



**healthwatch**  
Wakefield

# Urgent Health Care in Wakefield District

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## February 2024

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# Summary

Between September 2023 and November 2023 Healthwatch Wakefield carried out engagement through a survey, a focus group and one to one interviews.

The aim of the engagement was to understand people's knowledge and experiences of using urgent health care services, including calling an ambulance, in Wakefield District.

124 people completed the survey, a further four people took part in a focus group discussion and eight people took part in one to one interviews.

Twenty-one survey respondents were classed as being in a 'low-income group' based on their answer to the question asking if they had been in a low-income household, or homeless, over the last two years. Following is a summary of the findings.

## Summary findings

- Survey respondents in the low-income group were much less likely to class themselves as being in 'good' or 'excellent' health and were twice as likely to say they had 'poor' health.
- People had a good overall knowledge of local urgent health care services when presented with the options. However, when asked to come up with the options themselves, most people just talked about the ambulance service, A&E and NHS 111.
  - The least well known services were urgent mental health services, Pontefract Urgent Treatment Centre and NHS 111 online.
- When asked which service they would be most likely to contact or attend if they had an urgent health concern, the top responses were NHS 111 followed by GP.
  - The low income group were less likely to choose 'attend A&E in person' and 'call 999 for an ambulance'.
  - Those aged 65+ were more likely to contact their GP than to use NHS 111.
- Several reasons were given for how the decision to contact an urgent health care service was made. The top reasons were 'based on the severity of the problem' and 'based on the day or time of day'. This was similar when filtered for low income and also by age.
- Overall, around 25% of survey respondents had called an ambulance at least once in the last two years compared with 40% of respondents in the low income group.
- The most important factors for people when deciding which urgent health care service to contact were that they were able to see a health professional that day and that the service was open out of hours. Being easy to get to and easy to park were also important. People in the low-income group were more likely to say that lack of transport and the service being easy to get to by public transport was important to them.
- Individual discussions brought out the issue of age, with people feeling that in general, older people are more reluctant to call an ambulance or attend A&E than younger people.
- The general feeling was that people do not have enough knowledge and information about the range of urgent health care services across the district.
  - A variety of ways of getting this information across were suggested including educating young people in schools, leaflets and posters, advertising and articles in newspapers, information promoted in GP practices and A&E waiting areas and social media.

# Introduction

## Background

Healthwatch Wakefield is your local health and social care champion. We make sure that NHS leaders and other decision makers hear your voice and use your feedback to improve care.

West Yorkshire Innovation Hub is part of the West Yorkshire Integrated Care Board. Their work supports linking programmes and organisations together, identifying unmet needs and developing an understanding of where innovation can support programmes and services across the region.

[www.wypartnership.co.uk/our-priorities/innovation-and-improvement](http://www.wypartnership.co.uk/our-priorities/innovation-and-improvement)

West Yorkshire Innovation Hub identified data suggesting that, across Wakefield District, areas of higher deprivation use the ambulance service more than areas of lower deprivation.

They wanted to investigate this, with a focus on all urgent health care services including the ambulance service. Specific areas of interest were:

- People's knowledge of urgent health care services.
- People's experience of urgent health care services, both personally and for others.
- Understanding the factors affecting choice of urgent health care service accessed.
- Understanding factors affecting people's decision to call an ambulance.
- Whether there were any differences in any of the above based on geographical area.

Healthwatch Wakefield were asked, by the West Yorkshire Innovation Hub, to carry out engagement work with people across Wakefield District to gain some insight into the above.

They were particularly interested in whether there were any differences in knowledge and experience that correlated with levels of deprivation in the area.

## Aims, objectives and activities

### Aims

To understand:

- People's perception of what constitutes an 'urgent health care need'.
- People's knowledge of urgent health care services across Wakefield District.
- Individual experiences of using urgent health care services, including calling an ambulance, for themselves or others.
- Insight into how people decide which urgent health care service is appropriate.
- What barriers exist to people using alternatives to the ambulance service.
- Any differences in knowledge and experience based on levels of deprivation.

## Objectives

- Produce a survey, on SmartSurvey, to be promoted across Wakefield District.
- Conduct up to three focus groups, or up to ten one to one interviews, in three different areas of high deprivation, in order to gather more in-depth information.

## Methodology

### Survey

A survey ran on SmartSurvey between September 2023 and November 2023. This was promoted across Wakefield District. 124 surveys were completed between September 2023 and November 2023.

### Focus Group

A Focus Group ran in November 2023. There were four focus group members, these were people who had identified, through completing the survey, that they would be willing to take part. The participants were all male and all aged 70+. They were all from different parts of the district.

### Interviews

Eight informal interviews also took place with people attending activities or events at either Eastmoor Community Centre or St George's Community Centre over the end of January and beginning of February 2024. This included five females and three males aged between 35 – 86 years. Eastmoor and Lupset were chosen as areas to recruit interviewees as they are both in the top ten income-deprived neighbourhoods in Wakefield District according to the Office for National Statistics 2024. [Exploring local income deprivation \(ons.gov.uk\)](https://ons.gov.uk).

# Survey Findings

## Measure of deprivation

One of the areas of interest was to compare responses from people living in deprived areas with those from less deprived areas. Although postcode data was collected through the survey, the first half of a postcode covers quite a large area which can vary in terms of deprivation levels across that area. When dealing with relatively small numbers like these, the decision was made to ask people if they felt that they had lived in a low income family, or been homeless over the last two years, and use this as a marker of deprivation. Twenty-one people fell into this category which is referred to as 'low income' when discussing findings.

## How would you rate your general health over the last two years?

51% of all respondents rated themselves as having 'good' or 'excellent' health over the last two years. In the low income group, this figure was only 14%. Respondents in the low income group were also twice as likely to say that they had 'poor' health, 29% compared with 15%.

This is comparable with findings from the Wakefield District Population Health Survey Report 2023 which surveyed 26,000 residents and found that 59% said that their health was either 'good' or 'very good'. This report also shows a strong correlation between self-reported health and deprivation.

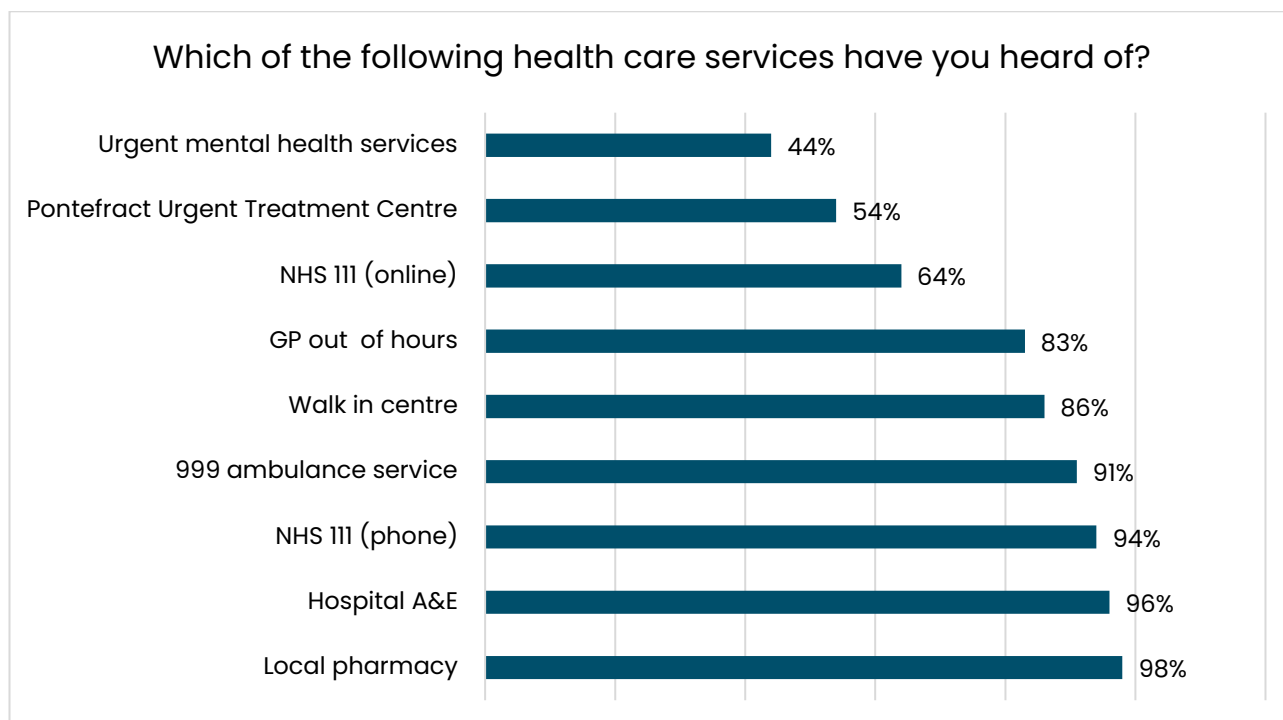
This is also in line with what we know about health inequalities and deprivation nationally. For example, in 2018 to 2020, males living in the most deprived areas were living 9.7 years less than males living in the least deprived area, the figure for females was 7.9 years. When considering healthy life expectancy, this is around 19 years less for males and females living in deprived areas. (Source, Office for National Statistics [www.ons.gov.uk](http://www.ons.gov.uk)).

## Which of the following health care services have you heard of?

121 people responded to this question, over 90% of people had heard of A&E, 999 ambulance services, NHS 111 phone service, and local pharmacy. Over 80% had heard of walk in centres and GP out of hours service. The services that were least well known were urgent mental health services, Pontefract Urgent Treatment Centre and NHS 111 online.

Responses from the low income group were very similar, although more had heard of NHS online, 81% compared with 64% of respondents overall.

Chart 1. Which of the following health care services have you heard of?



### If you had an urgent health concern, which of the following health care services would you be most likely to contact or attend?

Respondents were asked to rank the choices in order of preference as to which they would be most or least likely to contact or attend. NHS 111 by telephone was the most likely to be contacted or attended by all respondents, including those in the low income group. There were other differences, the main one was that the low income group were more likely to use NHS 111 online than the overall group and they also reported being less likely to call for an ambulance.

Ranking	All respondents	Low income group
1	NHS 111 by telephone	NHS 111 by telephone
2	GP / Doctor	GP / Doctor
3	Walk in centre	NHS 111 online
4	Attend A&E department in person	Walk in centre
5	Call 999 for an ambulance	Pharmacy / chemist
6	Pharmacy / chemist	Attend A&E department in person
7	NHS 111 online	Call 999 for an ambulance
8	Pontefract Urgent Treatment Centre	Pontefract Urgent Treatment Centre

When filtering for age, those age 65+ ranked GP as number 1, they also placed A&E and calling an ambulance higher than attending a walk in centre.



## **If you have attended or contacted an urgent health care service in the past two years, please could you tell us a bit about your experience?**

The survey asked how people decided which service to contact. No differences emerged between overall responses and the low income group.

Themes which emerged were:

- They made their decision based on the severity of the problem (15 people).
- Limited options based on the time / day (eight people).
- Took advice from a professional, family member or friend (five people).
- Considered the waiting times (four people).
- The one most appropriate for a specific health condition (three people).
- Wanted to start with the GP (two people).

The survey then asked whether the service they contacted met their needs, what was good and what could have been improved. There were 69 responses to this question, 50 people said that the service had met their needs, 13 said it hadn't and six felt it had 'somewhat' met their needs.

Waiting times were mentioned as a positive by six people, but as a negative by 13 people. Staff were seen as a positive factor by six people but similarly, six people also felt that staff could have been better.

**“I have been to the walk-in centre in Wakefield, and they are great in there...I was treated very well. The fact that it is there is excellent...”**

**“111 gave assurance that contacting GP was the best action to take...”**

**“Was called back and given an out of hours GP appointment. Previous experience of 111 callback was a total disaster with wait times so if it had been a more urgent issue I would not have called them.”**

**“Out of hours referral to local care direct GP service was brilliant.”**

**“15 minutes ambulance arrived. 5 minutes on my way to Pinderfields - brilliant.”**

## **In the last two years, how many times have you called for an ambulance, or attended accident and emergency department for yourself or others?**

Overall, most respondents had not called for an ambulance in the last two years, however, a quarter (30 people) had. Of those 30 people, 13 of them had done so more than once. In the

low income group, this figure was higher, with 40% of people in the low income group reporting that they had called for an ambulance in the last two years.

In contrast, more people had attended a hospital A&E department. A quarter of respondents (30 people) had attended once. 35% (41 people) had attended more than once. These percentages were higher in the low income group with 20% (four people) saying that they had attended once and 50% (10 people) more than once.

## **If you have called for an ambulance, or attended an accident and emergency department in the last two years, please could you briefly tell us what made you choose to do this, rather than contacting a different health service?**

63 people answered this question, their responses were put into themes.

The themes were the same when filtering for the low income group.

- 35 people said that they made their decision based on the severity of the illness or injury. The conditions that people mentioned included suspected broken bone, stroke, breathing difficulties and asthma, chest pains, heart attack symptoms, dog bite, abdominal pains, bad fall and gall stones.
- 29 people said that they had been given advice from a medical professional or friend / family member

**“On all occasions I contacted 111 first and then followed their instructions.”**

**“The walk-in centre advised me to be checked by the hospital.”**

- Three people talked about the time or day it happened having an impact on their decision and one person said it was because they couldn't get a GP appointment.

**“The GP was closed and there weren't any other choices.”**

**“...we knew due to the health concern and the fact it was a Sunday evening to go to A&E.”**

## **When you decide which health service to contact for an urgent health care need, which of the following are important to you?**

116 people responded to this question. They were able to tick more than one response.

The most important factors overall were being able to see a health professional that day, and that the service was open out of hours.

The next two most important factors were that it was easy to get to or close to home and easy to park. People in the low income group were more likely to say that lack of transport and the service being easy to get to by public transport was important to them.

Knowing that they would be able to see a health professional that day and the service being open out of hours were less important to people overall. Full details can be seen in the table following.

Reason	All respondents	Low income group
I don't have transport	16% (18 people)	35% (7 people)
Unable to travel so I need them to come to me	8% (9 people)	15% (3 people)
It is easy to get to / close to my home	56% (65 people)	45% (9 people)
It is easy to get to by public transport	17% (20 people)	30% (6 people)
There is plenty of parking nearby	41% (48 people)	35% (7 people)
I know I will be able to see a healthcare professional that day	70% (81 people)	50% (10 people)
They are open out of hours	72% (84 people)	45% (9 people)
Other	8% (9 people)	5% (1 person)

Nine people chose 'other'. Some of their responses were that it would be dependent on being able to get a taxi, which is most appropriate, and where they could expect to receive the best care.

**“I absolutely do not ‘abuse’ the purpose of A&E. For me that’s for critical issues but alas this is not the case for too many. I wish that more triage could protect A&E. We attended on the day of the Kings Coronation and the place was empty. What does that tell you? No emergencies just on that day – I think not.”**

# Focus Group and Interview Findings

## What do you think of when someone says 'urgent care need?'

There was a consensus on the type of things that people classed as 'urgent care needs'.

This included breathing problems and chest pains, stroke, heart attack, broken bone, anything that is life threatening or an intense pain or temperature that can't be managed.

## Can you tell me about any emergency health care services in Wakefield District that you know about?

When asked what urgent care services they were aware of, everyone mentioned calling an ambulance and A&E, most people also talked about NHS 111.

The majority of respondents didn't talk about GP out of hours, walk in centres, Pontefract Urgent Treatment Centre or pharmacies.

People were generally aware of these when they were brought up by the interviewer, but they weren't the places that came to mind when asked about 'urgent care services'.

**"There are more than enough ports of call for medical service. The problem is, some of them aren't well known and that means that the ones that are well known get over utilised."**

## How do you, or how do you think other people decide which urgent health care service to contact?

When asked how they felt that people made the decision as to which service to contact or attend, the main factor was that it would depend on what the problem was. For example, chest pains or a broken bone would need to be seen at a hospital.

Several people talked about contacting NHS 111 to get some reassurance; many people had confidence in the NHS 111 service.

**"I sometimes ring NHS 111 to get advice if I'm not sure - with five kids there's a lot of injuries in our house! They're very good to be fair, sometimes you can wait ages for them to ring you back though, it's been four hours sometimes. Plenty of young people take their kids to A&E just because they've got a temperature, I wouldn't do that. Some younger people break a nail and think they'll phone an ambulance!"**

Others talked about the long waiting times with both NHS 111 and Ambulances and said that this would be a factor in people preferring to just go straight to A&E instead.

**“I had a hip replacement last year, when I got home it dislocated in the middle of the night. I was in agony and my husband rang 999. We waited for over 3 hours for the ambulance to arrive. They didn’t tell my husband how long we might be waiting so we kept expecting them to arrive. He rang again a couple of times and they just said we had to wait. It was so upsetting. I was in so much pain and didn’t know what was happening, my husband couldn’t move me to take me to hospital himself. They were marvellous when they did turn up, but it’s really taken away our confidence in the ambulance service. We would always try and get to the hospital ourselves if we could, we prefer to be in control and to know what is happening, especially after that experience.”**

There was also the consideration of the waiting times at A&E:

**“Even if I felt really poorly, I would avoid A&E, because last time I heard...it was like nine hour waits, so who wants to go there unless you really have to!”**

There were some discussions about the difference between different age groups. Several people felt that there is a difference between older and younger age groups:

**“I think it is an age thing as well, I think the younger ones are quite happy to go to A&E, whereas us older ones won’t do because we don’t want to bother people and we just think it will be alright”**

**“My dad fell off his bike, he had bad pains in his back and ribs but thought it was because he had fallen onto his backpack and also because he has asthma. A passerby called an ambulance, and they came but he wouldn’t let them take him to hospital, he said he was ok. Three days later he ended up going to A&E because of the pain getting worse and it turned out he had three broken ribs and a punctured lung! I wish that he had gone in straight away as he ended up being really poorly.”**

Those with their own transport talked about preferring to go to A&E rather than calling an ambulance as often it is quicker to get there yourself.

One person also talked about feeling embarrassed to call an ambulance:

**“Chest pains started at about four in the morning and I thought I don’t want an ambulance arriving, all the neighbours will see...That sort of stupidity!”**

A big concern people had was the difficulty in getting a doctor’s appointment. Several people felt that this was a factor in people attending A&E when they didn’t perhaps need to.

**“The problem with A&E is that it’s just become a catch all for lots of problems, it’s lost the accident and emergency emphasis I think...I think that’s predominantly because... people find it difficult to access GPs...and so where else do they go?”**

With regards to pharmacists, a couple of people talked about A&E being free and that may be a motivator for people to go there rather than the pharmacist.

People felt that when considering the pharmacist, something that may also put people off is the feeling that others would be able to hear what you were saying and what your problem was.

## **Do you think that people have enough information about what to do and where to go when they have an urgent health care need? How could this be improved?**

Overall, most respondents felt that people do not have a good knowledge of the range of urgent care services available across Wakefield District. Some talked about starting with educating children:

**“People need to move away from ringing ambulances for minor things. It’s all about education, it needs to start at school, telling children about different health needs and where they could go for help.”**

Several talked about using the opportunity to pass on information in GP surgeries and also in hospitals, including A&E departments.

One example was a suggestion of using the electronic noticeboard within GPs surgery to promote alternatives to A&E and to say what A&E is actually for.

Another suggestion was to have information about alternative services on the recorded message that you hear when you ring your GP.

People talked about the need for the information to be given to be local, telling you about specific services in the local area and what they can help you with.

There were mixed feelings about written information, some felt that it would be useful to have leaflets about local services to give out to, for example, new parents or college students.

Having posters up in GP surgeries and pharmacies was another suggestion, as was information and articles in local newspapers.

**“Social media doesn’t work; older people don’t use it.”**

Others felt that written information was not the best way to get the message across and that it soon becomes out of date:

**“People don’t pay attention to leaflets and posters. Put adverts on social media instead or make a Tik Tok video then everyone will watch it!”**

# Recommendation

We would like to take this opportunity to say thank you to the people who took part in this survey, the Focus Group, and interviews.

Following the analysis of the survey results and the information gathered in the Focus Group and interview discussions, Healthwatch are making the following recommendation.

Plan and execute a local media campaign aimed at increasing knowledge of urgent health care services across the District. This could build on the 'Together We Can' campaign which ran across West Yorkshire in 2022 / 2023.

[www.wypartnership.co.uk/campaigns/together-we-can](http://www.wypartnership.co.uk/campaigns/together-we-can).

Make the campaign fully localised with reference to local services, where they can be found and how and when to access them.

Include how to access services, including by public transport and parking options. An example of this has been produced by Healthwatch Wakefield:

[www.healthwatchwakefield.co.uk/wp-content/uploads/2024/02/Hospital-Appointments-Travel-and-Transport-Help-2024.pdf](http://www.healthwatchwakefield.co.uk/wp-content/uploads/2024/02/Hospital-Appointments-Travel-and-Transport-Help-2024.pdf)

Include examples of appropriate use of the different services and where to go for advice, both online and over the telephone, if you are unsure.

Consider people who don't have access to the internet and are digitally excluded by making full use of different channels including written information, targeted information through GP practices, and A&E waiting areas.

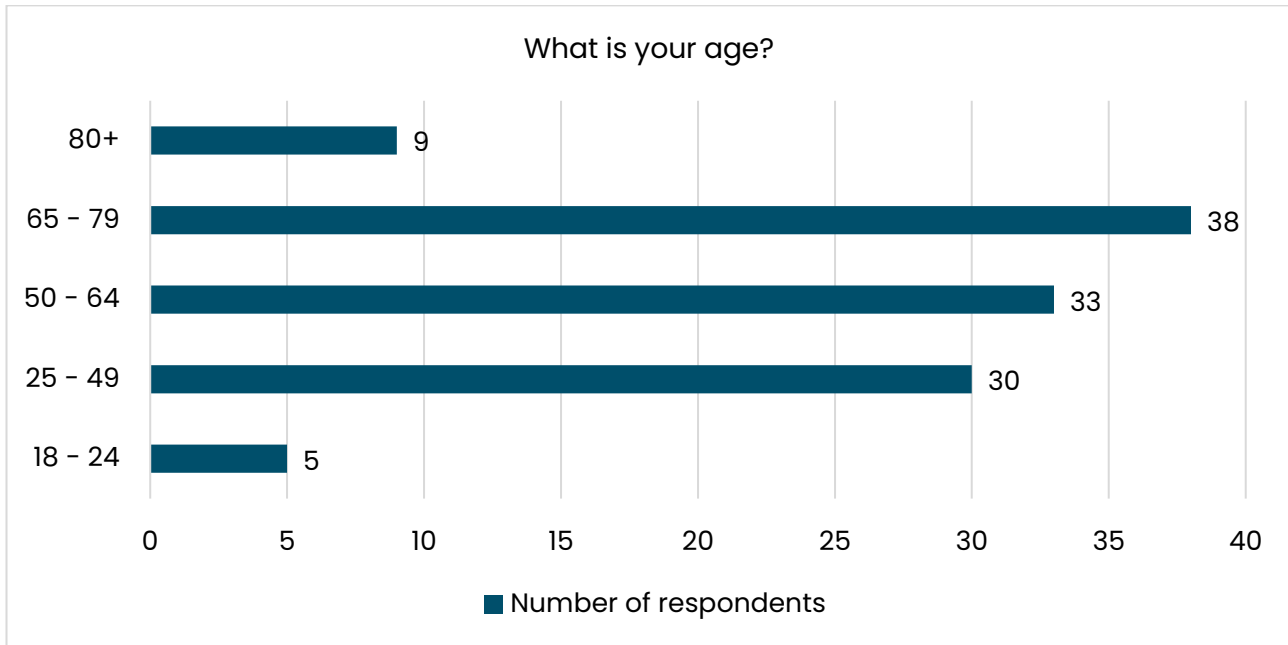


# Demographics

## Overview of demographics

Most respondents were aged between 25 and 79 years.

**Chart 2. What is your age?**



89 respondents were female, 24 were male and four preferred not to say or to self-describe.

The ethnicity of respondents was largely representative of the population of Wakefield District.

Out of 115 people who responded to this question, only one person said that they were *not* registered with a GP. Ninety people said they were registered with a dentist, 21 weren't and five weren't sure.

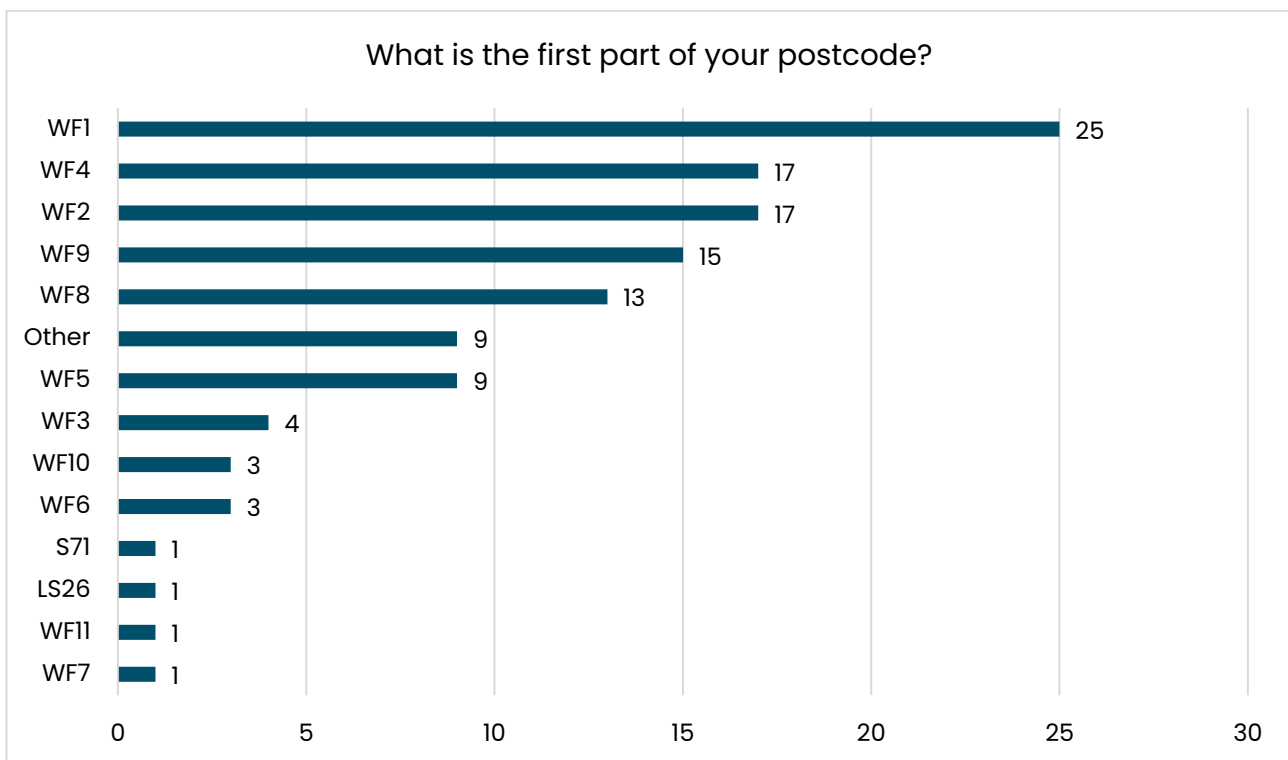
68 people identified as having a disability or long-term condition. 36 people said they were a carer.

People were asked whether a number of things had applied to them over the last two years. By looking at the responses to this question we can see that, one person had been homeless, four people had been geographically isolated and thirteen had limited family or social networks. Twenty-one people had been in a low-income family and one person had been in the armed forces.

There were most responses from people living in the following postcode areas:

Postcode	Coverage includes
WF1	Wakefield city centre, Newton Hill, Outwood, Eastmoor, Agbrigg, Kirkthorpe, Sandal, Walton
WF4	Horbury, Crofton, Crigglestone, Grange Moor, Flockton, Calder Grove
WF2	Wakefield city centre, Wrenthorpe, Walton, Kirkhamgate
WF9	Pontefract, South Elmsall, South Kirby, Hemsworth, Kinsley, Fitzwilliam
WF8	Pontefract, Darrington, Thorpe Audlin

**Chart 3. What is the first part of your postcode?**



The 'Other' category may include people who have responded on behalf of a relative or friend, or people who live outside of Wakefield District but use urgent health care services here.

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