



# Emergency Care

1 year review

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# About Healthwatch

Healthwatch Lancashire (HWL) was established in April 2013 as part of the implementation of the Health and Care Act 2012. A key role of HWL is to champion the views of people who use health and care services in Lancashire, seeking to ensure that their experiences inform the improvement of services. Healthwatch uses people's feedback to better understand the challenges facing the NHS and other care providers and we make sure people's experiences improve health and care for everyone – locally and nationally.

When working across Lancashire and South Cumbria, Healthwatch Lancashire also works in partnership with Healthwatch Blackburn with Darwen, Healthwatch Blackpool and Healthwatch Westmorland and Furness under Healthwatch Together to operate over the whole footprint of the Lancashire and South Cumbria Health and Care Partnership. Each Healthwatch organisation works in their own geographical area and is their own unique entity, providing a local approach to community engagement.

# Introduction

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In November and December 2021, HWT completed face to face engagements in Emergency Departments, Walk-in Centres and Urgent Treatment Centres, covering 17 sites across Lancashire and South Cumbria. HWT gathered feedback from 565 people, had 44 in-depth discussions and engaged with 16 focus groups.

The aim of this engagement was to support Lancashire and South Cumbria Health and Care Partnership with emergency care winter planning, messaging and communication. Feedback gathered highlighted patient experience and presentation at Emergency Departments, Walk-in Centres and Urgent Treatment Centres.

HWT analysed these findings and formulated a series of recommendations which was presented to the Lancashire and South Cumbria Health and Care Partnership.

One year on, HWT has revisited this piece of work and carried out further engagement at Emergency Departments, Walk-in Centres and Urgent Treatment Centres across Lancashire and South Cumbria. Findings from this phase of engagement will be analysed to investigate whether the recommendations given last year have been implemented and whether they have made an impact on patient experience and presentation.

Healthwatch Lancashire were responsible for engaging with patients from Central and West Lancashire.

**For more information about phase 1 of this project, the final project report and the insight summary into Central and West Lancashire report can be found on our website.**

# Previous recommendations

# Previous recommendations

The following recommendations were given in the final report:

## **NHS 111 service**

- Increase awareness of NHS 111 online and telephone
- Provide clearer understanding and expectations in relation to clinical call backs
- Make the NHS 111 process quicker
- Better promotion for parents of under 5-year-olds on the NHS 111 service
- Promote the service in various languages
- Provide additional information on the role of Walk-In-Centres, Urgent Treatment Centres and Emergency Departments whilst waiting to be connected.
- Make the NHS 111 online service easier to navigate and understand
- Use links with the voluntary sector and Council adult learning courses to provide training to members of the public on how to use the NHS 111 online service
- Provide more clarity that Emergency Departments/Urgent Treatment Centres/Walk-in-Centres are not an appointment-based service.
- Develop clearer messaging and communication by NHS 111 to direct those in need of treatment to the correct and most appropriate service (this includes online as well as by call handlers)

## **General practice**

- Promote extended access across Lancashire and South Cumbria to ensure that it is utilised by Primary Care for appointments
- Increase the number of face-to-face GP appointments
- Improve advertising of booking methods and alternatives to GP support
- Reduce the amount of time patients have to wait for a GP appointment

## Communication

- Use communication methods that best suit the demographics to advertise services and support
- Provide more information about services
- Enhance communication between services to create a smoother pathway
- Promote the Patient UK website and the Local Child Health Advice Booklet
- Provide transparency on waiting times for services
- Promote 'being prepared' for Emergency Departments

## Community pharmacy and self-care

- Increased promotion of the role of the community pharmacy

## Accessibility of services

- Create and advertise alternative places for blood tests and X-rays across the ICS
- Have more locally based Walk-in-Centres
- Better promotion of minor injuries units for members of the public
- Extended x-ray times at minor injuries units
- Increased mental health support in the community

These recommendations were presented to Lancashire and South Cumbria Health and Care Partnership who have since reported on the following:

1. The Urgent and Emergency Care Network that comprises of the NHS clinical leads from across Lancashire and South Cumbria are using our reports to inform their operational plans for 2022-23.
2. The North West Ambulance Service are looking at the patient experience of NHS 111 and NHS England Improvement shared our reports with their regional Health and Equalities Unit to be collated with the findings from across the other two Integrated Care Sectors (Greater Manchester and Cheshire & Merseyside).
3. NHS Communications leads in Clinical Commissioning Groups and Trusts are creating action plans to improve local communications based on feedback from people.
4. The Primary Care sub cell for Lancashire and South Cumbria shared that they would look at the primary care and pharmacy recommendations and work with secondary care colleagues too as there is some crossover between the findings.



# Methodology



# Methodology

Healthwatch Lancashire spoke to 52 people between November 2022 and March 2023. An online survey was advertised on social media and through an e-newsletter and face to face engagement was carried out through the following visits:

Site	Date and time
Skelmersdale Walk-in Centre	12 <sup>th</sup> January 10am-12pm
Lancaster Emergency Department	16 <sup>th</sup> February 1pm-3pm
Preston Emergency Department	27 <sup>th</sup> March 2pm-4pm

The online survey asked respondents if they were happy to be contacted to discuss their experiences further. As a result, one in-depth case study was collected.

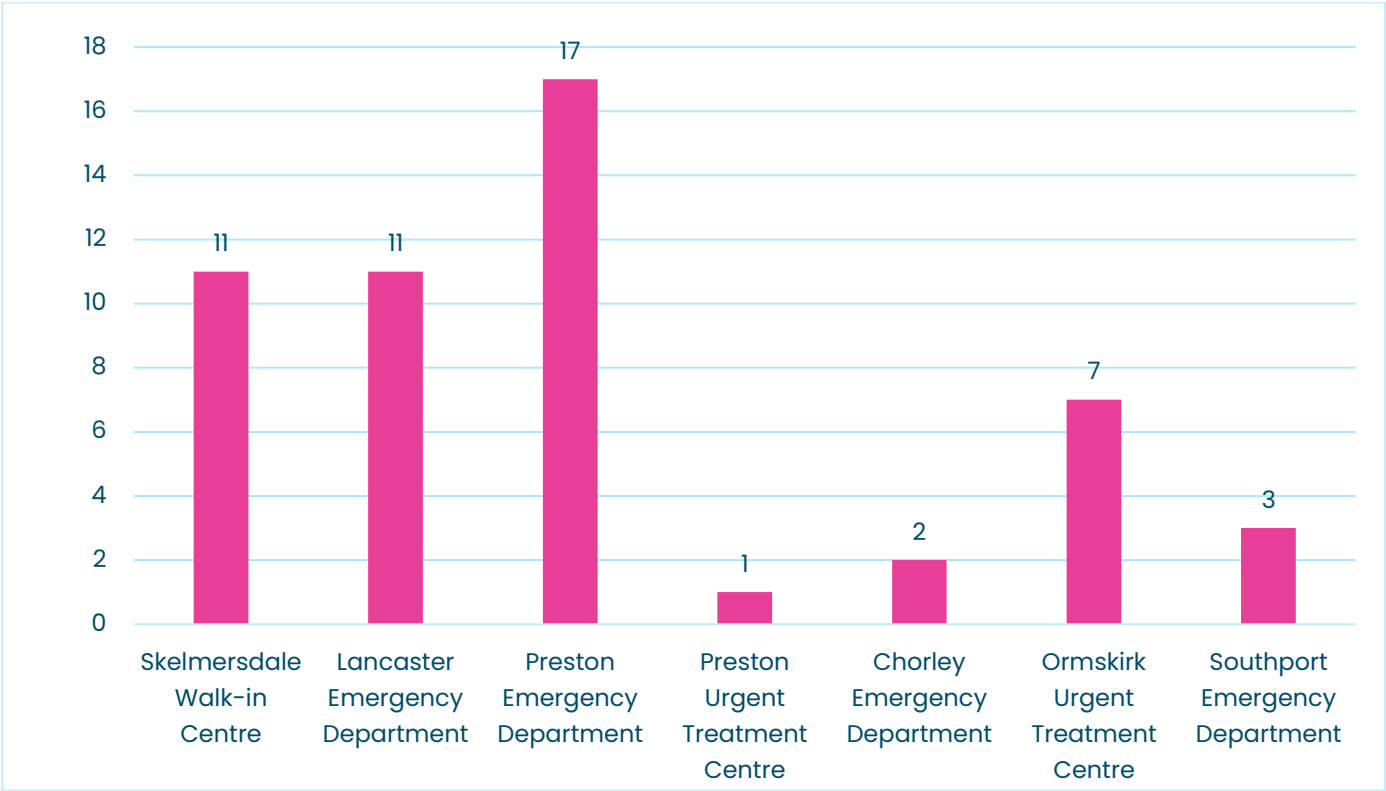
# Demographics



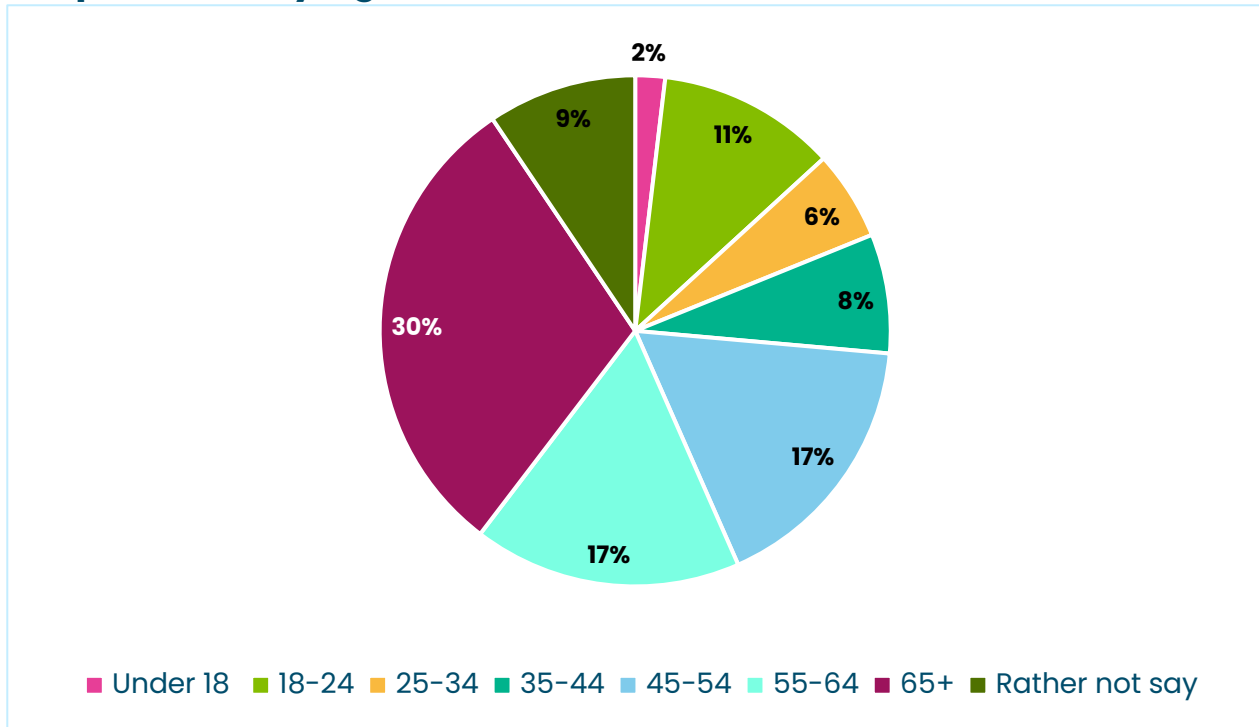
# Demographics

The following information shows the demographics captured through 52 respondents.

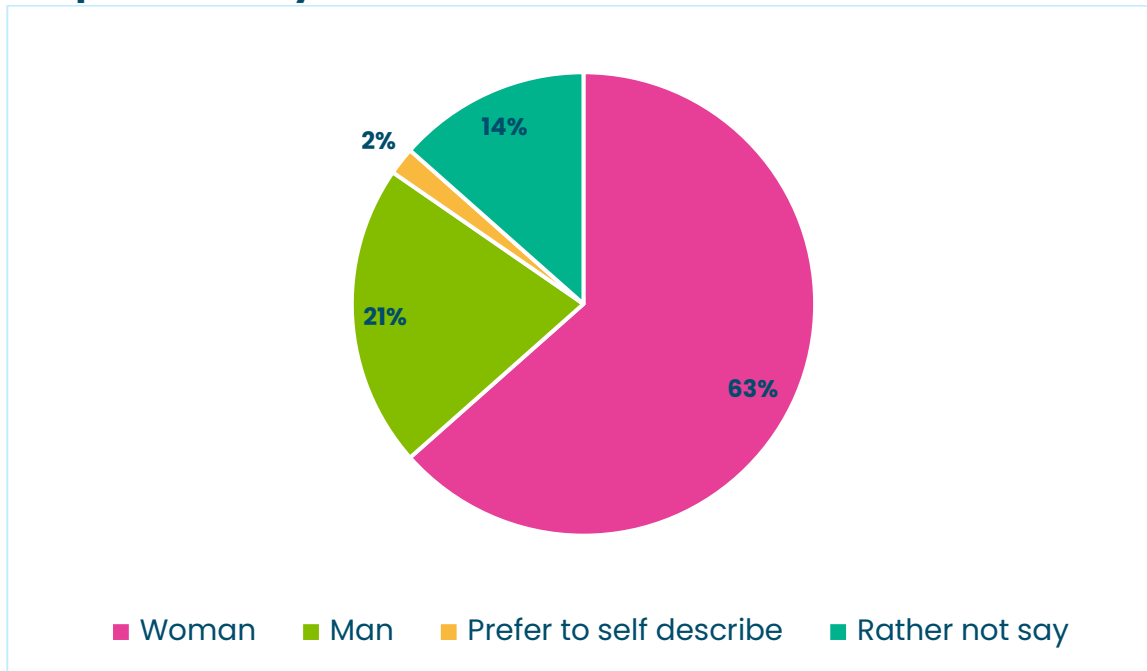
## Respondents by site visited



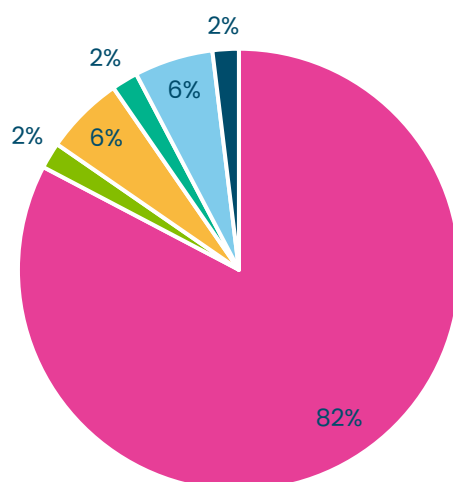
## Respondents by Age



## Respondents by Gender



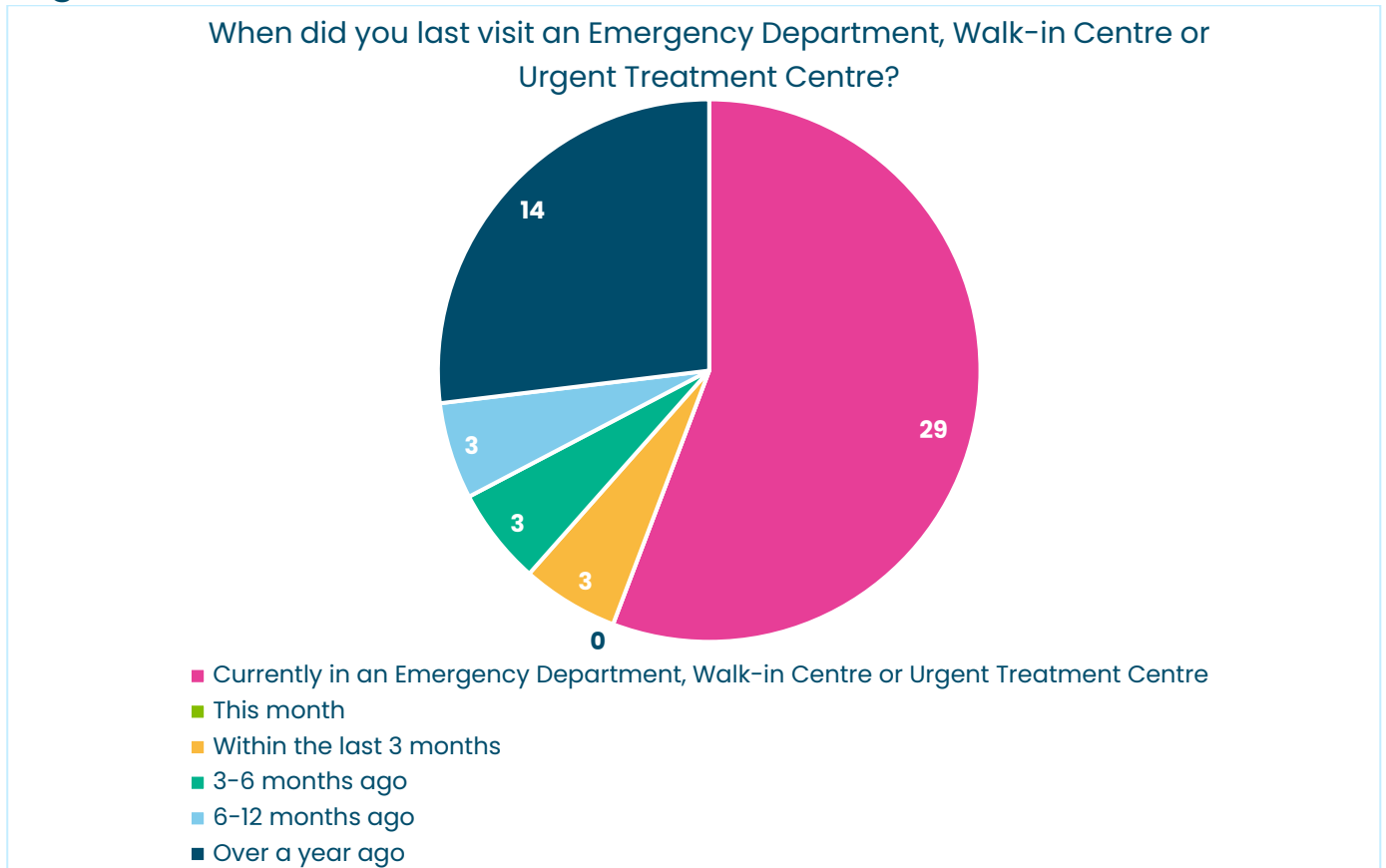
## Respondents by Ethnicity



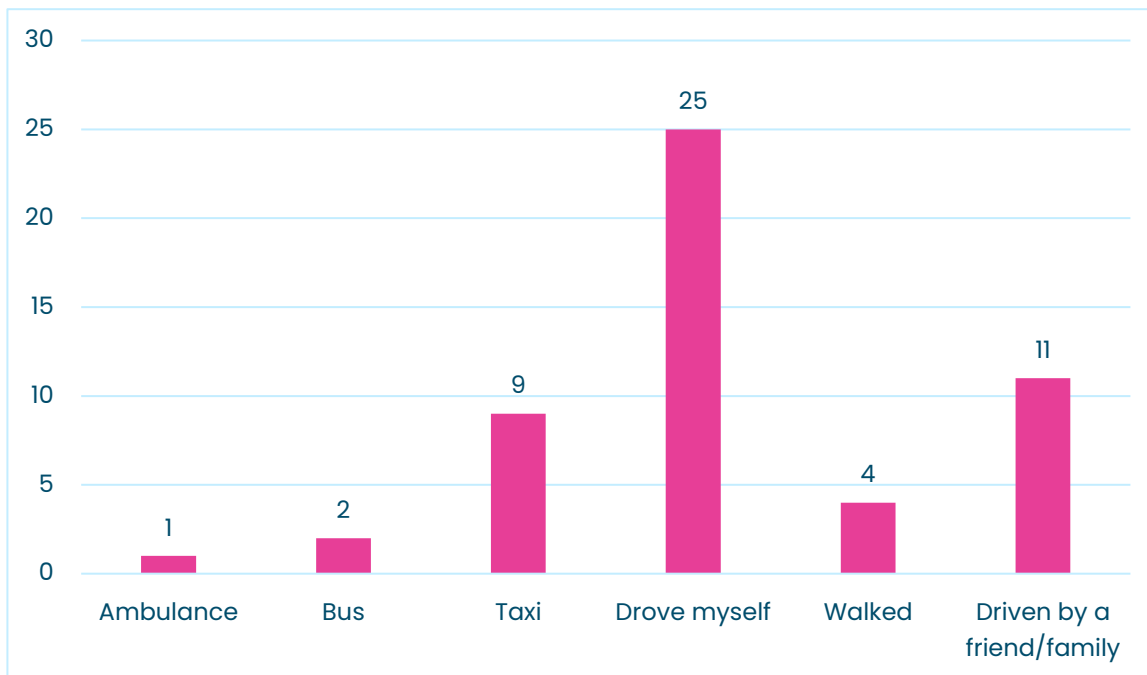
- White/White British (any other White background)
- Black/Black British (African, Carribean, any other Black background)
- Asian/Asian British (Bangladeshi, Chinese, Indian, Pakistani, any other Asian background)
- Mixed/Multiple ethnic groups
- Rather not say
- Other

# Analysis of findings

## When did you last visit an Emergency Department, Walk-in Centre or Urgent Treatment Centre?

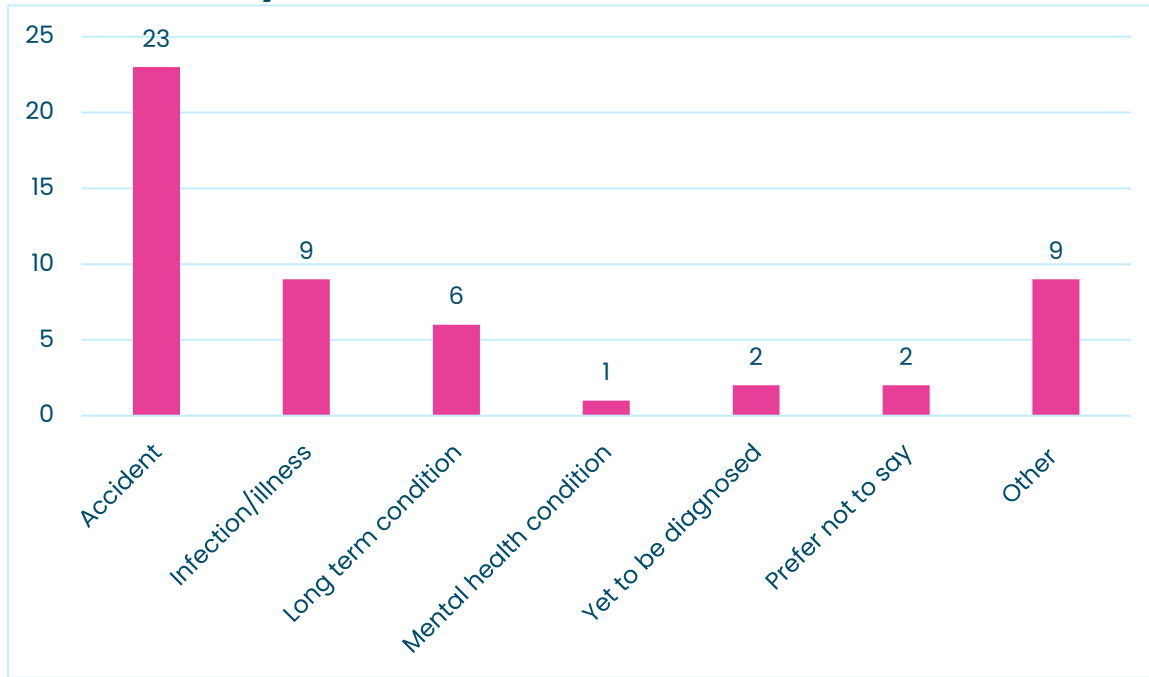


## How did you travel to the Emergency Department, Walk-in Centre or Urgent Treatment Centre?



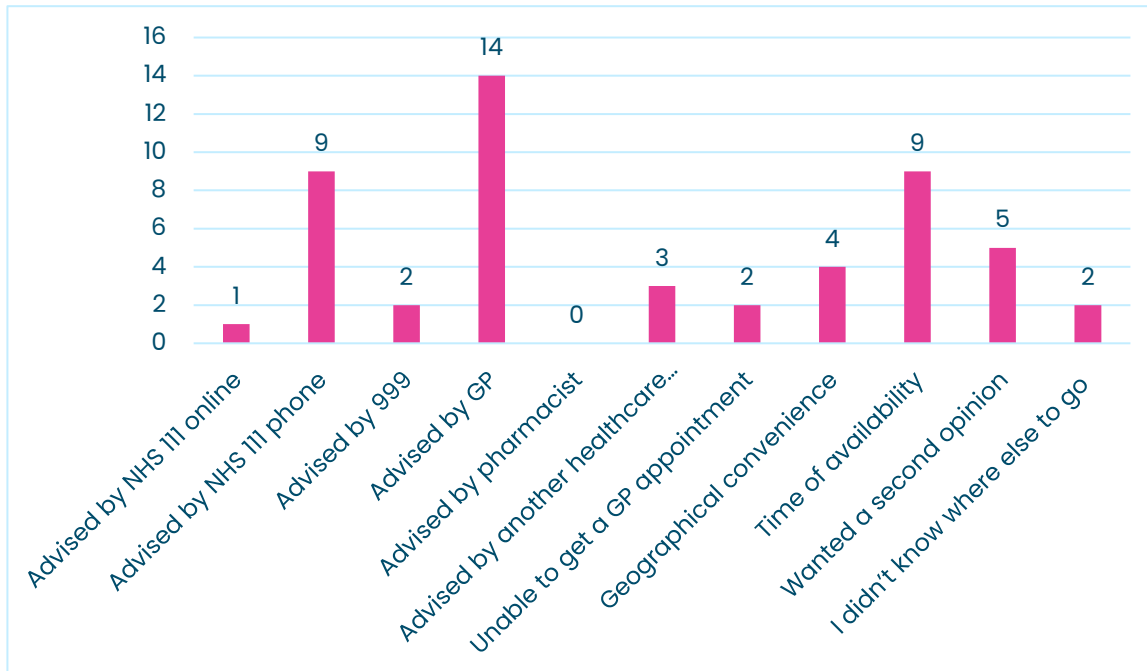


## What caused you to seek medical attention?

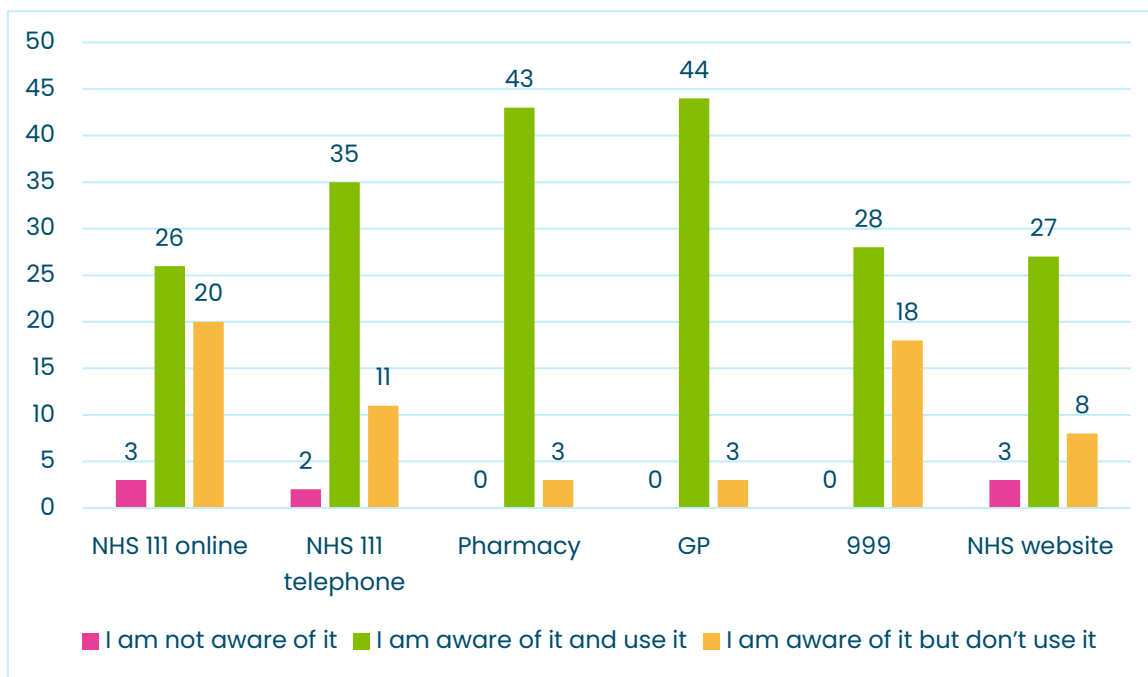


Other included: GP referral (3), dentistry (3), painful knee (1), contact lens problem (1), 'health covid' (1)

## Why did you choose to attend the Emergency Department, Urgent Treatment Centre or Walk-in Centre?



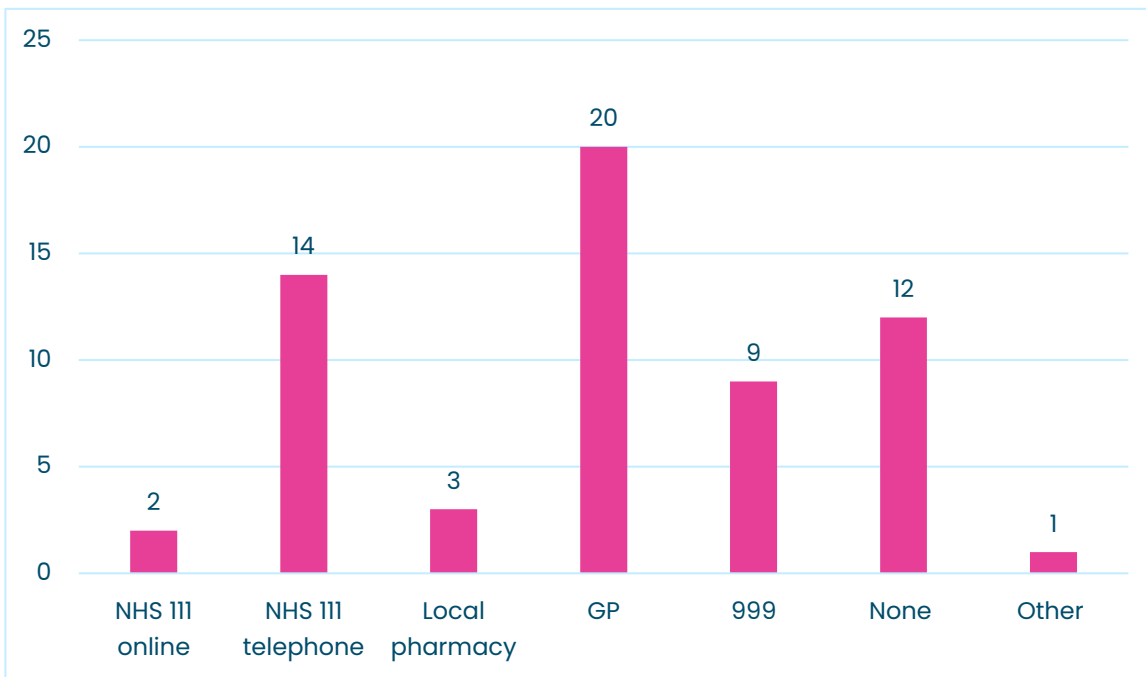
## Are you aware of the following services:



Those who said that they were aware of a service but chose not to use it, were asked why they didn't use it. The following answers were given:

- 4 people said they have never needed to use 999
- 3 said that it was too urgent *"I knew I needed to be seen by the hospital"*
- 3 said they struggle with online and/or do not have the required technology to do so
- 2 said they were unaware of the service (NHS 111 online and NHS website)
- Other comments included: A&E being convenient (1), could not get a GP appointment (1), services weren't good (1) *"it's always been a reaction to go straight to A&E, during the evening."*

## Which of the following services did you try before you attended the Emergency Department, Walk-in Centre or Urgent Treatment Centre?



Other: first aider (1)

Respondents who did not try another service before attending the Emergency Department, Walk-in Centre or Urgent Treatment Centre were asked their reason for this.

- 6 said that their concern was too urgent/they knew A&E was the place they needed to be
- 6 said it takes too long or it is too hard to get a GP appointment
- 1 said it was easier to attend A&E than use other services.



*"I am unable to see my GP, they have no interest in people it's just a number. The GP is a waste of time as appointments that can be done over the phone, are done in person. I don't drive and the travel costs of going to the GP are too high when I have to get a taxi or public transport"*



*"111 were quite slow in their advice so I reverted to 999 but it wasn't very easy"*





*"Nothing would help me to use them, but when I have called 111 previously they have always told me to go to A&E even when I didn't feel it necessitated that. 111 online gives broad advice but again, directs you to the GP or A&E.*

*Our GP doesn't offer appointments other than same day for urgent issues, and either I don't believe it is sufficiently urgent or if I do, it is rare I'm able to get through in order to get an appointment. They then advise to call back the next day, or go to A&E. The reasons above are a massive reason why A&E departments are stretched beyond capacity.*

*I've not been asked about attending A&E, however the staff have - without exception - gone above and beyond, from the pod outside, through to receiving treatment. I've witnessed them receive verbal abuse, as well as people attending for reasons which are neither accident nor emergency. A&E staff at Royal Preston Hospital deserve better."*



### **Respondents were asked if there was anything that would help them to use other services in the future:**

- 8 said better access to services, with 4 saying better GP access and 4 saying more call handlers for the NHS 111 telephone service
- 3 said nothing would help them
- 2 said better awareness of what each service offers
- 1 said having services available in more languages
- 1 said making the services more personal.

*"Greater awareness of what I can access locally, although on this occasion I needed hospital treatment"*

*"It needs to be less robotic and more personal with shorter holding times"*

*"They answered but kept me hanging. I admit they were trying to help me but were struggling to do so"*

*"[111] should be easier to get through and more people should be manning the phones"*

*"There needs to be better access to GP's, there are no appointments"*

## Which of the following methods would you use to receive information about available health services that may suit your needs?



Other: All 3 respondents suggested a text message.

## Case study

### Case study: Royal Preston Hospital Emergency Department



I contacted my GP as I thought I had sprained my ankle but the doctor suggested that I go to Royal Preston Hospital Emergency Department. My husband wasn't at home at the time, so I waited until he got home and then we went.

We arrived at the Emergency Department at 11am and we were seen practically straight away. The radiology department were brilliant. The x-ray showed that I had broken my ankle. I was given a boot to wear and I was home by 1pm. I am very fortunate that I didn't have to wait for hours.

I have never had any problems when visiting the Emergency Department at Preston, they were fantastic.

My GP referred me for physio on my ankle, there was a slight delay due to necessary healing. Everything went really well.



# Conclusion

A large proportion of people Healthwatch Lancashire engaged with were attending either an Emergency Department, Walk-in Centre or Urgent Treatment Centre due to an accident (44%). 48% of people were able to drive themselves to the site.

Numerous comments were made about poor GP access and how this has contributed to their attendance for emergency care. 38.5% of respondents shared that they had seen their GP before seeking emergency care and 27% were advised by their GP to attend an Emergency Department, Walk-in Centre or Urgent Treatment Centre. 17% were advised to attend by the NHS 111 telephone service and a further 17% shared that they attended because of the time availability.

All respondents knew about the pharmacy, GP and 999 service. However, there was less awareness around the NHS 111 service (telephone and online) and the NHS website. Further, the most preferred option for the advertisement of health information and available services was through TV adverts, leaflets in health centres and local radio.

This phase of engagement highlights how the recommendations made in the first phase of engagement are still applicable regarding GP access and more awareness around the NHS 111 service (telephone and online). Data shows that the most preferred way to advertise health information and available local services is through TV adverts, leaflets in health centres and local radio.

This report will be sent to the Lancashire and South Cumbria Integrated Care Board for their consideration and dissemination. The report will also be sent to Healthwatch England.



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