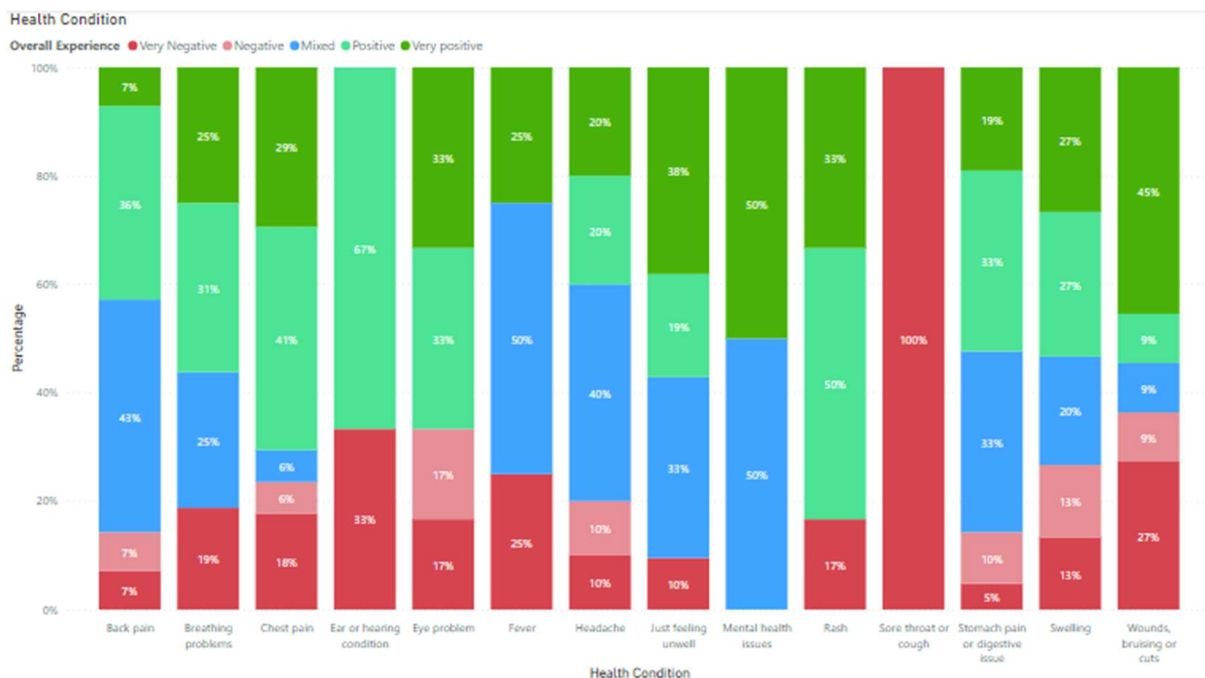
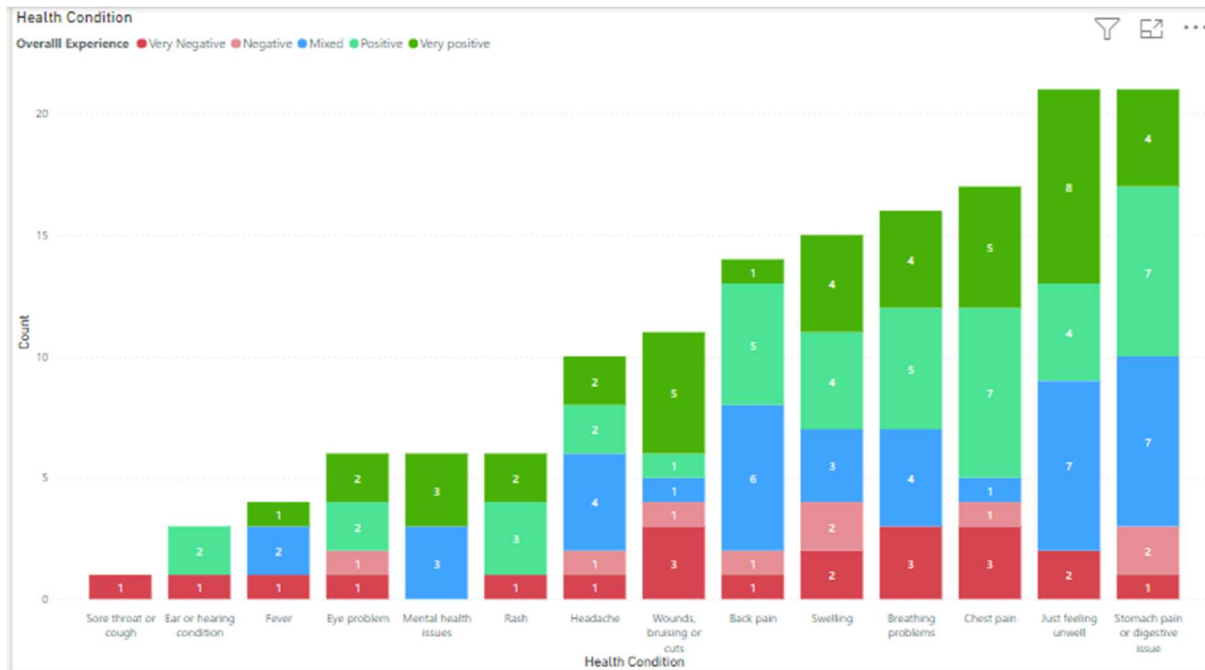
Overall (N=1038)



Health Condition

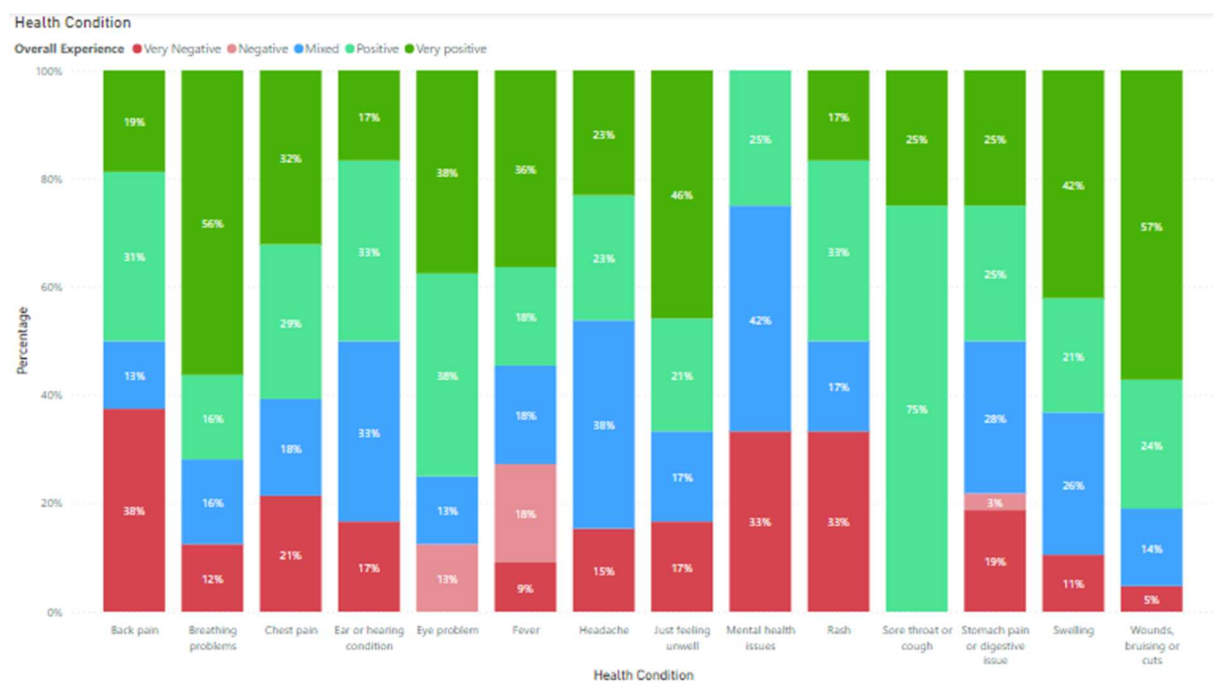
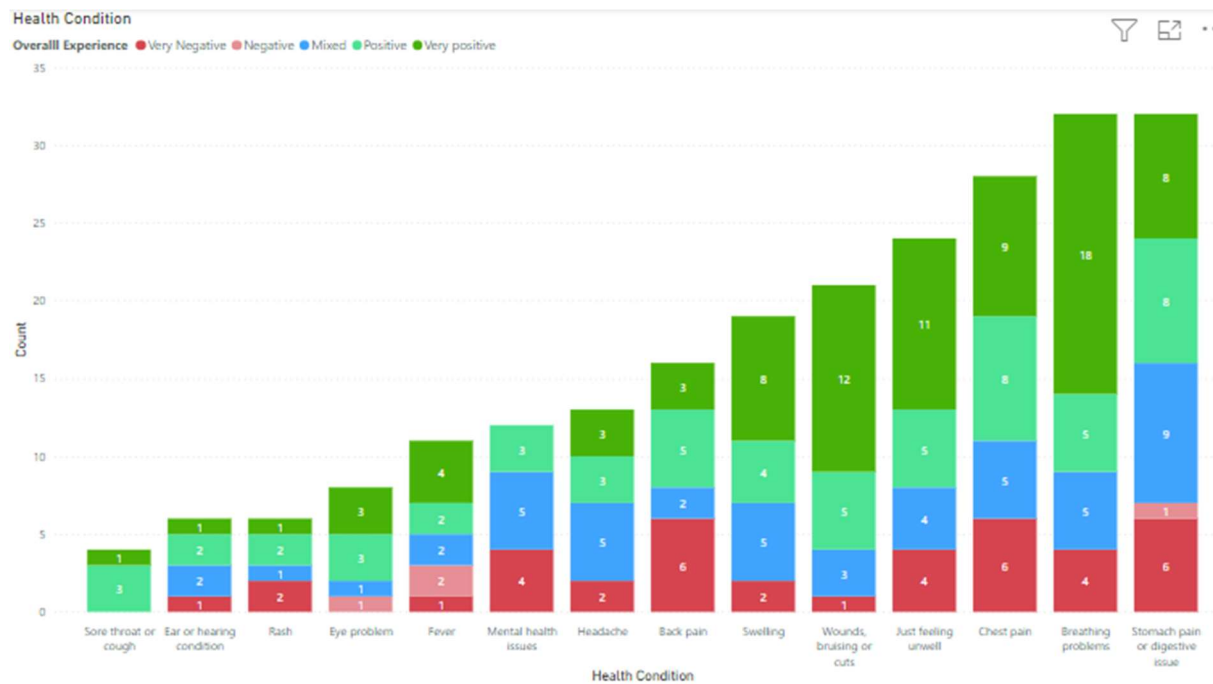
Just feeling unwell was the highest registered condition but also one that was more satisfied experience with 64% positive or very positive along with wounds (66%), sore throat or cough (72%) and breathing problems and chest pain (63%). Mental health had the highest levels of dissatisfaction with 25% negative or very negative, rash at 20%, ear condition (23%) and back pain (21%) and stomach pain or digestive issue (19%). While we do not know the details of these it may relate to the ease at which the issue can be managed and resolved or the length in time that people had to wait to be seen while in pain. It may suggest that communicating on waiting times, directing to services who can resolve these more easily than A&E or managing expectations on how long it will take to be relieved would improve satisfaction.

Central Croydon Network (N=98)



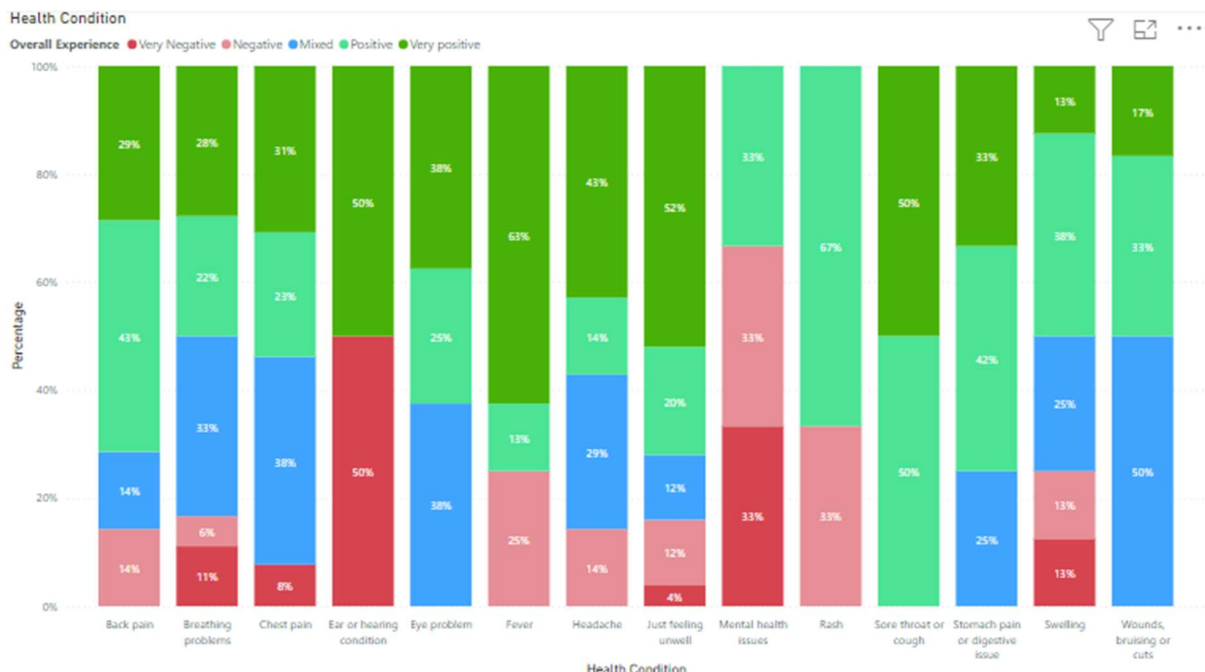
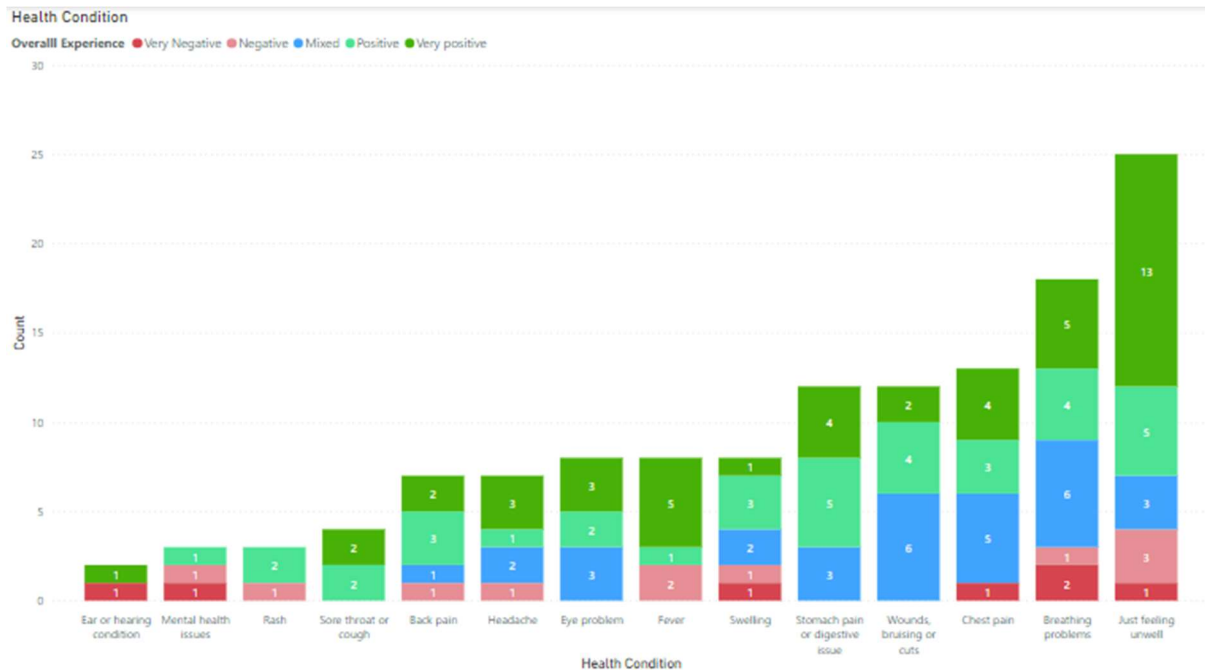
- There is a higher level of dissatisfaction across conditions. Those with wounds, breathing problems and chest pain had the lowest satisfaction ratings. Mental health had the highest satisfaction.

Croydon GP Super Network (N=173)



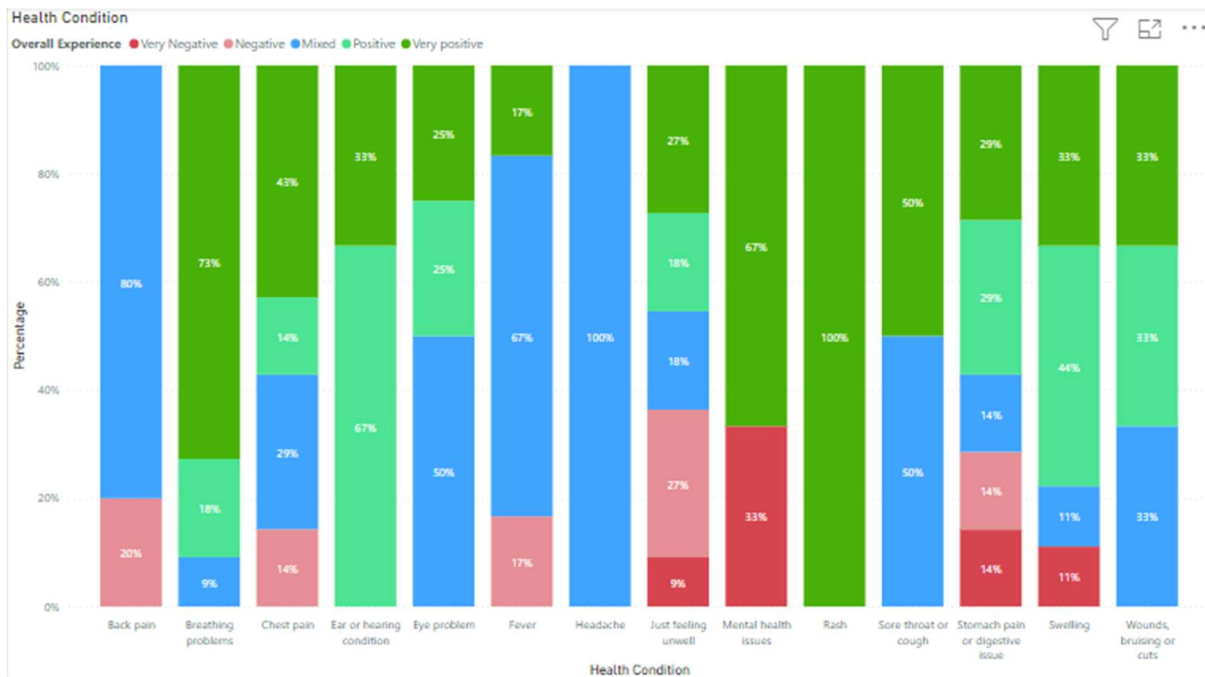
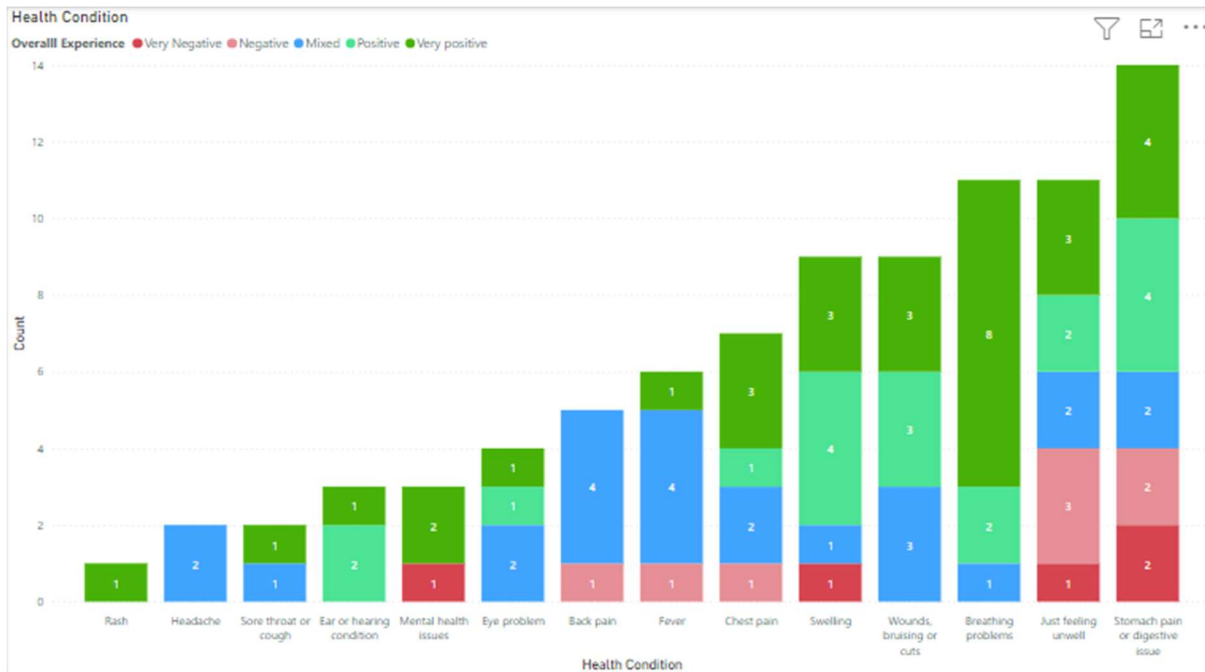
- There are higher levels of dissatisfaction here. Those with stomach pain, chest main and back pain had the lowest satisfaction ratings. Breathing problems and wounds had the highest satisfaction.

GPNET (N=103)



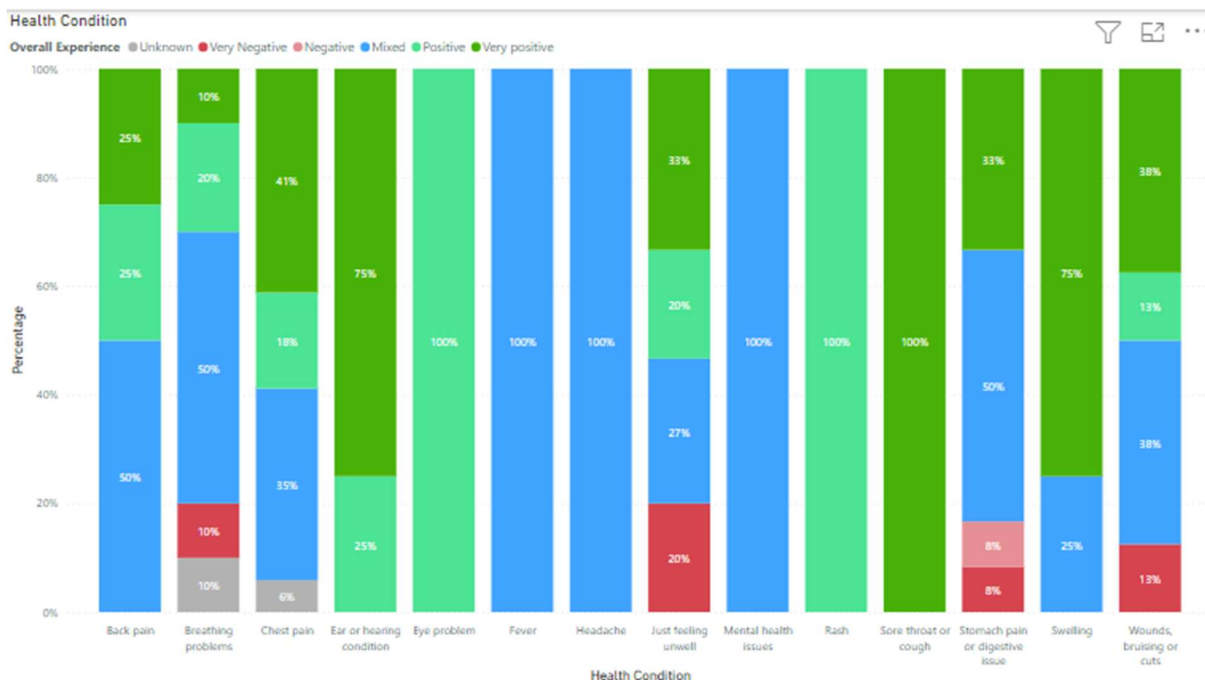
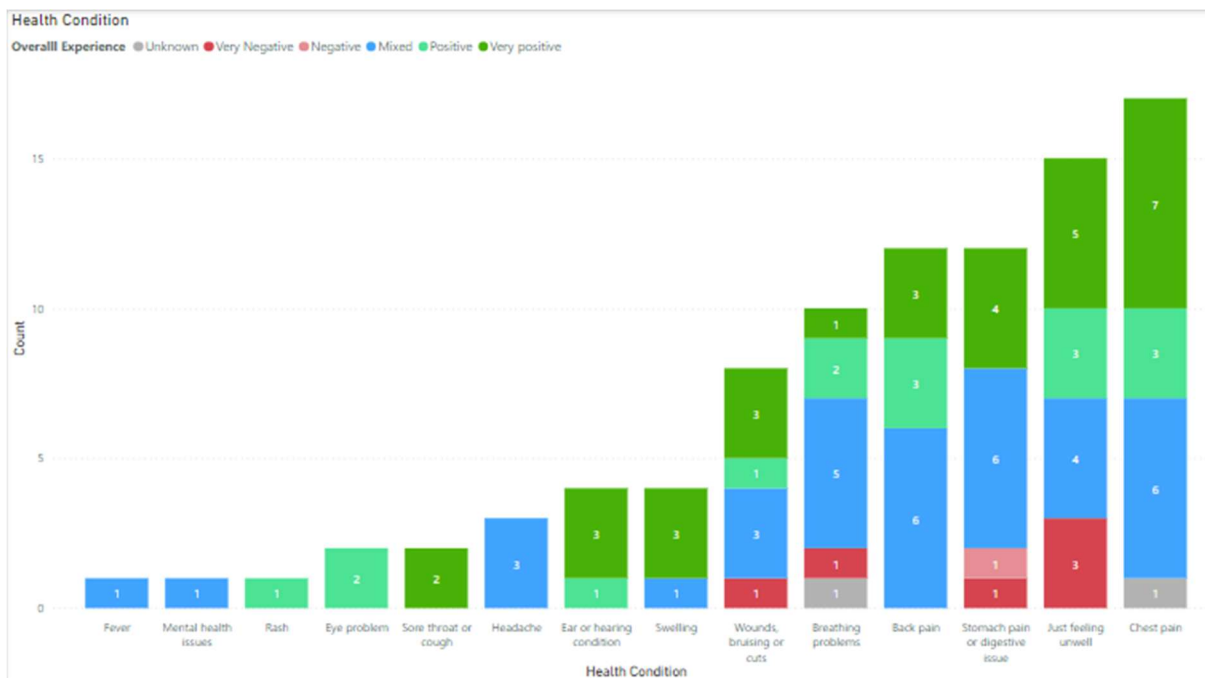
- Satisfaction levels were higher here with very few registering very negative or negative satisfaction - those with breathing problems or just feeling unwell having worse satisfaction levels. Those with stomach pain had higher levels of satisfaction.

KMP Network (N=76)



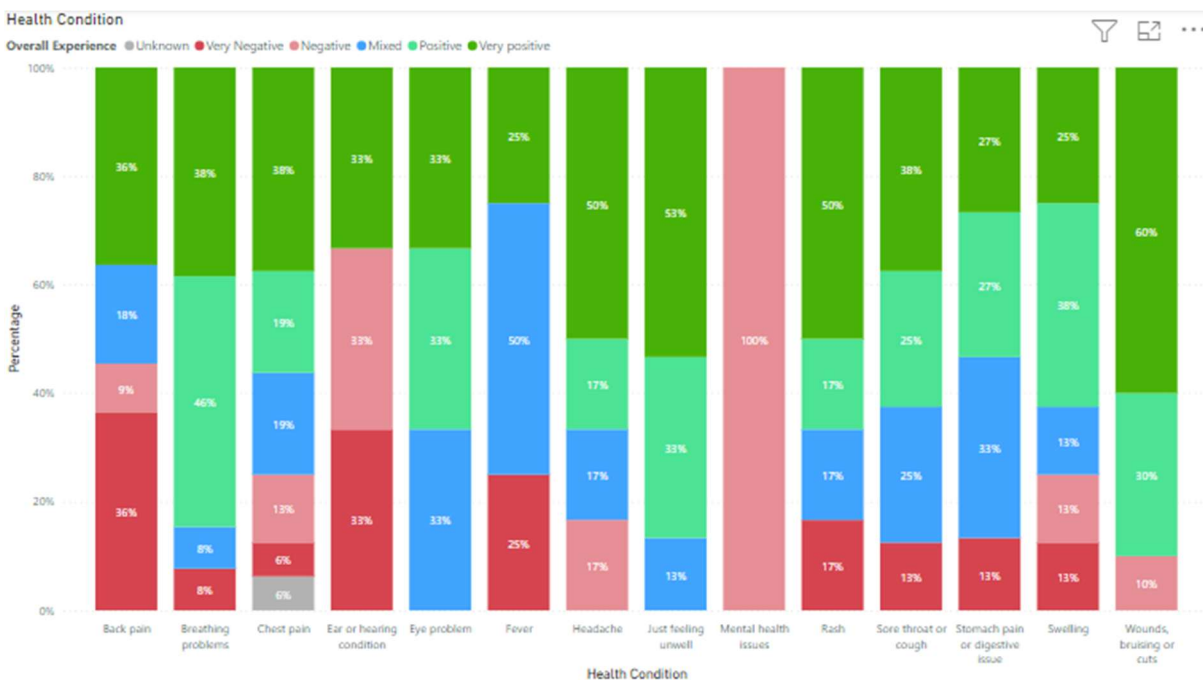
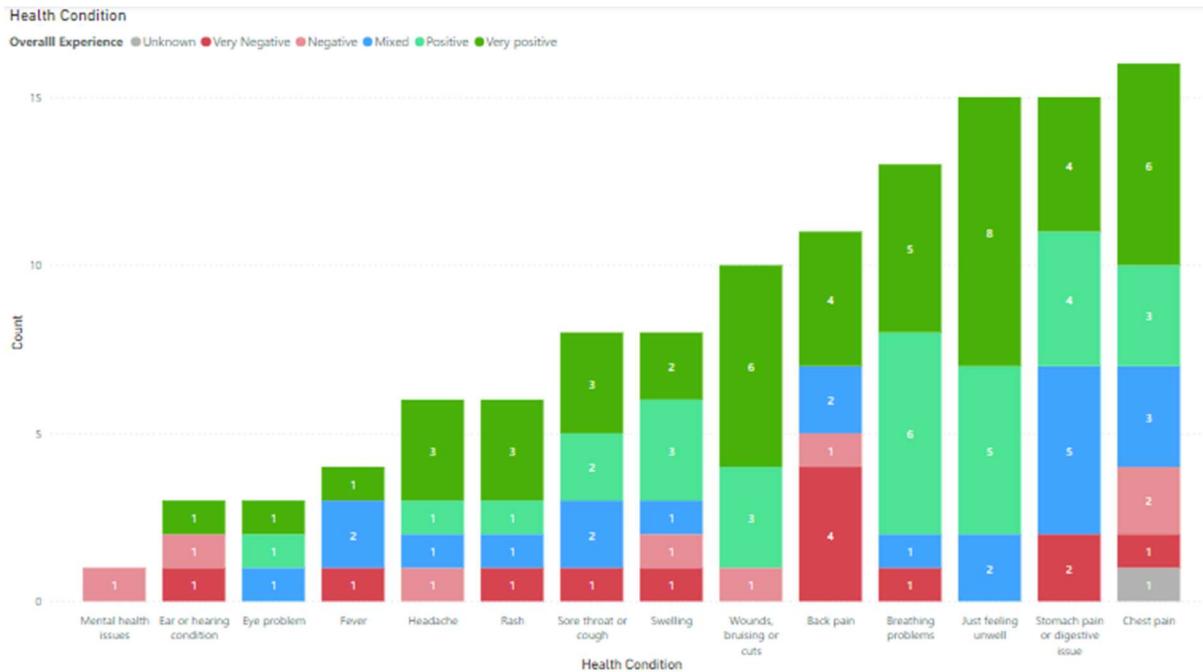
- Stomach pain and just feeling unwell were the highest levels of dissatisfaction, breathing problems have the highest level of satisfaction.

Mayday South Network (N=71)



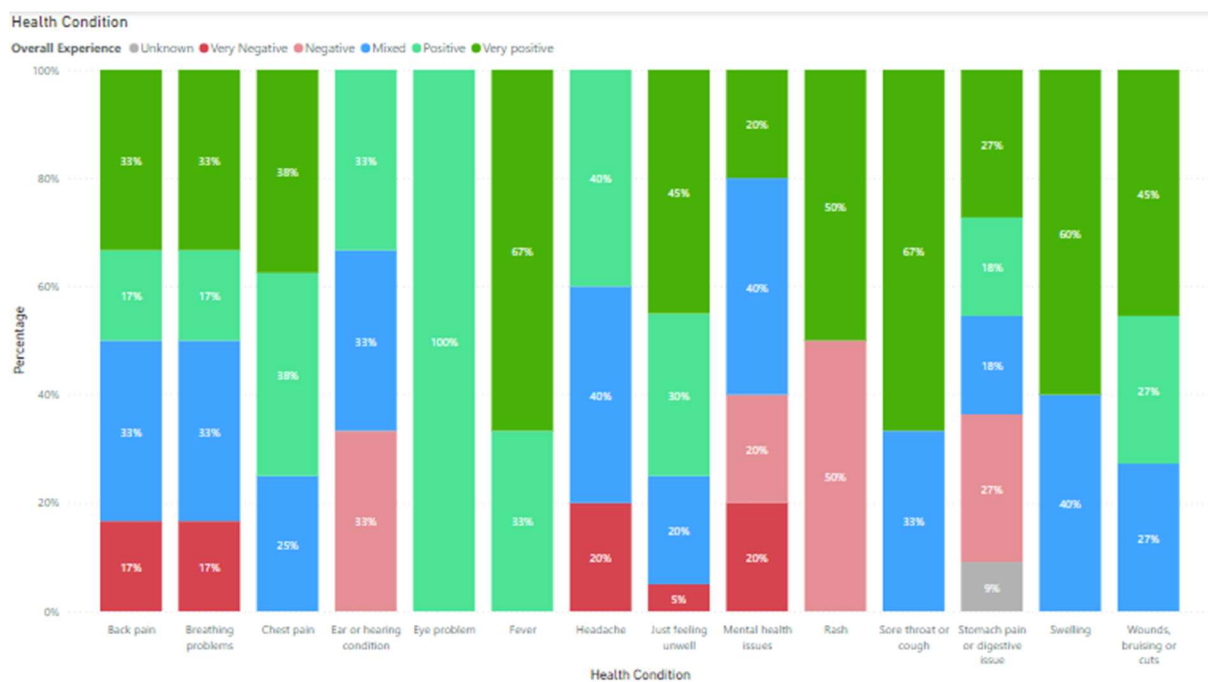
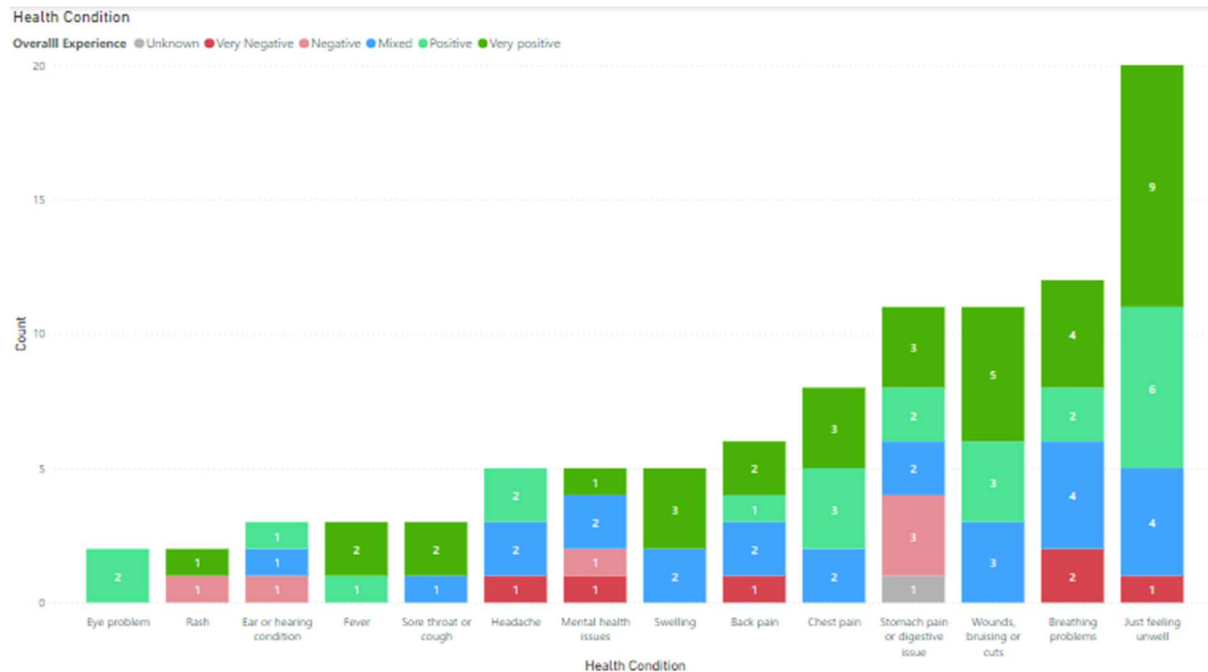
- Just feeling unwell had lowest level of satisfaction and chest pain and ear problems had the highest satisfaction.

One Thornton Heath (N=95)



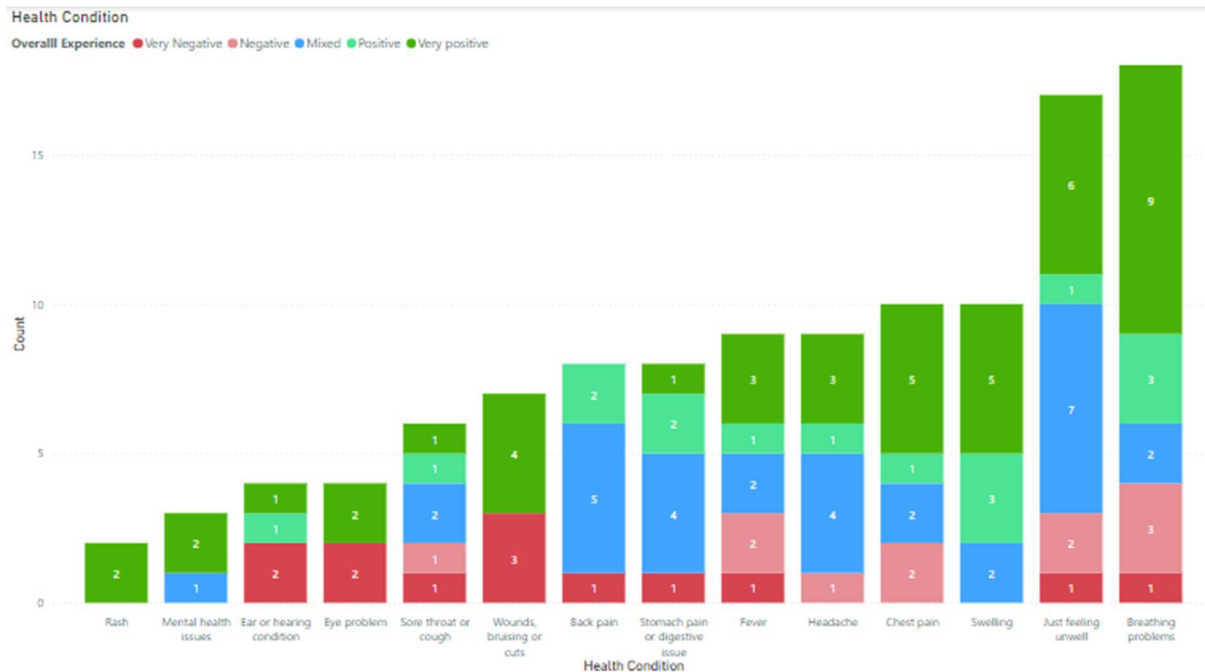
- Back pain and stomach pain had the highest levels of dissatisfaction. Just feeling unwell and those with wounds had highest level of satisfaction.

Primary Care North Croydon (N=76)



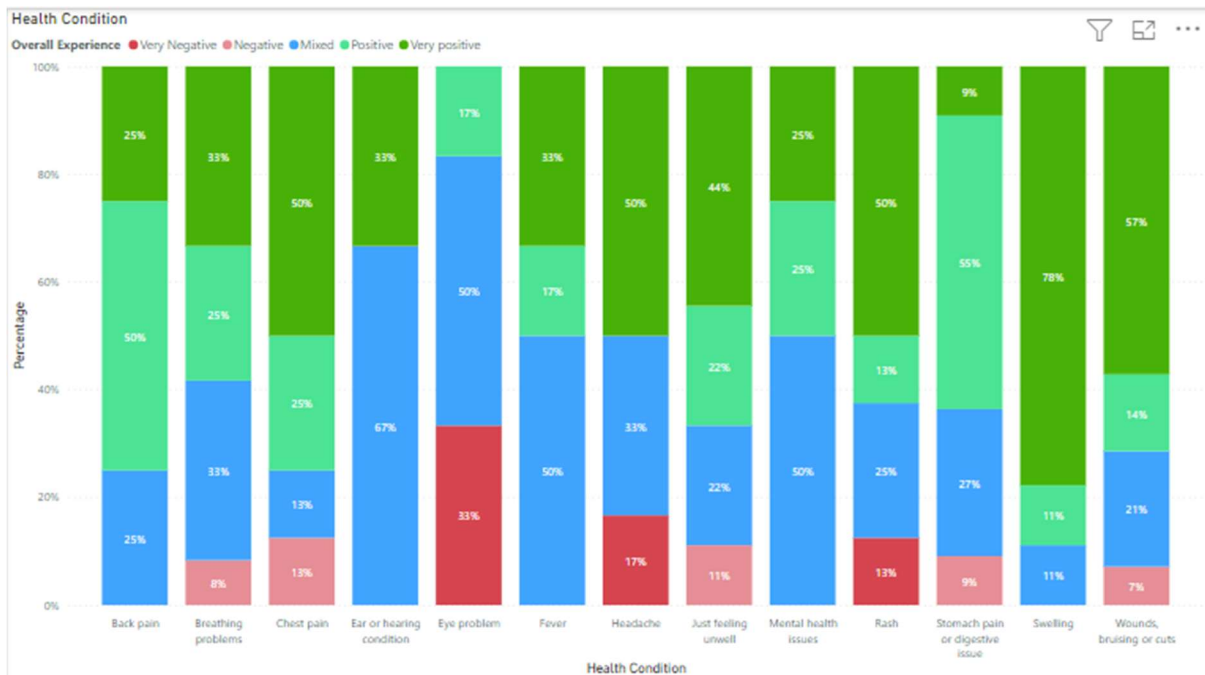
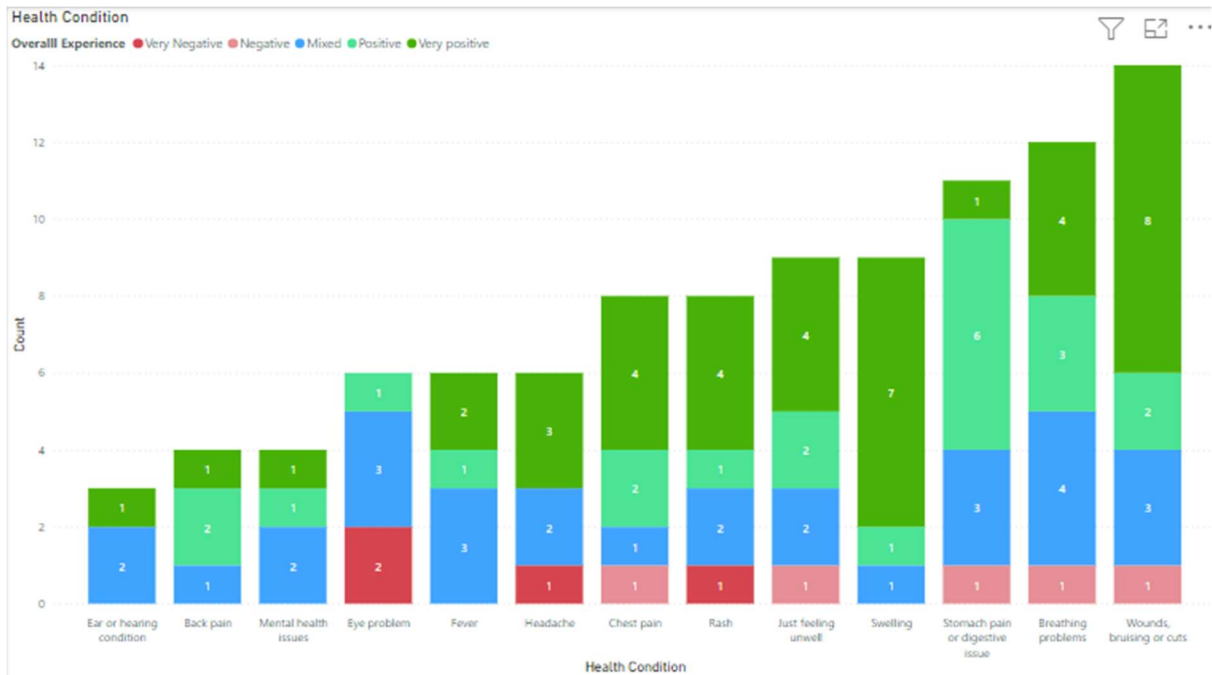
- Breathing problems had the highest level of dissatisfaction. Just feeling unwell and those with wounds had highest level of satisfaction.

SELNASH (N=96)



- There was a higher level of dissatisfaction here. Wounds and breathing were the highest levels. Swelling had highest level of satisfaction.

SPC Primary Health Care Network (N=85)



- There was a lower level of dissatisfaction here - mainly eye problems. Swelling and fever had highest level of satisfaction.

4 Statement and action plan

Paul Cooper, Programme Manager - Urgent and Emergency Care for Croydon, South West London Integrated Care Partnership:

“There are five recommendations arising from the Healthwatch report.

“It is very interesting to note that patients who contacted their GP or 111 had a lower number of touchpoints before they were treated. This information can be used to demonstrate that efforts to highlight those two primary access routes in communications and pr initiatives are well founded in evidence.

“Plans to provide a hub at the trust site over winter is supported by the first recommendation to integrate the GP hubs more fully into the urgent care pathway. Providing an onsite route to the hubs from ED means that patients whose option would have been travel to a hub site further away will no longer have any travel to access the service. Work is ongoing at a regional and national level to integrate pharmacy into the 111 pathways and there are ongoing communications initiatives to support the message that often a pharmacist can provide the care needed.

“The second recommendation is aligned to the development of NHS 111 and will be fed back to commissioners at a regional level. 111 is currently facing issues mirrored across much of the health and care sector such as recruitment and retention challenges, however, the recommendation demonstrates that 111 is supported by patients - which is encouraging.

“Further interrogation of the data and potentially further research to understand the cause of the disparity in experience of different groups (as defined by protected characteristics) and other factors may be required. Where there is clear evidence of a disparity providers will be supported to undertake their own research to understand why.

“The survey revealed that patients were not aware of the difference between a GP and a GP hub and there is work ongoing to ensure that the difference between services is in the name. This is an issue not only locally but throughout the NHS for example a variety of services are referred to as hubs. We need to get better at naming services something relatable to their patients.

“The survey was designed and facilitated in partnership with the Croydon Urgent and Emergency team who continue to work closely with Gordon at Healthwatch to interrogate and understand the findings.

“The analysis and subsequent report is the result of fantastic work carried out by Healthwatch Croydon.”

5 Quality assurance

Developing Research Questions

1. **Overall does the research ask the right questions?** Yes, Healthwatch Croydon reviewed other work and discussed with key stakeholders to ask questions that would be relevant to planning and delivery of this service.
2. **Has consideration been given to how the findings will be used?** This will be shared with local stakeholders such as commissioners and public health to influence future planning and service delivery
3. **Is the research design appropriate for the question being asked?** Yes, under the circumstances an online survey was consider the appropriate method.
4. **Has any potential bias been addressed?** Online surveys are sometimes completed by some ages and genders and ethnic groups for than others, and this is true in this case, but these limitations have been detailed in the report.
5. **Have ethical considerations been assessed and addressed appropriately?**
There were no significant ethical considerations with this survey.
6. **Has risk been assessed where relevant and does it include?**
 - a. **Risk to well-being** No significant risk.
 - b. **Reputational risk** Only in that we do not produce accurate results or do not deliver work in time to be effective.
 - c. **Legal risk:** No significant risk.
7. **Have appropriate resources been accessed and used to conduct the research?** Yes, staff time was used effectively. We also worked with NHS partners to shape this.
8. **Where relevant have all contractual and funding arrangements been adhered to?** This work was core work agreed by the Local Leadership Board, so no contract or funding was defined for this work.

Data Management

9. Is the collection, analysis and management of data clearly articulated within the research design? Yes.
10. Has data retention and security been addressed appropriately? Yes, all responses are were received on CitizenLab and downloaded appropriately.
11. Have the DPA/GDPR and FOIA been considered, and requirements met? Yes.

Thinking about Research Subjects

12. Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? i.e., the Mental Capacity Act Not relevant for this project
13. Has appropriate care and consideration been given to the dignity, rights, and safety of participants? All responses are received with anonymity.
14. Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes, this was presented within the survey.

Collaborative Working

15. Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? We worked closely with South West London NHS Clinical Commissioning Group who asked us to undertake this research to inform their decision-making. The project was shaped following discussions with them, and key protocols and policies were discussed and agreed.
16. Have any potential issues or risks that could arise been mitigated?

Risk	Level	Management
Not enough respondents.	Low	Continue promotion and time of the survey.
Information we receive not useful.	Low	Pre-test the survey and get feedback before launch. Review the survey to ensure we get the information we need
Timeliness of information.	Medium	Initially present early findings with a month of survey closing before submitting final draft later

17. Has Healthwatch independence been maintained? Yes, Healthwatch’s independence has been always maintained and it was Healthwatch Croydon’s decision to take this project on in response to a request from South West London Clinical Commissioning Group.

Quality Assurance

18. Has a quality assurance process been incorporated into the design? Yes.

19. Has quality assurance occurred prior to publication? Yes.

20. Has peer review been undertaken? Not relevant for this work.

Conflicts of Interest

21. Have any conflicts of interest been accounted for? There are no conflicts of interest.

Intellectual Property and Publication

22. **Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements?** This is owned by Healthwatch Croydon who are managed by Help and Care.
23. **Is the research accessible to the public?** Yes, this will be published on the Healthwatch Croydon website on 06.12.2022.
24. **Are the research findings clearly articulated and accurate?** To our best knowledge they are.

Evaluation and Impact

25. **Have recommendations been made for improving the service?** Yes.
26. **Has the service provider acted based upon the recommendations?** This report was fully accepted and is being used as part of the business case for Urgent and Emergency Care Transformation Plan for Croydon. A response to recommendations is shown above.
27. **Is there a plan in place to evaluate the changes made by the service provider?** Yes, Healthwatch Croydon is in continued conversations with the Urgent and Emergency Care Transformation team to evaluate developments.



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Call 0300 012 0235

Email info@healthwatchcroydon.co.uk

www.healthwatchcroydon.co.uk

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