



# **Accident & Emergency Department and Alternatives**

**June 2015**



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## Terminology

*Accident and Emergency or A&E:* For the purpose of this report this refers to the following services: Emergency Department, the Urgent Care Centre and the GP Out of Hours service which can all be accessed at Accident and Emergency at York Teaching Hospital.

*The A&E waiting room:* is the waiting room where people wait before they access either the Emergency Department, the Urgent Care Centre or GP Out of Hours (unless they are taken straight through to the Emergency Department)

*NHS 111:* is a free telephone service which provides urgent medical help or advice in circumstances which are not an emergency or life-threatening situation (NHS Choices, 2015).

*Walk-in Centres:* NHS Walk-in Centres provide access to treatment for minor injuries and illnesses.

*GP Out of Hours:* The GP Out of Hours service is where you can contact a GP out of normal GP surgery working hours. At the A&E Department at York Hospital there is now a GP Out of Hours service which you can use only if you have booked an appointment beforehand.

*Emergency Department:* Treats life-threatening or serious injuries or illnesses at York Hospital A&E

*Urgent Care Centre:* The Urgent Care Centre treats urgent injuries or illnesses, but where it is not an emergency, at York Hospital A&E

*Alternative Services:* For the purpose of this report alternative services refer to services which can be accessed instead of attending A&E and include: NHS 111, Walk-in Centre, GP, GP out of Hours and the Pharmacy.

## Background

This report looks at the reasons why more people are attending A&E at York Hospital. It explores their awareness and use of alternative services in York that can help them. It also aims to consider how we can make sure the urgent care system works for people in York.

Over a dozen hospitals in the UK declared 'major incidents' in late 2014 and early 2015 (York Teaching Hospital was not one of these). This was due to overwhelming demand being placed on their Accident and Emergency Departments. Major incidents are declared when local health services have potential to be or are being overwhelmed by the number of patients. It is usually reserved for large scale outbreaks of infectious disease, large scale accidents, natural disasters and acts of terrorism (Patient, 2015). However, in the winter period between late 2014 and early 2015 a number of hospitals felt it necessary to declare major incidents due to an overwhelming number of patients presenting to their A&E department (ITV, 2015).

The winter of 2014-5 was dubbed the 'winter of crisis' in Accident and Emergency in the UK. The number of patients seen within 4 hours at A&E departments reached its lowest in a decade, since the target of four hours was introduced (Stubbs, 2015). In the final quarter of 2014 there was an average of 92.6% of people being seen within 4 hours of arriving at A&E (BBC, 2015).

York Teaching Hospital, along with the majority of trusts in England, missed the target of 95% in every week of winter (from the week ending on the 9<sup>th</sup> of Nov until the week ending on the 8<sup>th</sup> March) with 9 of these weeks falling below 85% (Triggle, 2015).

## Causes of the current crisis in Accident and Emergency departments in the UK and York

The factors leading to the crisis are complex and the following have been identified as potential factors:

- the impact of an ageing population
- the closure of Walk-in Centres
- difficulties in arranging GP appointments
- the reduction in primary and social care funding
- a cultural change with particularly younger people seeking immediate service
- NHS 111 telephone referrals
- the hospitals' inability to discharge patients
- an increase in individuals with mental health issues presenting to A&E departments<sup>i</sup>

(Stubbs, 2015; Campbell, 2015).

## Why Healthwatch York decided to look at the issue

In Healthwatch York's work plan survey of 2015-6, out of the 64 people who responded, 75% said that the issue of Accident & Emergency services and alternatives was the issue that Healthwatch York should look at next. Their concerns and comments included:

*"With the problems with A&E it seems necessary to look at alternatives. NHS 111 needs improving - had a couple of bad experiences with it, be interesting to know if others feel the same way. "*

*"I think access to A&E, ambulance services in particular are important. Access to these services is currently not very good. Improving NHS 111 may also help with this."*

*"The issues I have ticked all appear to relate to the problems being found within A&E. When people don't have access to other services i.e. GP/Dentist they go to A&E when they experience problems. The problems in mental health and dementia care are well documented and lack of provision again impacts on A&E and other hospital care."*

*"If you can't get into a surgery with a minor ailment - where else can you go? A&E always long wait."*

*"A&E/111 services: Nationally several hospitals seemed unable to cope with the demands being asked of A&E departments and these were issues which were 111 problems. Are the resources inadequate or are they being used inefficiently?"*

*"Access to GP services may help A&E services and reduce the pressure on staff and consultants. Our first point of call for NHS services should always be through our GP. "*

## What we did to find out more

1) We carried out a survey in A&E as an Enter and View. The draft of this survey was sent to Healthwatch York volunteers and from their feedback we made amendments to the survey. The final version of the survey can be found in Appendix 1. The survey consisted of open and closed questions in order to obtain both qualitative and quantitative data. The survey explored people's reasons for using A&E and their use of the GP/GP out of hours, NHS 111 and self-medication and the effect of the closure of the Walk-in Centre in York.

It was an announced Enter and View visit and it was organised through liaison with Kay Gamble, York Teaching Hospital NHS Foundation Trust's Lead for Patient Experience and Jill Wilford, the Lead Nurse in A&E. We carried out the Enter and View in the A&E waiting room at York Hospital, during a 24 hour period between 10.00 am Tuesday and 10.00 am Wednesday, based on the information that this would be a representative mid-week day, during school term-time and with no significant events taking place in York on that day (which might lead to an increase in demand placed on A&E). We formally notified the hospital in writing prior to the visit (see Appendix 1).

We arranged a rota so that 1 member of staff and 1 authorised visitor were in the A&E waiting area at each time.

All authorised representatives introduced themselves to patients, briefly explained the role of Healthwatch York and outlined the purpose of the visit. Reassurance was given that all information would be treated as confidential and no one would be identified in any report. The Enter and View visitors were instructed to use their discretion and not ask people who appeared distressed or appeared unable to be surveyed. There were also a small number of patients (approximately 15) who declined to be surveyed. Overall we spoke to a total of 108 individuals.

2) We carried out an interview with a service user with mental health issues to explore whether people with mental health issues are attending A&E or are at risk of attending A&E due to a lack of primary care services for people with mental health issues. We also explored the service user's experience of the GP, GP Out of Hours, NHS 111, the



Walk-in Centre and A&E. In addition to this we had consultations with York Together and the Crisis Team to explore whether more people with mental health issues are presenting to A&E.

3) We visited NHS 111 Headquarters (HQ) and carried out interviews with the Service Development & Relationship Manager and an Urgent Care/Emergency Care Practitioner.

4) We carried out one to one interviews with a student from the University of York and a student from York St. John's University.

## What we found out

### Enter and View findings

The following summary provides quantitative and qualitative data based on the findings from the Enter and View survey and environmental observations about A&E which were made during the Enter and View.

#### *Reason for attending A&E (108 responses)*

The majority of patients who were in the A&E waiting room were there for what NHS Choices (2015) define as minor injuries and illnesses.

These included:

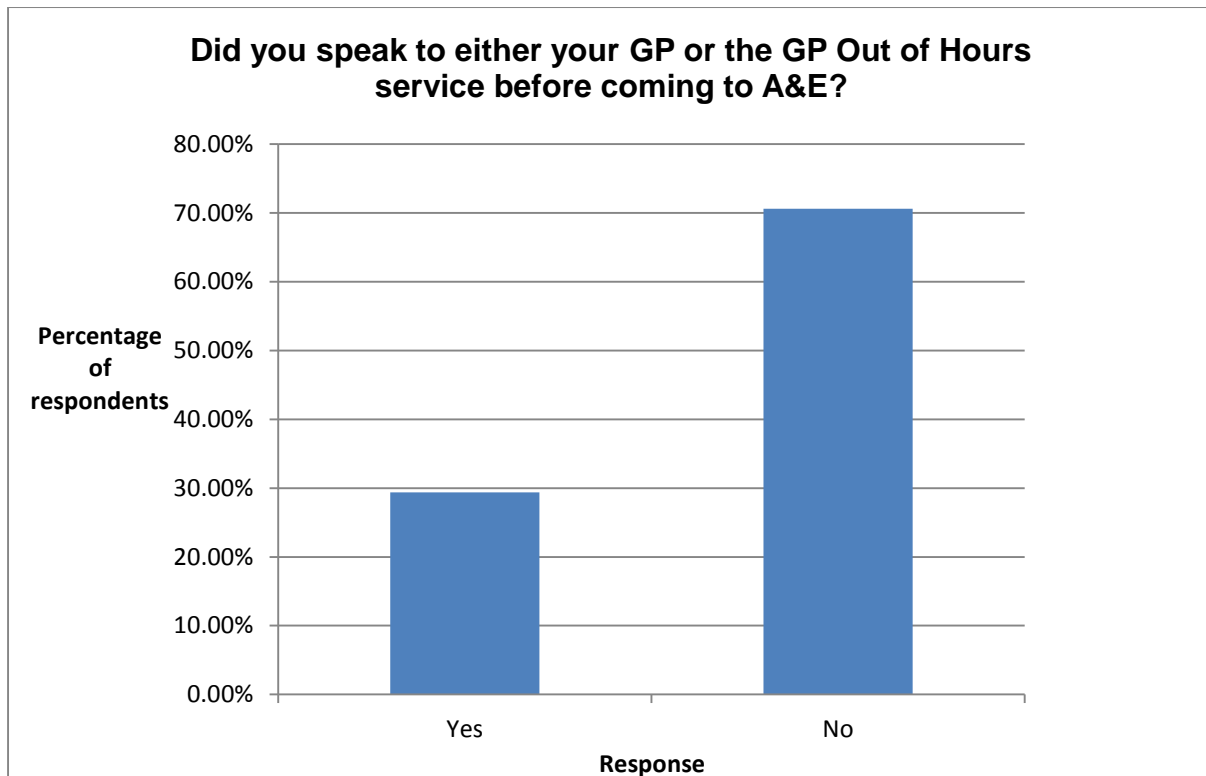
- sprains and strains
- suspected minor broken bones
- minor burns
- small cuts
- minor eye injuries
- small animal bites.

However a number of patients we spoke to were there for more serious injuries and illnesses.

#### *Responses*

*Did you speak to either your GP or the GP Out of Hours service before coming to A&E? (102 responses)*

<b>Answer</b>	<b>Response percent</b>	<b>Response count</b>
Yes	29.4%	30
No	70.6%	72



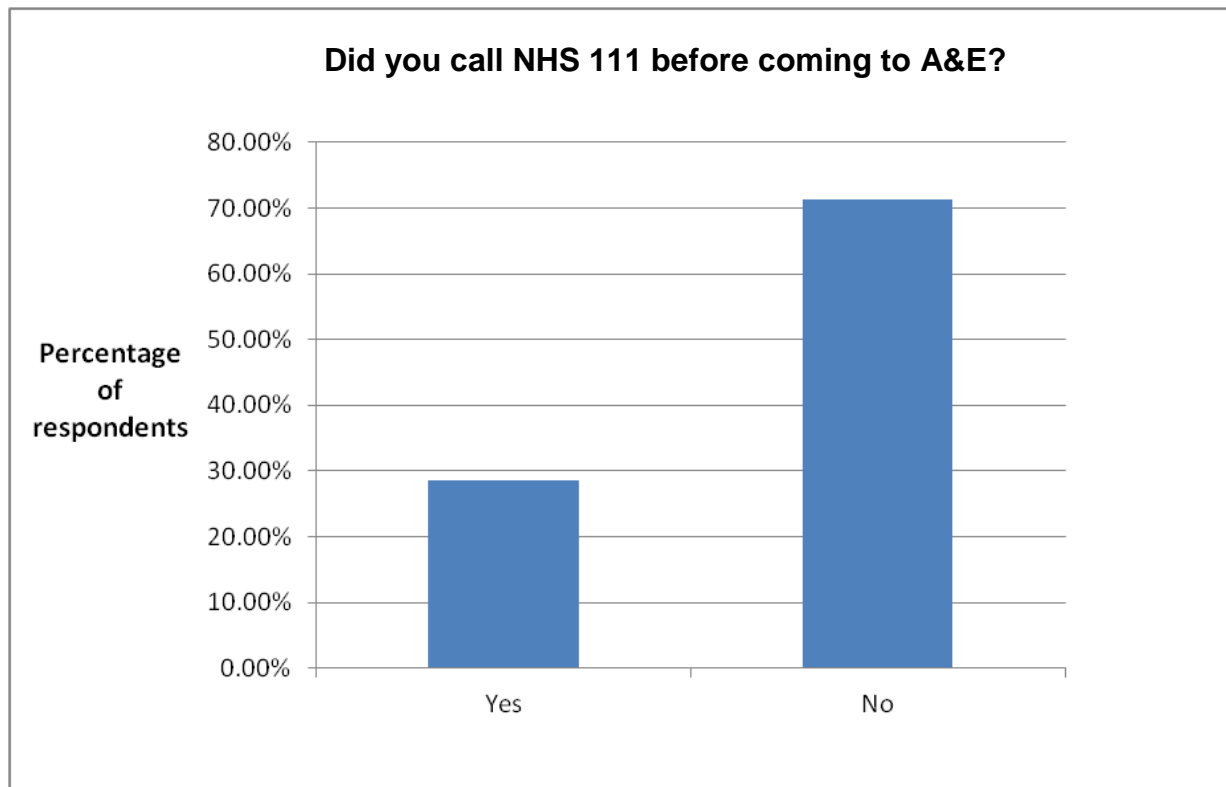
This shows that only 29.4% of respondents spoke to their GP or the GP Out of Hours service before attending A&E. Out of the 30 people who spoke to their GP or GP Out of Hours, before attending A&E, 86.6% spoke to their GP within normal surgery hours and only 13.3% spoke to the GP Out of Hours service. The vast majority of those who spoke to their GP or the GP Out of Hours service, said that they had been referred to A&E by the GP.

Common reasons for people not speaking to their GP/GP Out of Hours first included:

- Too long a wait for GP appointment
- The GP/ GP Out of Hours would only refer them to A&E anyway
- They called NHS 111 instead
- The requirement of an x-ray
- They just came straight to A&E, it was an emergency
- They did not consider using the Out of Hours service
- They were not registered with a GP
- It was an emergency

*Did you call NHS 111 before coming to A&E? (98 responses)*

Answer	Response percent	Response count
Yes	28.6%	28
No	71.4%	70

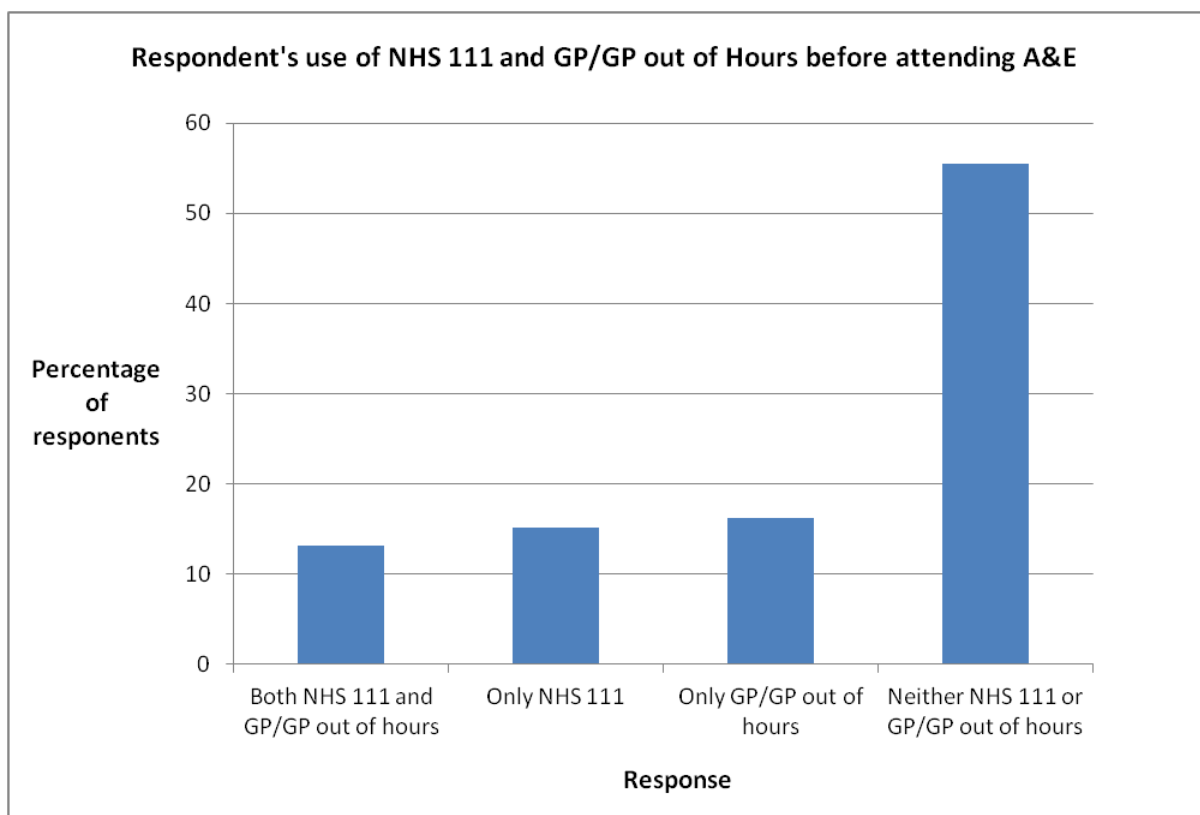


This shows that only 28.6% of respondents called NHS 111 before attending A&E. Common reasons people gave for not using NHS 111 included:

- It didn't occur to them to use NHS 111
- They did not know the service existed
- They did not "need to" use the service
- They just automatically came straight to A&E
- NHS 111 would only refer them to A&E anyway
- They spoke to their GP instead
- It was an emergency

*Respondent's use of NHS 111 and GP/GP Out of Hours before attending A&E (99 responses)*

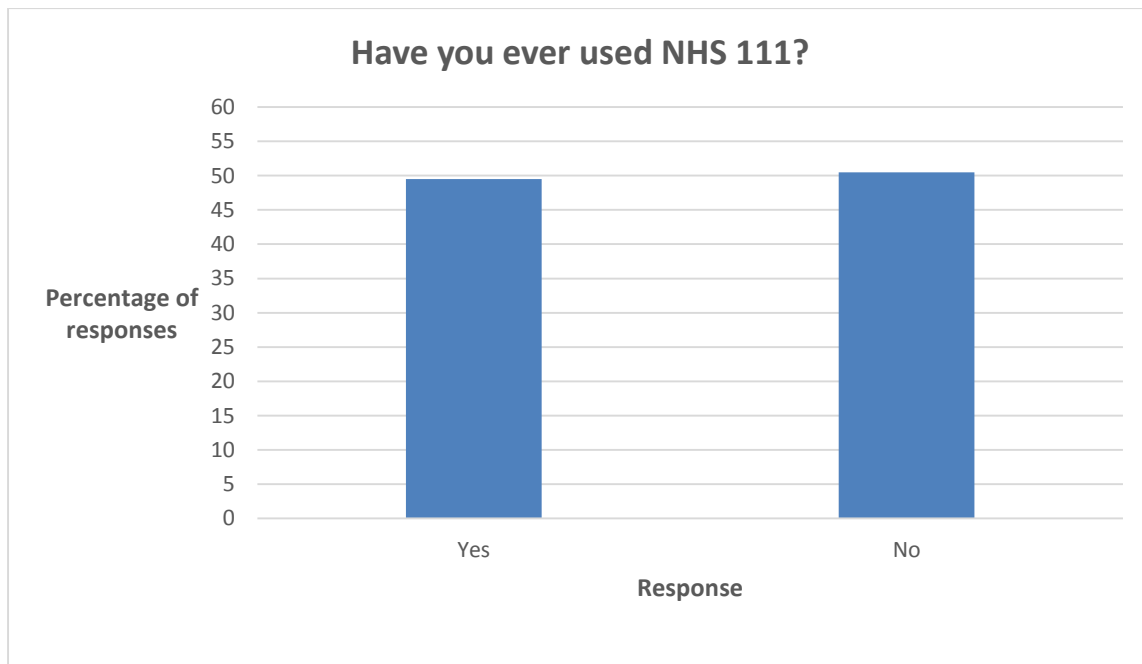
<b>Service accessed</b>	<b>Response percent</b>	<b>Response count</b>
Both NHS 111 and GP/GP out of hours	13.1%	13
Only NHS 111	15.2%	15
Only GP/GP out of hours	16.2%	16
Neither NHS 111 and GP/GP out of hours	55.5%	55



This shows that over half of the respondents had used neither NHS 111 nor the GP/GP Out of Hours before attending A&E.

*Have you ever used NHS 111? (95 responses)*

	<b>Response percent</b>	<b>Response count</b>
Yes	49.5%	47
No	50.5%	48



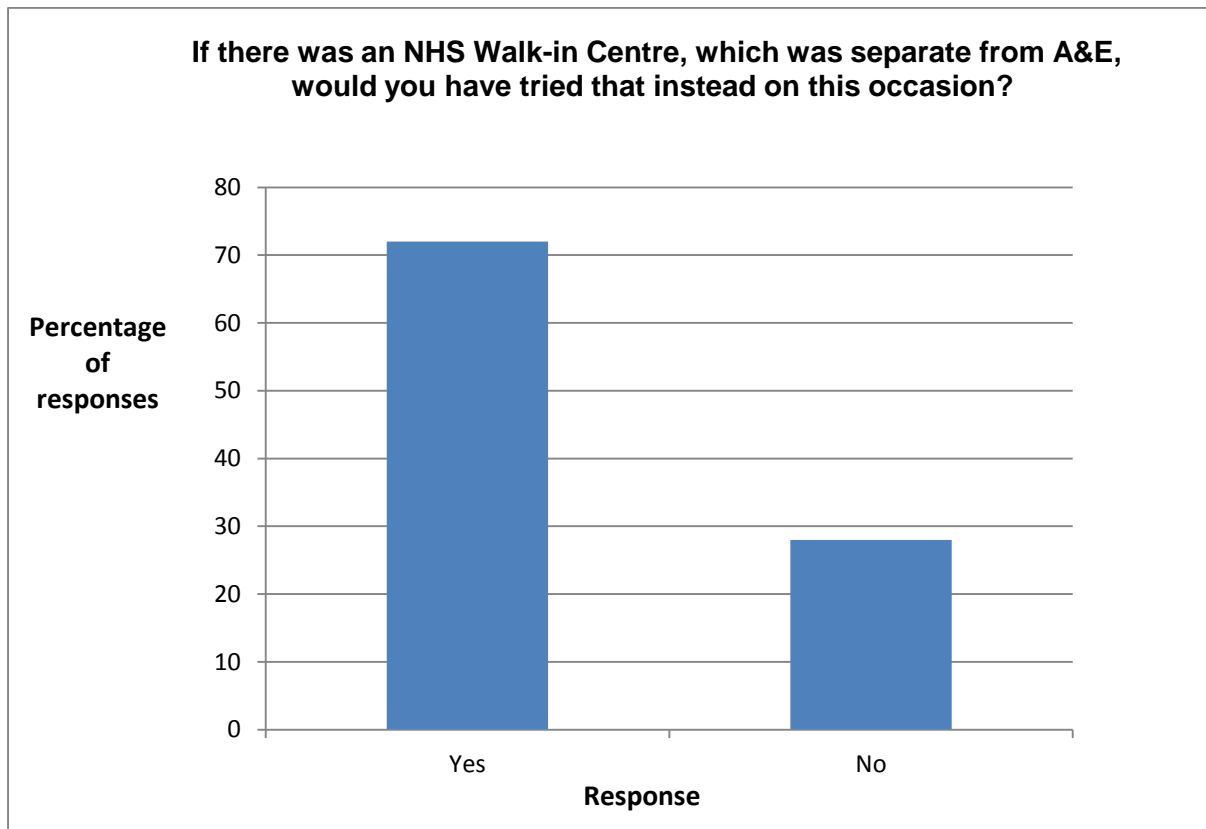
This shows that a large proportion, 50.5% of respondents, have never used the NHS 111 service.

*Did you attempt to self medicate before coming to A&E e.g. with either over the counter medication or with prescribed medication? (95 responses)*

43 of the 47 individuals who self-medicated before coming to A&E did so with either over-the-counter medication or basic treatments including the use of: Paracetamol, Ibuprofen, Nurofen, Calpol, eye drops, steri-strips, plasters, bandages, rinsing under cold water or 'rest, ice and elevation'. The remaining individuals had used prescription medication for either a short period before attending A&E or had just taken their usual medication for a long-term health condition.

*If there was an NHS Walk-in Centre, which was separate from A&E, would you have tried that instead? (93 responses)*

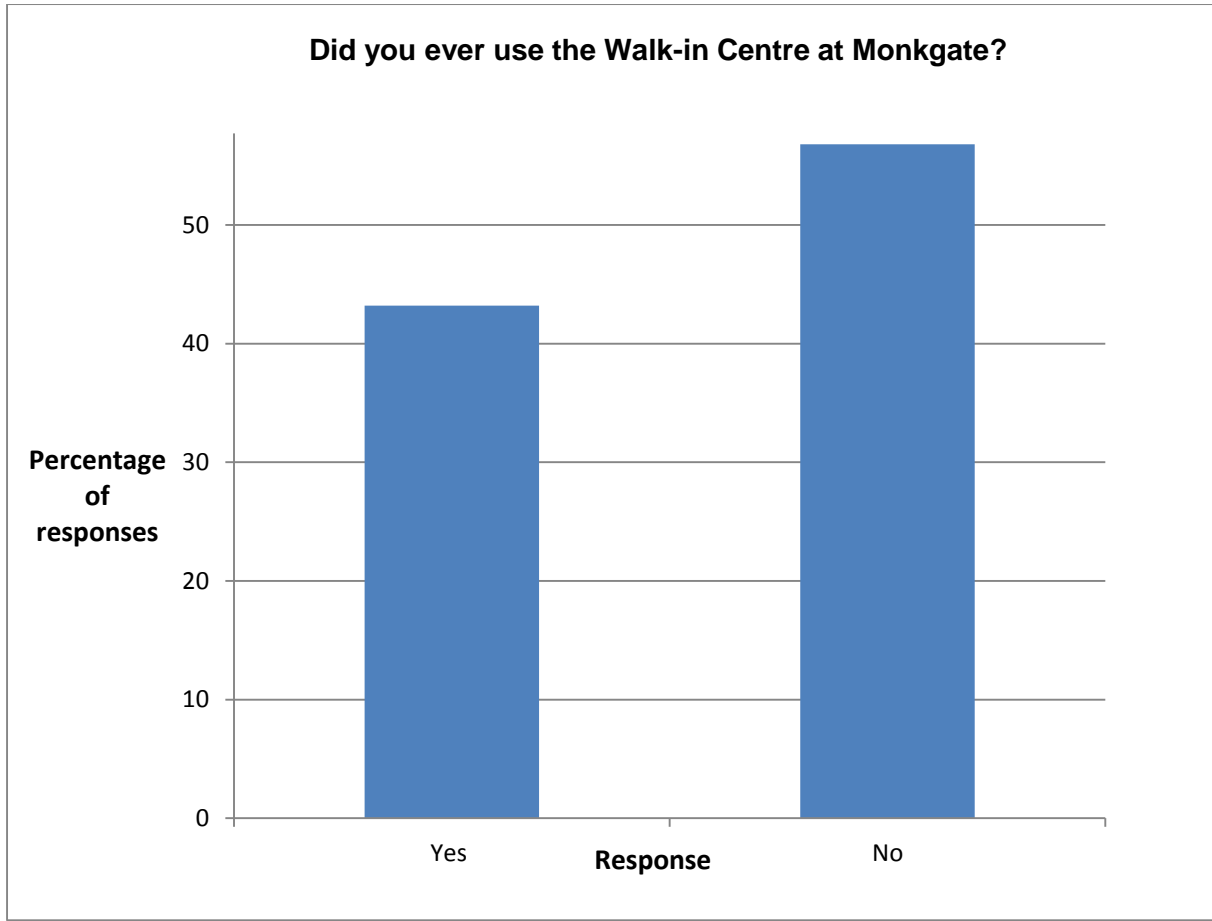
Answer	Response percent	Response count
Yes	72.0%	67
No	28.0 %	26



This shows that a large majority of 72.0% said that if there was an NHS Walk-in Centre in York, which was separate from A&E, they would have tried that instead.

*Did you ever use the Walk-in Centre at Monkgate? (81 responses)*

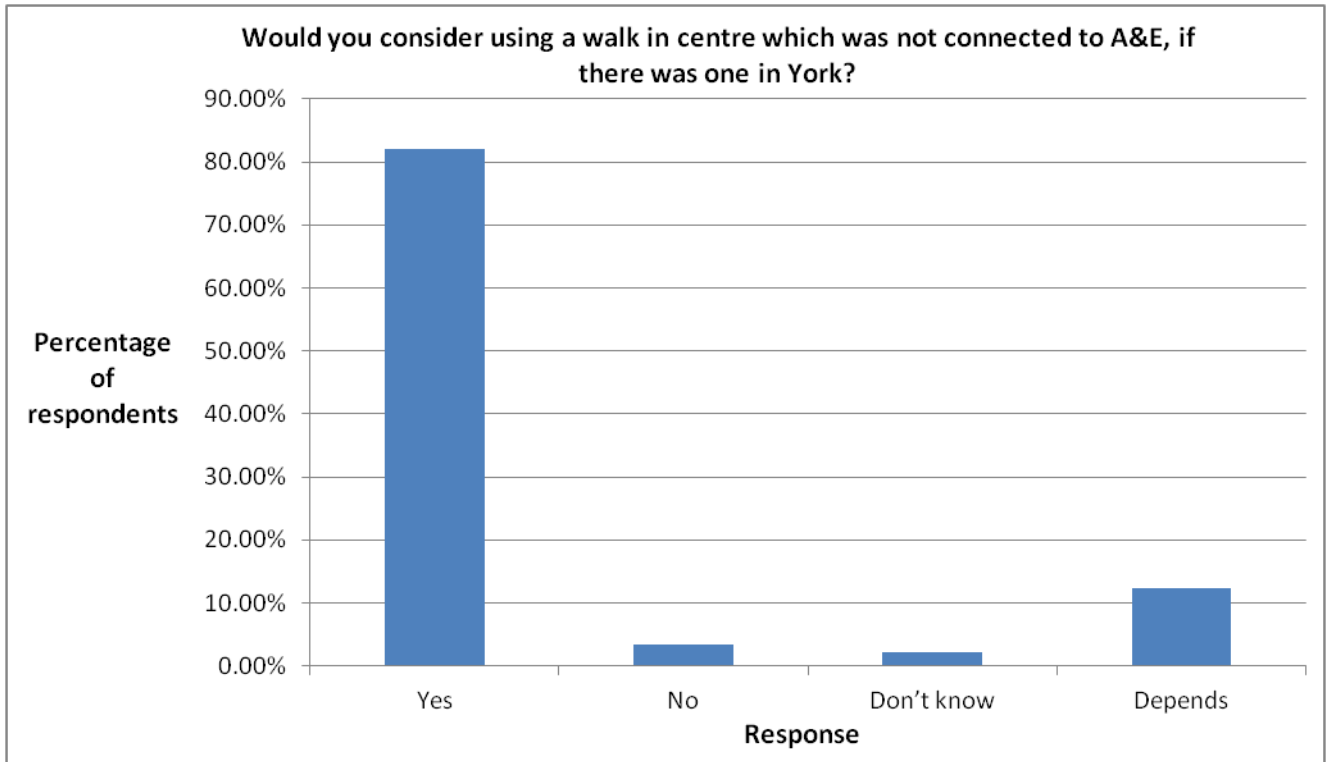
Answer	Response percent	Response count
Yes	43.2%	35
No	56.8%	46



This shows that although many of the respondents had used the Walk-in Centre in the past when it was located at Monkgate, this was fewer than said they would use one. 27 out of the 29 respondents did not express any concerns about the service and their reason for not using the Walk-in Centre was either because they did not have a need to, they did not live locally to the Walk-in Centre or they had not known that the Walk-in Centre existed. However, 2 out of the 29 respondents explained that their reason for not having used the Walk-in Centre at Monkgate was because of long waits.



*Would you consider using a Walk-in Centre which was not connected to A&E, if there was one in York? (89 responses)*



A number of respondents who answered “Yes” they would prefer to attend a Walk-in Centre which was separate from A&E, commented that they felt uncomfortable attending A&E for minor injuries and illnesses and that they would prefer to attend a Walk-in Centre. Many of those who answered “Yes” expressed that they would attend a Walk-in Centre because it would be quicker than A&E and many of those who answered “depends” said that they would attend a Walk-in Centre if it was quicker than A&E, with some suggesting that it would not necessarily be quicker and that there would also be long waits at a Walk-in Centre.

*Ages of those attending A&E for treatment (90 respondents)*

<b>Age range</b>	<b>Response percent</b>	<b>Response count</b>
0-5	10.0%	9
6-17	16.7%	15
18-25	30.0%	27
26-35	12.3%	11
36-45	8.9%	8
46-55	11.1%	10
56-65	4.4%	4
66-75	6.7%	6
75+	0%	0

This shows that out of those who were surveyed, the 18-25 age group were by far the group who attended A&E the most, through accessing A&E through the waiting room, with 30% of respondents aged 18-25. Overall children and young people (aged between 0 and 25) were over-represented, in the A&E waiting room, and made up an overall majority of 56.7% of patients.

*Observations of the A&E waiting room environment*

- It was not always clear to the patients in the waiting room and to Healthwatch York Enter and View visitors why the waiting time was lengthy during certain periods, when there were few people in the waiting room. Patients were not informed of how busy it was in the Emergency Department, the Urgent Care Centre or GP Out of Hours and they were not made aware of staffing numbers. The approximate waiting times did not provide sufficient information, did not provide accurate waiting times and were not updated very regularly.
- There was a lack of clarity and information provided about the distinctions between the Emergency Department and the Urgent Care Centre.
- The lighting in the waiting room is particularly bright and the seating is not very comfortable
- There was a lack of amenities in the A&E waiting room. There is a lack of magazines and books for people to read whilst sitting in the waiting room. There were vending machines for food and drinks,

but there was a lack of ‘healthy’ options. Although we are aware that patients cannot consume food and drink before being assessed, there were very few amenities for anyone who was assisting someone to A&E. There was also no information provided about amenities which people could access in A&E and York Hospital.

## **Findings on the use of A&E and alternative services by people with mental health issues**

### *Interview with service user with mental health issues*

This section presents the findings from an interview with a service user with mental health issues, who had previously accessed A&E at York Hospital and alternative health services (Appendix 3).

Mrs A attended A&E on a number of separate occasions. She had experienced negative comments from the reception at A&E saying things such as “oh it’s you Mrs A again”. There was another incident when the service user had slipped and had hit her head and the hospital sent her away after checking her over and did not put in place any aftercare support.

Mrs A had previously used the Walk-in Centre when it was located at Monkgate, however since the Walk-in Centre has been relocated within the A&E department she has not used it because she feels that A&E is too busy. The service user said that her experience of the Walk-in Centre had been varied and sometimes they were really good, but other times she had a similar experience as at A&E and the reception would talk down to her and she didn’t like their attitude.

Mrs A expressed really positive feedback about recent use of NHS 111 and she suggested they were friendly and provided good medical advice.

Mrs A had very positive experiences with her GP who knows her. She said she is often able to get appointments on the same day if she rings in the morning because if someone cancels then she can see a GP. However, she is just given any GP who is available and if she wants to see GP that she is familiar with, she usually has to wait a couple of days

go to get an appointment. The service user said that the reception at her GP were not always welcoming.

Mrs A suggested that the problem with the GP Out of Hours service is that the GP does not know you and you don't know them. She therefore prefers to use her regular GP.

#### *York Pathways with Together*

These findings were gathered from a visit and consultations with York Pathways, who are part of Together Mental Health charity (appendix 4). The York Pathways team was set up by Together for the purpose of reducing demand placed on emergency services from people with mental health issues. This includes an increased demand placed on A&E for people presenting with attempted suicide and self-harming. It was also highlighted how individuals with mental health issues were calling 999 for support and the 101 number was set up to try and deal with this issue.

#### *Crisis and Access service*

These findings were gathered from a visit and consultations with the Crisis and Access service at Bootham Park Hospital (Appendix 4). One of the primary purposes of the Crisis and Access service is to act as a triage service from A&E for people with mental health issues.

The service manager at the Crisis and Access service at Bootham Park Hospital has recently seen an increase in Mental Health presentations to A&E and the Crisis and Access service, an increase in the number of Section 136s (where the police remove someone from a public place, who appears to be suffering from a mental disorder, and impose compulsory detention at a 'place of safety' for up to 72 hours) and an increase in the demand on beds at hospitals and mental health hospitals in York, made by people with mental health issues.

The service manager suggested that the partnership between the A&E department and the Crisis and Access service has improved and more people with mental health issues are being triaged efficiently from A&E to the Crisis and Access service.

## Findings from NHS 111 visit and interviews with the Service Development & Relationship Manager and an Urgent Care/Emergency Care Practitioner

### *NHS 111 visit and Service Development & Relationship Manager interview findings*

This section is partly informed by a visit a member of the Healthwatch York team made to the NHS 111 Yorkshire Ambulance Service Headquarters and consultations with the Service Development & Relationship Manager and an Urgent Care/Emergency Care Practitioner (appendix 5).

NHS 111 is a free telephone service which provides urgent medical help or advice in circumstances which are not an emergency or life-threatening situation (NHS Choices, 2015). NHS 111 call advisers, including those working in Yorkshire Ambulance Service centres, use the NHS Pathways clinical assessment system in their consultations with callers, in order to assess the symptoms of the patient. They then provide medical advice or direct them to a local health service that can help them. This includes A&E, GP surgeries, GP out-of-hours, urgent care centres, Walk-in Centres, minor injuries units, a community nurse, an emergency dentist, a late-opening chemist or 999. Where possible, NHS 111 will also book an appointment for the caller or divert them directly to the service which they need. If the call adviser assesses the need for an ambulance then they will immediately arrange for one to be deployed (NHS Choices, 2015).

The Enter and View survey revealed that a number of respondents did not use NHS 111 before attending A&E because they believed that they would be referred to A&E by NHS 111 and therefore it was a waste of time. NHS 111 has been criticised for allegedly referring a large number of people to A&E. However, the number of NHS 111 calls where the recommended course of action is to attend A&E is a small minority, with only an average of 7.0% of NHS 111 Yorkshire Ambulance Service calls, in January 2015, resulting in A&E dispositions (See appendix 8).

The Service Development & Relationship Manager said that there is an issue with some patients being directed to the Emergency Department due to insufficient alternative provision, for instance a lack of emergency dentists means that patients with urgent tooth problems are often referred to the Emergency Department.

The majority of callers to NHS 111 do not speak to a trained medical clinician, unlike the NHS 111's predecessor NHS Direct which was staffed by medical clinicians. This is due to the significantly greater cost in commissioning a service where all call handlers are medical clinicians. However if the initial Pathway's assessment deems it appropriate, then callers can be diverted through to one of the medical clinicians at the NHS 111 centre, which is queued based on the level of urgency.

*Emergency Care Practitioner interview findings*

During the visit to the NHS 111 Yorkshire Ambulance Service Headquarters an Emergency Care Practitioner was also interviewed. Emergency Care Practitioners / Urgent Care Practitioners try and prevent unnecessary admissions to hospital and A&E and are triaged from 999 calls and ambulance crews. In the York area they are now also starting to take direct referrals from nursing homes and homeless hostels, with the scope for expanding to police custody suites and mental health care providers.

## Findings from one to one interviews with University students

### *One to one with University of York student findings (Appendix 6)*

The student had attended A&E on three separate occasions whilst a student at the University of York.

The student said that he used NHS 111 once, but not on any of the occasions relating to the times he attended A&E and he had used it once for a friend.

He explained how he self-medicated before two of the three occasions that he went to A&E. He strapped up both his knuckles and his ankle before attending A&E to try and treat the injuries. He also said he used anti-inflammatory medication on his ankle, but it was not successful.

The student stated that he registered with a GP when he first came to the university as an undergraduate as part of the induction process at the University of York. He stated that University of York students are able to access any of the Unity Health GP surgeries in York based at: the university, Hull Road and Wenlock Terrace and he had personally accessed the GP surgery at the university and Wenlock Terrace.

In terms of issues with booking appointments the student suggested that he had issues booking appointments at the GP surgery on campus and stated how on one occasion: "I remember I had an ear infection and it would have been a 3 week waiting list."

He suggested, however, that they not were informed of any other health services, other than the GP, which they could access including: NHS 111, GP out of Hours, the Walk-in Centre and pharmacies.

He said that the GP service at the student GP surgeries could be improved by longer opening hours at the GP surgeries, particularly on Bank Holidays, and the extension of drop in sessions at the Unity Health surgeries, which is something that they have started.

The student said he had assisted one of his friends to the Walk-in Centre when it was at Monkgate. The student also said that he would prefer to use a Walk-in Centre than A&E because 'you feel bad' attending A&E and he said:

“I would prefer to use the Walk-in Centre than A&E. You always feel a bit bad for going to A&E. I went with my girlfriend, she had really bad stomach aches. But the A&E just said that it was just a stomach problem. But it was a chronic illness and she had to have medication for ages. If I had have known about it, I would have used the Walk-in Centre for the first occasion.”

The student suggested a self-triage thought process where he considered which out of the GP, A&E, Walk-in Centre, NHS 111 or the pharmacy was the most appropriate service to access. The student said that he would attend A&E immediately if he had something which was causing him distress.

*One to one with York St John's University student findings (Appendix 7)*

The student had attended the A&E department at York Hospital on one occasion when she had used the GP Out of Hours service.

The student had tried to ring the university GP but was unable to book an appointment because it was about to close. She then rang NHS 111, but she had never heard of the service (and therefore had also never used the service) before her friend had mentioned it. She stated how NHS 111 were really helpful and they suggested that she should get medication from the pharmacy and then phone back if she didn't feel any better.

She then said how NHS 111 booked her an appointment with the GP Out of Hours at York Hospital A&E because she wasn't feeling any better having taken the medication and how she had not intended to go to GP Out of Hours before they suggested it and booked her in with an appointment:

“I wasn't thinking about going to A&E but 111 told me to go there. I had just wanted advice because I wasn't feeling well. 111 said to get medication and see how I felt afterwards. But I didn't feel any better, so I rang them again and they then referred me to A&E... and they booked me in with an appointment at the GP Out of Hours.”

The service user said that she had a very good experience of NHS 111 when she used it on the one occasion. They gave her very good advice,



directed her to self-medicate first of all and they then booked her an appointment at GP Out of Hours because her condition did not improve.

The student stated how she had to register with a GP as part of the induction process when she first when to the University:

“It was part of the starter pack before they even gave us our keys - to register with a GP and there was a form in the starter pack”

However she stated how they didn't provide any other information, as part of the induction, about health services which they could access in York.

She stated that there is one GP surgery on campus which is where you are registered as a student at York St John's University and which is exclusively for students at York St John's University.

She suggested that she had not had any issues with booking appointments at the GP. She booked an appointment and she was able to get an appointment on the same day, but she did not end up going to the appointment in the end.

The student said that she had heard of GP Out of Hours previously, but she did not know that the nearest one to her house in York was at York hospital. But NHS 111 told her that that was the nearest one and booked an appointment.

## Conclusion

The Enter and View survey showed that the majority of patients did not call NHS 111 or speak to their GP/GP Out of Hours before attending A&E. A large number of people have also never used NHS 111. Any plan to improve the urgent care system must acknowledge these findings and have a clear strategy for dealing with this. People's reasons for not using these services included: that they would just be referred to A&E anyway, they automatically came to A&E, they did not know of NHS 111, it didn't occur to them to ring NHS 111, it would be too long a wait for a GP appointment, they did not consider GP out of hours, they needed an x-ray or it was an emergency.

The Enter and View survey revealed how a large number of respondents said that they did not use NHS 111 before attending A&E because they believed that the service would inevitably only refer them to A&E anyway. However this appears to be a false assumption, with Yorkshire Ambulance Service (YAS) statistics revealing that only a small minority of callers being referred to A&E.

The finding that over half of people did not self-medicate with either over-the-counter-medication or a prescription suggests more people could self-medicate before attending and not enough people are accessing medication from their pharmacy before attending A&E. The vast majority of those individuals who self-medicated also did so with either over-the-counter medication or treatments and this suggests that few people are obtaining prescriptions from their GP.

A large majority of people would have attended a Walk-in Centre before attending A&E if there was one in York. Even more people would consider using a Walk-in Centre in the future if there was one. People said that they would prefer to attend a Walk-in Centre which was separate from A&E because they felt uncomfortable attending A&E for minor injuries and illnesses and that they would prefer to attend a Walk-in centre. Many people also said that they may be seen quicker in a Walk-in Centre than they would be in A&E. Also, a large number of people used the Walk-in Centre when it was at Monkgate in York.

The closure of NHS Walk-in Centres in the UK has been occurring over the last few years and Monitor (2014) states that the following explanations have been given by commissioners for the closure of Walk-in Centres.

Firstly, a primary purpose for stakeholders' decision to open Walk-in Centres was for the purpose of reducing demand on A&E departments and commissioners have argued that Walk-in Centres have not been effective in reducing A&E attendances. This has led to commissioners focussing on improving the accessibility of urgent care services in terms of their configuration and availability with some commissioners (as was the case in York) reconfiguring Urgent Care services within A&E departments in an attempt to reduce A&E attendances.

Secondly, some commissioners have argued that people attend Walk-in Centres for the same reasons that they would see their GP and some people even attend both Walk-in Centres and their GP. Therefore, it was felt that there was the duplication of primary care services.

Thirdly, it was felt that the convenience and accessibility of Walk-in Centres meant that some commissioners argued that they created unnecessary demand and people could self-care or treat themselves with medication from the pharmacy instead. It was also argued that those individuals local to Walk-in Centres used them more and there was inequity of access.

In the current context of funding pressures and efforts made by commissioners to save costs and the previous factors which have been mentioned, commissioners came to the conclusion that Walk-in Centres were not necessary and they could not justify having them.

The NHS Walk-in Centre was reconfigured into the Urgent Care Centre at York Hospital. However, a consultant in Emergency Medicine at York Teaching Hospital NHS Foundation stated that the majority of minor illnesses and injuries can be treated by the GP or pharmacy and should not be treated at the Urgent Care Centre. He also stated that "the Urgent Care Centre staff will refer patients presenting with chronic and non-urgent conditions to a more appropriate health care provider" (Catton, 2012). Therefore, the development of the Urgent Care Centre was not supposed to act as a replacement for the Walk-in Centre.

The reconfiguration of the Walk-in Centre into the Urgent Care Centre has not been clear to patients and it is not clear when it is appropriate for them to access the Urgent Care Centre. The findings from the Enter and View visit revealed that the majority of patients were attending A&E for what can be defined as minor injuries and illnesses. However, we do not think that this should be interpreted as patients simply using the Urgent Care Centre inappropriately. This is since the closure of the Walk-in Centre has left a gap in primary care provision for minor injuries and illnesses.

There is an issue with a large number of children and young people attending A&E. 0-25 years old were over-represented in the A&E waiting room and made up the majority of A&E attendees accessing A&E through the waiting room.

Finally, there could also be more information provided in the waiting room about amenities in A&E and at York hospital and there is a lack of amenities, books and magazines in the waiting room. The lighting in A&E is also particularly bright and the seating is not very comfortable. There are also a number of improvements which could be made relating to clarity and information about waiting times and in which medical circumstances it is appropriate to access the Urgent Care Centre.

The interview with an individual with mental health issues revealed issues with how A&E, NHS 111, the GP and GP Out of Hours services work with people with mental health issues and how they are not always treated with respect by staff.

The interviews with Together with Pathways mental health charity and the Crisis and Access Service suggested that increasingly more people with mental health issues are putting pressure on York A&E department. Both of these services aim to reduce demand placed on the A&E department by people with mental health issues.

The service manager at the Crisis and Access service at Bootham Hospital stated how they, as a service, had seen an increase in mental health presentations to A&E and the Crisis and Access service, an increase in the number of Section 136s (where the police remove someone from a public place, who appears to be suffering from a mental disorder, and impose compulsory detention at a 'place of safety' for up to

72 hours) and an increase in the demand on beds at hospitals and mental health hospitals in York, made by people with mental health issues.

Since 2012, the government no longer publishes data on Mental Health Treatment in A&E, but Paul Burstow, previously a Liberal Democrat Health Minister, obtained 10 years of data from Ministers, which was the analysed by Incisive Health. It was estimated that, at the current trend, an all time high of more than a million people attended A&E for mental health treatment in 2014, compared with 330,000 in 2002 (The Guardian, 2015). This therefore suggests that increases in the number of people with mental health issues attending A&E at York Hospital is part of a national trend and action needs to be taken to reduce the number of people with mental health issues attending A&E.

The service manager suggested that the partnership between the A&E department and the Crisis and Access Service has improved and more people with mental health issues are being triaged efficiently from A&E to the Crisis and Access Service.

Another development in alternative services which would help to reduce the pressure on A&E departments is the expansion of Emergency Care Practitioner's (ECP). The interview with an ECP at the NHS 111 HQ revealed that in addition to ECPs being triaged from 999 calls and ambulance crews, in the York area they are now also starting to take direct referrals from nursing homes and homeless hostels, with the scope for expanding to police custody suites and mental health care providers. This is a good way of diverting people who are not in a life-threatening or people in non serious conditions away from A&E.

Finally the one to one interviews with a University of York student and a York St John's University student revealed that the students sought alternatives to A&E, including NHS 111, GP Out of Hours, the GP, the Walk-in Centre (when it was at Monkgate), the pharmacy and self-medication. The students expressed reluctance in attending A&E and they said that they would only attend if they felt it was necessary and there was no other option. However there appears to be a gap in provision for minor injuries and illnesses, since the closure of the Walk-in

Centre and students are unsure where to attend for minor injuries and illnesses in York.

The interviews revealed that at both the University of York and York St John's University students are required to register with a GP, as part of the induction process, when they first start university as an undergraduate. However, from the experience of a master's student from the University of York on their social work placement at Healthwatch York, there is not a requirement to register with a GP in York, as part of the induction process for post graduate students.

From the information provided by the students interviewed, the induction process for undergraduate students did not include any additional information about health services other than the GP, which are available in York.

It was suggested by the University of York student that the GP service at the student GP surgeries could be improved by providing longer opening hours, particularly on Bank Holidays and the extension of drop in sessions at the Unity Health surgeries, which is something that they have started in the morning at the University Unity Health GP surgery and is something which could be extended.

The York St John's University student also said how she was unable to book a GP appointment because the university GP surgery closes early.

## Recommendations

Recommendations	Recommended to
Consider ways in which patients can be asked when they get to A&E whether they have accessed NHS 111 or GP/GP Out of Hours before arriving at A&E.	York Hospital NHS Foundation Trust
Consider implications of our findings for the provision of Minor injury and illness services in York	York Hospital NHS Foundation Trust
Consider targeted campaigning at 0-25 year olds about the availability of alternative services other than A&E. This may involve working with groups which work with parents, teenagers, students and children.	York Hospital NHS Foundation Trust
There should be more clarity and information provided about the distinctions between the Emergency Department and the Urgent Care Centre and particularly in which medical circumstances it is appropriate to access the Urgent Care Centre.	York Hospital NHS Foundation Trust / NHS Vale of York Clinical Commissioning Group
Patients could be provided with clearer information on how busy the Emergency Department, Urgent Care Centre and GP Out of Hours are and the staffing levels in each department during different time periods. The approximate waiting times should provide sufficient information and should be updated regularly.	York Hospital NHS Foundation Trust
The lighting could be made less bright and potentially provide more comfortable seating. There could be improvements made to the amenities provided in the A&E waiting room, in terms of food and drink, including healthier options, and the provision of more magazines and books. There could also be more information provided about amenities which patients can access in A&E and York Hospital.	York Hospital NHS Foundation Trust

<p>Developments in the triaging of people with Mental Health issues from A&amp;E to the Crisis and Access Service should continue.</p>	<p>York Hospital NHS Foundation Trust / Crisis and Access service / NHS Vale of York Clinical Commissioning Group</p>
<p>Consider continuing the expansion of Emergency Care Practitioner's direct referrals from a wider range of settings.</p>	<p>Yorkshire Ambulance Service / NHS Vale of York Clinical Commissioning Group</p>
<p>As part of the induction process ensure that Post-graduate students are registered with a GP in York, as well as undergraduate students</p>	<p>University of York, York St John's University</p>
<p>Include information on additional health services, other than GPs, which are available to students in York in the welcome pack or as part of the induction process.</p>	<p>University of York, York St John's University</p>
<p>Consider extending opening times at student GP surgeries and extend the provision of drop in sessions.</p>	<p>University of York, York St John's University</p>



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## Appendices

Appendix 1: Notification letter to York Hospital: Planned Enter and View visit to York Teaching Hospital NHS Foundation Trust

Appendix 2: Enter and View visit questionnaire

Appendix 3: Interview with service user with mental health issues

Appendix 4: York Pathways with Together and Crisis and Access service

Appendix 5: NHS 111 visit and service development & relationship manager and Emergency Care Practitioner interview findings

Appendix 6: One to one with University of York student findings

Appendix 7: One to one with York St John's University student findings

## **Appendix 1: Notification letter to York Hospital: Planned Enter and View visit to York Teaching Hospital NHS Foundation Trust**

### **Planned Enter and View visit to York Teaching Hospital NHS Foundation Trust**

**Date: 21/04/15-22/04/15**

Legislation in the Health and Social Care Act 2012 gives local Healthwatch organisations the power to Enter and View all publicly funded health and social care premises to gather evidence at the point of service delivery.

Accident and Emergency and alternatives is one of the topics which members of the public voted on to the Healthwatch York work plan for 2015-16. As part of our planned programme of work on this topic, we intend to carry out an Enter and View visit to the A&E department at York Hospital for a 24 hour period between 10 a.m. on the 21/04/15 to 10 a.m. on the 22/04/15.

The purpose of the visit is to speak to patients and families/carers to find out the reasons why people are attending A & E in York, their awareness of alternative places that can help them and how well the urgent care system works for people in York.

Feedback gathered during the visit will form part of a report on Accident & Emergency and alternatives, which will be published in the summer of 2015. In line with our report writing protocol, we will send you a copy of the draft report and give you the opportunity to check it for factual accuracy before it is published.

Four members of the Healthwatch York staff team will take part in the visit:

Siân Balsom (manager)

Carol Pack (information officer)

Helen Patching (Project support officer)

Nicholas Redding (student social worker on placement at Healthwatch)

Healthwatch York volunteers who have been trained and authorised as Enter and View visitors will also be taking part in the visit, working with another volunteer or a member of staff, in pre-arranged timeslots. At least one member of staff will be present at all times.

The following is a list of the Healthwatch York volunteers who will take part in the visit:

Fiona Benson, Jane Gripton, Jackie Chapman, Trish Thornton, Polly Griffith and Dorothy Murphy

All staff and volunteers will wear a photo ID badge during the visit.

If you have any questions or need further information about the visit, please don't hesitate to get in touch.

Nicholas Redding

Student Social Worker, Healthwatch York

## Appendix 2: Enter and View A&E Survey



### **Accident and Emergency and Alternatives in York**

Note: ask if the person has already answered the Healthwatch Survey.

“Hello. I am an Enter and View visitor on behalf of Healthwatch York. We are carrying out an Enter and View survey today for a report into Accident and Emergency and alternative services in York. Would you be willing to take part in the survey?” (If yes proceed). “At Healthwatch York we fully comply with data protection procedures, this means that your answers to this survey are all anonymous and confidential. No personal data you give us in this survey will be disclosed without your consent.”

Please circle whether you spoke to the actual person who needed treatment or a family member/ friend/ carer/other (please specify):

Time:

Zone:

1. If you don't mind me asking could you please tell me why you have come to A & E today?

2. Did you speak to your GP or the GP out of hours service before coming to A & E? And if so please specify which.

The GP out of hours service is where you can contact a GP out of normal GP surgery working hours.

Yes	
No	

If yes please specify whether GP or GP out of hours

2. (1). If Yes , did they tell you to come to A&E? And how was your experience of the GP or the GP out of hours service?

2. (2). If No, what was the reason that you did not speak to your GP or the GP out of hours service?

3. Have you previously ever used the GP out of hours service?

Yes	
No	

If answered No to question 3, proceed to question 4.

3. (1). If Yes, how was your experience of the service? And how long was it that you used it?

4. Did you call NHS 111 before coming to A & E?

NHS 111 is a medical helpline which you can ring when you need medical advice but it is not a 999 emergency.

Yes	
No	

4. (1). If No, what was your reason for not using this service?

4. (2) If Yes, did they tell you to come to A&E? And how was your experience of the service?

5. Have you previously ever used NHS 111?

Yes	
No	

If No proceed to question 6

5. (1) If Yes, what was your experience of the service? And how long ago was it that you used it?



6. Did you attempt to self medicate before coming to A&E e.g. with either over the counter medication or with prescribed medication?

Yes	
No	

6. (1). Please provide details to your answer to question 6 and whether the treatment was at all effective?

7. If there was an NHS Walk-in Centre, which was separate from A&E, would you have tried that instead?

NHS Walk-in Centres provide access to treatment for minor injuries and illnesses.

Yes	
No	

8. Did you know that there was previously a Walk-in Centre at Monkgate in York?

Yes	
No	

If answered No to question 8 please proceed to question 10.

9. Did you ever use the Walk-in Centre at Monkgate?

Yes	
No	

9. (1). If No, why not?

9. (2) If Yes, what was your experience of the Walk-in Centre at Monkgate?

10. Would you consider using a Walk-in Centre which was not connected to Accident and Emergency, if there was one in York?

Yes	
No	
Don't know	
Depends	

10. (1) Please explain your answer to question 10

11. Which service are you here to access: Urgent Care Centre, the Emergency Department or GP Out of hours?

Urgent Care Centre	
Emergency Department	
GP Out of Hours	
Don't know	

12. What do you think about the service at Accident and Emergency in York?

13. Is there anything further that you would like to say about your visit to A & E?

14. Have you ever heard of Healthwatch York?

Yes	
No	

15. If you had a bad experience involving Health or Social care services would you report it?

Yes	
No	
Maybe	

15. (1) If No, why would you not report it?

15. (2) If Yes or Maybe, who would you report your bad experience to?

NHS Clinical Commissioning Group	
Care Quality Commission	
Healthwatch York	
Patient Opinion	
The Hospital	
Don't know	

**About you**

Finally, we'd just like to ask you some details about yourself. Please note that we will treat all information provided as confidential, and you can leave any questions you do not wish to answer blank.

16. For monitoring purposes please tell us the first part of your postcode, eg YO24

17. What is your gender?

18. How old is the person who is in need of treatment? (please tick as appropriate)

0-5	
6-17	
18-25	
26-35	
36-45	
46-55	
56-65	
66-75	
Over 75	

19. How would you describe your ethnic origin?

20. How would you describe your religious beliefs?

21. What is your sexual orientation?

22. Do you consider yourself to be a disabled person?

Yes	
No	

23. Are you a carer?

Yes	
No	

## Appendix 3: Interview with service user with mental health issues

### Interview with service user with mental health issues

#### A&E

She attended A&E on a number of separate occasions from overdosing a few years ago. But she had negative experiences with the reception at A&E saying things such as “oh it’s you Mrs A again”. There was another incident when the service user had slipped and had hit her head and the hospital sent her away after checking her over and did not put in place any aftercare support. She ended up putting complaints into ICAS. She has not been to A&E since then and would not feel comfortable having to attend A&E in future.

#### Walk in centre

The service user had previously used the Walk in Centre when it was located at Monkgate. However since the Walk in Centre has been relocated within the A&E department she has not used it because she feels that A&E is too busy and this puts her off going to the Walk in centre. The service user said that her experience of the Walk in centre was varied and sometimes they were really good, but other times she had a similar experience as at A&E and the reception staff would talk down to her and she didn’t like their attitude.

#### NHS 111

The service user expressed really positive feedback about recent use of NHS 111. She said how she used the service a few weeks ago and the person was friendly and helped calm her down and told her to get a cup of tea. She calmed down and had a cup of tea and felt much better. When asked if the NHS 111 person was qualified enough she said that the person was.

#### GP and GP out of hours

She has recently had very positive experiences with her GP who knows her and she has really helped her with some “physical problems” not related to mental health which she has been having. She said she is often able to get appointments on the same day if she rings in the morning because if someone cancels then she can see a GP. However

she is just given any GP who is available and, if she wants to see the GP that she is familiar with, she usually has to wait a couple of days to get an appointment. The service user said how she feels much more comfortable talking with the particular GP who she knows and likes because they are both familiar with one another and the service user likes that the GP listens and is nice. The service user also expressed some negative experiences with previous GPs who she did not feel listened to her and one particular GP she refused to see again due to a negative experience. The service user said that the reception staff at her GP surgery were not always welcoming.

The service user suggested that the problem with the GP Out of hours service is that the GP does not know you and you don't know them. She has used the service a few times and said it is okay if you get the right doctor who is nice, but she prefers going to see the GP that she knows.

**PALS** Mentioned how Patient Advice and Liaison Service always listen to her.

### **The support of Mainstay mental health service**

Mrs A was referred to Mainstay from Mind and she said "I can't praise Mainstay enough for the support they have given me" and they have really helped me with my mental health issues and that "I wouldn't know what to do without them". She said the support of Mainstay helps prevent her from reaching crisis point and help keep her mental health and well being more stable, even though it does still fluctuate. She also mentioned how she was signposted to Mind beforehand by her GP. Mrs A said how there are not enough support services for people with mental health issues to prevent them from reaching crisis point.

## Appendix 4: York Pathways with Together and Crisis and Access Service

### **York Pathways with Together**

The York Pathways team was set up by Together for the purpose of reducing demand placed on Emergency services from people with mental health issues. This includes an increased demand placed on A&E for people presenting with attempted suicide and self-harming. It was also highlighted how individuals with mental health issues were calling 999 for support and the 101 number was set up to try and deal with this issue.

<http://www.together-uk.org/together-to-support-individuals-experiencing-mental-distress-to-reduce-crisis-contact-with-emergency-services-in-york/>

### **Crisis and Access service**

The service manager at the Crisis and Access service at Bootham Hospital has seen an increase in Mental Health presentations to A&E and the Crisis and Access service, an increase in the number of section 136s and an increase in the demand on beds at hospitals and mental health hospitals in York, made by people with mental health issues.



## Appendix 5: NHS 111 visit and service development & relationship manager and Emergency Care Practitioner interview findings

### **NHS 111**

This section is partly informed by a visit a member of the Healthwatch York team made to the NHS 111 Yorkshire Ambulance Service Headquarters and consultations with the Service Development & Relationship Manager and an Urgent Care/Emergency Care Practitioner.

NHS 111 is a free telephone service which provides urgent medical help or advice in circumstances which are not an emergency or life-threatening situation (NHS Choices, 2015). NHS 111 call advisers, including those working in Yorkshire Ambulance Service centres, use the NHS Pathways clinical assessment system in their consultations with callers, in order to assess the symptoms of the patient. They then provide medical advice or direct them to a local health service that can help them, which includes A&E, GP surgeries, GP out-of-hours, urgent care centres, walk-in centres, minor injuries units, a community nurse, an emergency dentist, a late-opening chemist or 999. Where possible, NHS 111 will also book an appointment for the caller or divert them directly to the service which they need. If the call adviser assesses the need for an ambulance then they will immediately arrange for one to be deployed (NHS Choices, 2015).

The Enter and View survey revealed that a number of respondents did not use NHS 111 before attending A&E because they believed that they would be referred to A&E by NHS 111 and therefore it was a waste of time. NHS 111 has been criticised for allegedly referring a large number of people to A&E. However the number of NHS 111 calls where the recommended course of action is to attend A&E is a small minority, with only an average of 7.0% of NHS 111 Yorkshire Ambulance Service calls, in January 2015, resulting in A&E dispositions.

The Service Development & Relationship Manager it was said how there is an issue with some patients being directed to the Emergency Department due to insufficient alternative provision, for instance a lack of emergency dentists means that patients with urgent tooth problems are often referred to the Emergency Department.

The majority of callers to NHS 111 do not speak to a trained medical clinician, unlike the NHS 111's predecessor NHS Direct which was staffed by medical clinicians. This is due to the significantly greater cost in commissioning a service where all call handlers are medical clinicians. However if the initial Pathway's assessment deems it appropriate, then callers can be diverted through to one of the medical clinicians at the NHS 111 centre, which is queued based on the level of urgency.

### **Emergency Care practitioners**

During the visit to the NHS 111 Yorkshire Ambulance Service Headquarters an Emergency Care Practitioner was also interviewed. Emergency Care Practitioners/Urgent Care Practitioners try and prevent unnecessary admissions to hospitals and are triaged from 999 calls and ambulance crews. In the Vale of York they are now also starting to take direct referrals from Nursing homes and Homeless Hostels, with the scope for expanding to police custody suites and Mental Health care providers.

## Appendix 6: One to one with University of York student findings

### A&E

The student had attended A&E on three separate occasions whilst being a student at the University of York:

- 1) “I ended up fracturing one of my knuckles. I initially didn’t go because the doctor just told me to strap it up. But it got worse and I went to A&E. “
- 2) “I went to A&E for a suspected broken ankle and I didn’t go to the doctor first. I went to A&E straight away because they would only send me to A&E and based on previous experience if the GP couldn’t tell if it was broken he would just tell me to go to A&E. My ankle was about the size of my fist, so I thought it was broken. “
- 3) “I went to A&E for headaches. I went for an MRI and I went to the GP beforehand.”

### NHS 111

The student said that he used NHS 111 once, but not on any of the occasions relating to the times he attended A&E. He stated how he had used NHS 111 once for a friend who was visiting, and they therefore did not have access to the GP for her. They did not attend A&E because the next day his friend was okay. He said that the service was very good and they look at you as a whole person and they were really nice and understanding and they gave him a call back later to see how his friend was.

### Self-medication

He said how he strapped up both his knuckles and his ankle before attending A&E to try and treat the injuries. He also said how he used anti-inflammatory medication on his ankle, but it was not successful.

### GPs and the health induction process at the University

The student said that he registered with a GP when he first came to the university as an undergraduate as part of the induction process at the University of York. He said that University of York students are able to access any of the Unity Health GP surgeries in York based at: the

University, Hull Road and Wenlock Terrace and he had personally accessed the GP surgery at the university and Wenlock Terrace. In terms of issues with booking appointments, the student suggested that he had issues booking appointments at the GP surgery on campus and stated how on one occasion: “I remember I had an ear infection and it would have been a 3 week waiting list.”

He suggested, however, that they not were informed of any other health services, other than the GP, which they could access including: NHS 111, GP Out of Hours, the Walk-in Centre and pharmacies.

### **Walk-in Centre**

The student said he had assisted one of his friends to the Walk-in Centre when it was at Monkgate.

The student said that he would prefer to use a Walk-in Centre than A&E: “I would prefer to use the Walk-in Centre than A&E. You always feel a bit bad for going to A&E. I went with my girlfriend; she had really bad stomach aches. But the A&E just said that it was just a stomach problem. But it was a chronic illness and she had to have medication for ages. If I had have known about it I would have used the walk in centre for the first occasion.”

### **Self-triage**

The student suggested a self-triage thought process where he considered which out of the GP, A&E, Walk-in centre, NHS 111 or the pharmacy was the most appropriate service to access. The student said that he would attend A&E immediately if he had something which was causing him distress.

### **How to reduce demand on A&E**

- longer opening hours- particularly Bank Holidays.
- Have some better facilities- a lot of universities have x-rays and there are a lot of medical students who could help out.
- Now they have opened up a drop in in the morning at the University Unity Health which could be extended.
- Include more information on local health services in student induction pack

## Appendix 7: One to one with York St John's University student findings

The student had attended the A&E department at York Hospital on one occasion when she used the GP Out of Hours service.

### **The scenario**

First of all the student had tried to ring the University GP but it was just about to close when she rang. She then rang NHS 111 because one of her friends suggested for her to ring them. She had never heard of the service and had never used the service before her friend mentioned for her to use it. She stated how NHS 111 were really helpful and they suggested that she should go to the pharmacy and get some car sickness tablets and then phone back if she didn't feel any better.

She then said how NHS 111 booked her an appointment with the GP Out of Hours at York Hospital A&E because she wasn't feeling any better having taken the medication from the pharmacy and how she had not intended to go to GP Out of Hours before they suggested it and booked her in with an appointment:

"I wasn't thinking about going to A&E but 111 told me to go there. I had just wanted advice because I wasn't feeling well. 111 said to get medication and see how I felt afterwards. But I didn't feel any better, so I rang them again and they then referred me to A&E... and they booked me in within an appointment at the GP Out of Hours."

### **NHS 111**

The service user expressed that she had a very good experience of NHS 111 when she used it on the one occasion. They gave her very good advice, directed her to self-medicate first of all and they then booked her an appointment at GP Out of Hours because her condition did not improve.

### **GP and York St John's University induction process**

The student stated how she had to register with a GP as part of the induction process when she first went to the University:

“It was part of the starter pack before they even gave us our keys- to register with a GP and there was a form in the starter pack”

However she stated that they didn't provide any other information, as part of the induction, about health services which they could access in York.

She stated how there is one GP surgery on campus which is where you are registered as a student at York St John's University and which is exclusively for students at York St John's University.

She suggested that she had not had any issues with booking appointments at the GP. She booked an appointment and she was able to get an appointment on the same day but she did not end up going to the appointment in the end.

### **GP Out of Hours**

The student said that she had heard of GP Out of Hours previously, but she did not know that the nearest one to her house in York was at York Hospital. NHS 111 told her that that was the nearest one and booked an appointment for her that evening.

### **Walk in Centre**

The student was not aware of what Walk in Centres were and she did not live in York when the Walk in Centre was at Monkgate. The student was informed of what Walk in Centres were and was then asked “Would you consider using a walk in centre which was not connected to A&E, if there was one in York?”

To which she replied: “Yeah definitely if they could prescribe and then help”.

Copy of NHS 111 Performance Dashboard Jan (version 1) [Autosaved] - Microsoft Excel

### NHS 111/YAS Performance Dashboard

NHS 111 / YAS Performance Overview

SELECT FINANCIAL YEAR: 2014/15

INDICATOR	TARGET	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	2014/15 Outturn	2014/15 YTD
Total no. of Calls entered into Adastra	-	24,876	26,188	22,229	22,036	22,714	21,073	23,251	25,182	29,897	28,977	28,974	28,974	220,291	246,523
Total no. of triaged calls	-	24,869	26,175	22,227	22,031	22,709	21,073	23,247	25,178	29,886	28,974	28,974	28,974	220,212	246,469
Total triaged calls - Excluding Dental Calls	-	23,409	24,562	20,979	20,790	21,213	19,867	21,992	23,876	28,522	27,646	27,646	27,646	208,209	232,856
Average Call Duration /s	-	1,212	1,261	1,270	1,434	1,192	1,175	1,387	1,443	1,593	1,345	1,345	1,345	1,339.4	1,339.4
No. Of Frequent Callers <sup>1</sup>	-	216	250	189	183	170	183	180	219	245	255	255	255	1,621	2,090
No. of repeat Callers <sup>2</sup>	-	116	175	138	133	116	111	107	115	165	154	154	154	995	1,330
% Of Calls Transferred to Clinical Advisor	-	5701	5573	4960	5227	5195	5047	5380	5442	6159	6634	6634	6634	53,084	55,318
% Of Calls Transferred to Clinical Advisor	-	22.9%	21.3%	22.3%	23.7%	22.9%	24.0%	23.1%	21.6%	20.5%	22.9%	22.9%	22.9%	24.1%	22.4%
No. of clinical call backs	-	3,614	4,148	3,536	3,822	3,142	3,231	3,722	3,723	4,670	4,493	4,493	4,493	30,551	38,041
Clinical call backs within 10 minutes <sup>3</sup>	-	1,220	1,298	1,192	1,056	905	905	883	896	908	1,242	1,242	1,242	10,764	10,505
% of clinical call backs within 10 mins <sup>3</sup>	≥ 98%	33.8%	31.3%	33.7%	27.6%	28.8%	28.0%	23.7%	24.1%	19.4%	28.0%	28.0%	28.0%	35.2%	27.6%
No. of warm transfers <sup>4</sup>	-	2,967	3,395	1,410	1,363	2,027	1,794	1,622	1,686	1,441	2,176	2,176	2,176	21,187	16,981
% of warm transfers <sup>4</sup>	≥ 95%	36.3%	25.0%	28.4%	26.1%	39.0%	35.5%	30.1%	31.0%	23.4%	32.8%	32.8%	32.8%	39.9%	30.7%
Average Warm Transfer Time - Sec	-	77.8	84.0	74.2	125.5	82.9	77.4	77.1	80.3	111.8	89.7	89.7	89.7	87.0	87.0
% Of 999 dispositions	-	2,782	2,962	2,674	2,742	2,562	2,398	2,742	3,106	3,408	3,378	3,378	3,378	26,280	28,754
No. of PCC dispositions	-	14,179	14,687	11,960	11,476	13,375	11,310	12,693	13,815	16,919	16,249	16,249	16,249	121,331	135,663
No. of PCC dispositions - Outside GP Hours	-	11,145	11,948	10,452	9,984	10,539	9,727	10,713	11,896	13,561	13,395	13,395	13,395	104,511	113,170
No. of PCC dispositions - Within GP Hours	-	3,034	2,839	1,508	1,582	1,836	1,583	1,980	1,919	3,358	2,854	2,854	2,854	16,820	22,493
No. of A&E dispositions	-	1,460	1,613	1,248	1,241	1,496	1,206	1,255	1,302	1,464	1,328	1,328	1,328	12,003	13,613
No. of another service dispositions	-	1,708	1,720	1,658	1,833	1,576	1,645	1,635	1,787	1,786	2,031	2,031	2,031	15,333	17,379
No. of self-care service dispositions	-	3,422	3,670	3,405	3,409	3,227	3,220	3,564	3,562	4,537	4,160	4,160	4,160	33,774	36,176
None	-	41	71	57	158	155	158	178	226	295	328	328	328	443	1,667
% 999 dispositions <sup>5</sup>	-	11.2%	11.3%	12.0%	12.4%	11.3%	11.4%	11.8%	12.3%	11.4%	11.7%	11.7%	11.7%	11.9%	11.7%
% PCC dispositions - total <sup>6</sup>	-	57.0%	56.1%	53.8%	52.1%	54.5%	53.7%	54.6%	54.9%	56.4%	56.1%	56.1%	56.1%	55.1%	55.0%
% PCC dispositions - outside GP hours <sup>6</sup>	-	44.8%	45.2%	47.0%	44.9%	46.1%	46.2%	46.1%	47.2%	45.2%	46.2%	46.2%	46.2%	47.4%	45.9%
% PCC dispositions - within GP hours <sup>6</sup>	-	12.2%	10.8%	6.8%	7.3%	8.1%	7.5%	8.5%	7.6%	11.2%	9.8%	9.8%	9.8%	7.6%	9.1%
% Dental dispositions <sup>7</sup>	-	5.9%	6.2%	5.6%	5.8%	6.6%	5.7%	5.4%	5.2%	4.9%	4.6%	4.6%	4.6%	5.4%	5.5%
% A&E dispositions <sup>8</sup>	-	6.9%	6.6%	7.5%	8.3%	6.9%	7.0%	7.1%	7.8%	7.0%	7.0%	7.0%	7.0%	5.1%	5.4%
% Another service dispositions <sup>9</sup>	-	5.2%	5.6%	5.5%	5.8%	5.4%	5.4%	5.1%	5.5%	5.3%	5.2%	5.2%	5.2%	15.3%	14.7%
% Self-care service dispositions <sup>9</sup>	-	13.8%	14.0%	15.3%	15.5%	14.2%	15.3%	15.3%	14.1%	15.1%	14.4%	14.4%	14.4%	15.3%	14.7%
% None <sup>9</sup>	-	0.2%	0.3%	0.3%	0.7%	0.7%	0.7%	0.8%	0.9%	1.0%	1.1%	1.1%	1.1%	0.2%	0.7%

Please Note: There is an outstanding reporting issue with our suppliers since the introduction of the GP Early Intervention Pilot which may alter the clinical KPIs for June.

\* A frequent caller is where a caller has called 111 four or more times within a calendar month.  
 \* A repeat caller is where a caller has called 111 three or more times within a 24h period.

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## Acknowledgements

This work has been supported by a wide range of individuals and organisations. It would not have been possible without their willingness to work with us. Particular thanks must go to;

- York Teaching Hospital, both in A&E and within the Patient Experience Team
- Leeds & York Partnership NHS Foundation Trust's Service Manager
- Everyone at Mainstay
- York Pathways with Together
- Yorkshire Ambulance Service, especially NHS 111 and the Urgent Care Practitioners

We must also thank everyone who took time to speak with us, especially those people who gave us hours not minutes to hear their story. Every single voice we hear helps us develop a richer understanding of what happens in health and social care in our city. We are nothing without your words, and we remain profoundly grateful to those who help us be more.

Last, but definitely not least, we must acknowledge Nick Redding, who spent time with us from February to June 2015. He created this report based on our brief explaining what the public had asked us to look at. He was determined to do more, reach more and hear more. I hope he learnt a lot during his time with us, and we certainly learnt a lot from him.

It was great having you with us, Nick. Thank you.

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## York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

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