



Non-Urgent Care Survey Report

Prepared by Healthwatch Devon: June 2014

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About this report

This report has been produced by Healthwatch Devon - the independent consumer champion for health and social care in Devon, in line with our remit under s221 of the Local Government and Public Involvement in Health Act 2007.

The report is presented for consideration by:

- Health and social care commissioners and providers in the Northern, Eastern and Western Devon Clinical Commissioning Group area, and in the South Devon and Torbay Clinical Commissioning Group area.
- Parish, District and County Councillors.
- Patients, users of social care services and the general public.

Healthwatch Devon would like to thank everyone who took the time to respond to this survey, as well as the organisations and individuals who helped to promote the survey through their own networks.

Registered Charity Number: 1155202 Healthwatch Devon CIO

Introduction

National Context

Healthwatch England recently commissioned YouGov to survey 1,762 people to find out how and why patients end up in Accident and Emergency Departments (A&E) and what can be done to ease the pressure on this vital frontline service.

The survey revealed that

“18 per cent of people admit to having knowingly used A&E for a non-emergency at some point in their lives, 1 in 4 respondents said it is likely they would resort to using A&E in the future if they were unable to get a GP appointment in a reasonable timeframe, with 1 in 3 stating that they would do so if the non-emergency situation occurred outside of GP opening hours.

The survey results also identified an issue with awareness of alternatives. Around a third of those who responded said that they didn't know where their nearest minor injuries unit or NHS walk-in centre was or the services it provides. While 4 out of 5 people said they were aware of NHS 111 just 1 in 5 report having used it or its predecessor NHS Direct when in need of none urgent care.

Despite two thirds of respondents expressing concern about the NHS's ability to cope with the pressure on urgent and emergency care, the research suggests that when it comes to our own health and that of our loved ones, many of us will continue to use services how we want, when we want, until real alternatives are provided.

Ultimately the problem seems to be the lack of services provided elsewhere. GPs simply aren't flexible enough to meet consumers' needs, at the same time walk-in centres are being closed and social care is under significant pressure.”¹

Healthwatch England concludes that we need to ease the pressure on our A&E departments and in order to do this, we need to be more consumer focussed, which means finding out whether we need **better** access to GPs, **more** information about alternative services, or **new** ways of receiving care²

NHS urgent and emergency care services provide life-saving care for patients, but with increasing pressure on these services, the system is in need of a National review.³

On January 18 2013, NHS Medical Director Professor Sir Bruce Keogh announced a comprehensive review of the NHS urgent and emergency care system in England and this is one of the priorities in the planning guidance for clinical commissioning groups (CCGs) called Everyone Counts: Planning for NHS services 2013/14⁴

Local Context

Healthwatch Devon has been collecting experiences and views from patients, carers and the public for almost a year now and although still small, there is an increasing number of negative experiences coming through that relate to access to GP services, waiting times for appointments

¹ Healthwatch England press release, 04.03.14

² <http://www.healthwatch.co.uk/accident-and-emergency-opinions>

³ <http://www.nhs.uk/NHSEngland/keogh-review/Pages/urgent-and-emergency-care-review.aspx>

⁴ <http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf>

and difficulties getting a same day appointment, or an appointment that is at a convenient time for the patient.

Work has already begun by Commissioners to redesign the Out of Hours service in Devon and Healthwatch Devon has been involved in the early development work around the new service specification. Healthwatch Devon will be sharing this report with GP Practices across Devon, as well as decision makers at NHS England, NEW Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group, and the Public Health team at Devon County Council. We hope that it will help inform the Out of Hours service redesign, and the Joint Strategic Needs Assessment.

Key findings from our survey

- More than three quarters of those surveyed find it easy to make an appointment with their GP
- For those who find it difficult, the main concerns people had relate to:
 - Rigid appointment booking systems
 - Not being able to get through to make an appointment on the telephone
 - Not being able to see the GP of choice on the day
 - Long waiting times to see a named GP
 - Staff attitude and communication, particularly within Reception
- If people are not able to make an appointment with their GP, the majority of those surveyed would visit their local pharmacy, slightly more than a fifth would call 111 and a further fifth would 'do nothing'
- A quarter of those surveyed were unsure about the range of services available to them if they required non urgent medical treatment or advice
- Walk-In Centres were praised by many people as being a useful resource, with several suggesting that there should be more places where people can walk in and be seen by a medical professional without the need to book an appointment
- Responses suggest that more information needs to be made available to the public to explain the 111 Service
- Many people were unsure what 'non-urgent' means and those surveyed suggested that people need more information and advice to help people understand when it is necessary to go to A&E, or when another service would be more appropriate

Summary of Recommendations

- Devon GP practices involved in the "Shaping Service to meet Community Needs" programme should take note of the findings in this report, involve Patient Participation Groups in the programme, and share findings from the programme.
- Devon's Clinical Commissioning Groups should review the communications plan for the Choose Well campaign.

- Devon’s Commissioners working towards the redesign of the Out of Hours Service and Community Services should use the findings from this report as part of the evidence base, and should ensure that patients, service users and carers continue to be involved.

What we did

The aim of this activity was to try to find out:

- Which services people have used if they have required non urgent care
- Whether people are aware of the alternative services available
- What people think needs to be done to improve access to non-urgent care
- Whether people need better access to GPs and more information about alternatives, or new ways of receiving care

So that Healthwatch Devon could start to understand people’s experiences locally, on 14th March 2014, a short, online survey was launched to ask the public a set of questions about the services they use when either they, or someone they care for, require care that is non-urgent. The link to the online survey was regularly promoted through social media, using *#nonurgentcare* on Twitter. The survey was disseminated to the Healthwatch Devon network of individual groups and organisations. It was actively promoted by our key service delivery partners to people in their networks, and people were supported to take part by in a way that suited them. Hard copy surveys were provided to people who were unable to access the survey online. People could contact Healthwatch Devon directly by phone so that a member of staff could talk them through the questions.

Living Options Devon developed a British Sign Language version of the survey which was shared online through social media and cascaded out through the Devon Disability Network.

Devon Link-Up facilitated focus groups to enable people with a Learning Disability to respond to the survey.

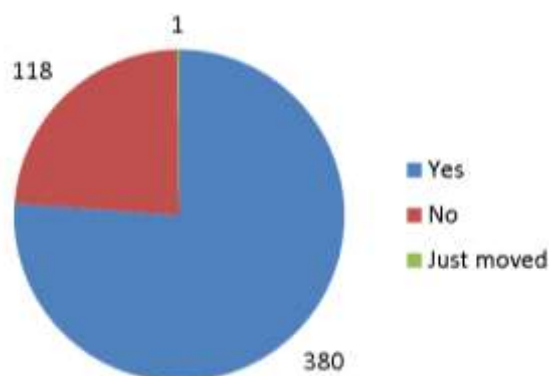
Devon Grapevine hosted a poll on their website asking people to vote as to which service they would choose if they were unable to get a GP appointment.

The survey closed on 23rd April. In total, 513 surveys were completed. 175 respondents provided further commentary in the comments box in relation to their experiences or concerns and their ideas for improvement. A further 30 shared their views and experiences with Healthwatch Devon using the Speak Out form. Full analysis of all feedback received is included throughout this report.

Survey Results

Question 1: Do you find it easy to make an appointment at your local GP surgery?

- 499 people responded to this question
- The majority of respondents find it easy to make appointments
- Just below a quarter of respondents do not find it easy

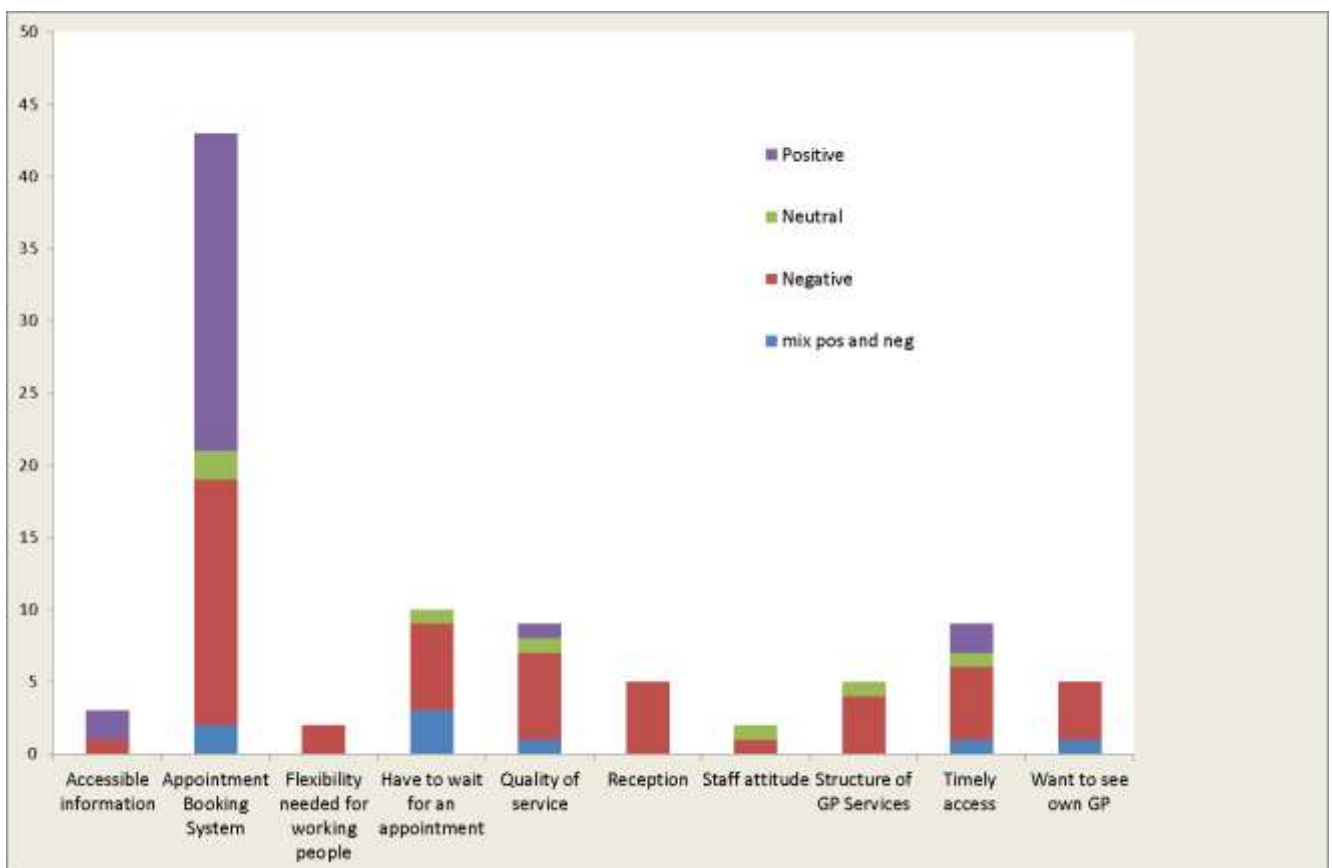


Although more than three quarters of people find it easy to make appointments at their local GP Practice, there are still a significant number of people who have difficulties.

Of the 499 respondents to this question, 95 people provided additional feedback about GP Services. The main categories within which peoples comments fall include;

- Appointment booking systems that are in place at GP Practices
- Flexibility to enable people to access the booking system at other times
- The quality of the service received at the GP Practice
- The service received at Reception when calling to book an appointment
- Timeliness of appointments
- Seeing one's own GP
- Staff attitude and communication
- Waiting times for GP appointments
- Improving accessibility
- Structures of GP Practices, how they work and systems in place

The graph below shows a breakdown of all the comments made in relation to GP Services and whether the feedback was positive or negative.



Appointment Booking Systems

The majority of respondents provided feedback about the appointment booking system at their GP Practice, with 22 experiences being positive and 17 being negative.

Where feedback was of a positive nature, this referred to the following factors:

- Being able to make a same day appointment
- Being able to book online

- Being offered an appointment with a Practice Nurse
- Being able to speak to their own GP on the day
- Being able to walk in on the day for an appointment

Many of those who commented in a positive way had never experienced any difficulties when booking an appointment. Several stated the online booking system was “easy and efficient” Some people, although glad of a phone call from the GP, would prefer a face to face appointment as they fear their symptoms may be misinterpreted over the phone. One respondent who said they could never get a face to face appointment with their GP said:

“I telephoned my surgery at 8.00am and saw doctor at 8.50am I do not think that this can be improved, at other times the appointment is always the same day”

“ I like that they call you - if they can't see you that day - that service is good but sometimes you genuinely need to see somebody. My mum had laryngitis and could hardly speak a word and she went down to the surgery because she couldn't speak on the phone and they nearly turned her away saying 'you can't walk in' - they finally listened and did give her an appointment - sometimes you just can't phone and be told 'there's no appointments today'”

Several people refer to new systems that their GP Practice has introduced “where the doctor will talk to the patient first and then decide if an appointment is necessary. This hopefully, will reduce No Shows for appointments and will also save the doctors much time. It's a brilliant idea. Another said their GP was “fantastic”, one person said that “telephone advice from an experienced GP is very effective” and another said their GP Practice “provides an excellent level of service, with a GP appointment easy to secure on the day if you phone before 10.00 am”

Further positive comments made in relation to booking GP appointment include:

“This is an excellent surgery, where doctors and staff all give 100% to customer care. There is a same day appointment system for urgent cases and although patient numbers are increasing, waiting times are kept to the minimum. Patient slots are ten minutes but doctors never cut appointments short”

“I telephoned my surgery at 8.00am and saw doctor at 8.50am I do not think that this can be improved, at other times the appointment is always the same day. If one medical surgery can achieve this situation, there must be a problem with all the others that need attending to”

“I have always found it very easy to get an appointment with my GP or, in a case which was more serious, a home visit within two hours. The home visit was followed up by very good GP and nursing care at home over the next two weeks. This removed the necessity of going into hospital which I did not want to do”

“I feel my GP surgery is very good. I am always able to get an appointment if I need one, on the same day. The staff are friendly and helpful and the surgery is located in the same building as a pharmacy, which is very useful”

Where feedback in relation to appointment booking systems is negative, this relates to the following factors:

- Having to wait for a call back from their GP
- Being expected to contact the surgery early in the morning
- Not being able to make a same day appointment and having to wait, from a few days to several weeks, for an appointment

- Not getting through on the phone, or getting through only to find that all the appointments are taken

One respondent stated they had *“virtually given up with using GP as have most people in my area”* and another said *“GP appointments sometimes takes several weeks”* Several people made reference to the fact that patients are expected to ring first thing in the morning to make an appointment, which can be inconvenient, particularly if people are at work or have caring duties at that time. One person had the perception that *“their GP Surgery allows patients to queue outside to make appointments before they're open and so all appointments are gone by the time you get through on the phone.”*

“Trying to get an appointment to see someone is like getting blood from a stone...when you ring at 8.30am everyone else is ringing at the same time”

One lady was taken ill in the morning and rang her GP surgery (she only lives over the road to the surgery). She was told to ring another number and asked if she could make her way to the RD&E hospital. She said she could not, so was told that someone would come out to see her. They sent an emergency ambulance. The lady was concerned about *“the tremendous cost of this as opposed to the doctor walking across the road to see her.”*

One respondent needed to cancel an appointment:

“I wasn't able to get through to the surgery to do this in time to let them know. The line is always busy so I gave up as it was a waste of time to get through after about four attempts at different times of the day. Is it possible to dedicate a phone line to cancellations? It is such a waste of the doctor's time if people can't turn up. There is such a long wait to see the doctor and if two people can't attend that's nearly half an hour of the doctor's time!”

Further negative comments include:

“Trying to get an appointment to see someone is like getting blood from a stone and half the time they try to get you to have a phone appointment or see a nurse. They say they open at 8.00 am online, but always have the surgery is closed message until 8.30am. Then when you ring at 8.30 everyone else is ringing at the same time as they all have to book on the day appointments, by the time I get through often the appointments have all gone. I wish I could book appointments in advance more as also how do you know if you will get one to book off work or not?”

“Like many other people I phoned to make an appointment only to be told stay home and wait for the doctor to phone. I have called in to the surgery on one occasion to be told go home and phone in. When I said that I would be out all day the receptionist said that there was nothing that they could do as the new system is now in place. Please get back to the old system or at least make some provisions within the current system to help patients.”

“Appointment system is terrible. Appointment can only be made at 8.30 or after 4 pm. The phone lines are continually engaged during these times and when get through all appointments are gone. The receptionists will not make appointments at any other times.”

“When I contact my local GP Practice I cannot get an appointment. The receptionist who answers the phone says that a GP will call me back. This can be up to three hours later. I feel this is unacceptable because in effect it is like me having a 3 hours appointment as I have to wait in for a call.”

Flexibility to enable people to access services at other times

A few people said they could not use the early morning telephone booking system due to working full time and suggested that GP Practices need to adjust their times so that they are accessible to those who work full time or have caring commitments. One person said he finds it very difficult to get an appointment the same day at his surgery. He works night shifts and doesn't finish until around 10am. To get an appointment the same day it is necessary to telephone the surgery at 8.30am, and they seem to only allocate a few same day appointments. These are gone by the time he gets home at 10am.

The quality of the service received at the GP Practice

On two occasions, patients who had been seen by their GPs ended up going to A&E. One person *“went to A&E in agony and X rays showed I had broken ribs, after GP said it was just chesty cold.”*

Another said they *“advised me to go to A&E if I couldn't handle the pain, a few hours later I took myself along to A&E, waited 6-7 hours there and was then told I should never have been sent there in the first place!!! Poor communication & poor patient care from both my GP and A&E!”*

A person with an ongoing condition mentioned to the GP the distressing side effects from medication, but the GP did not respond. This person felt that no one was interested in finding out about their health. *“You are just given mountains of Morphine and sent off, never to be seen again.”*

One person said:

“I find NHS is more about saving money than health. It takes you weeks to make an appointment (3 weeks for ear waxing?) GP are part-time doctors. Even with the earaches you have to go A&E department. A&E department is even worse. They marked concussion as a minor problem and left the hospital without x-ray after 5 hours in a queue. The only positive experience we had is the experience with the Devon Doctors they are great.”

The service received at Reception when calling to book an appointment

Several people commented on the manner in which they were communicated with by the reception staff when trying to book a GP appointment. One person said they *“hate being 'interviewed' by a receptionist to determine whether I warrant an appointment”* another referred to the receptionist as being *“abrupt.”* Another said that *“receptionists are far too nosy when you call up and sometimes refuse an appointment if you don't inform them why you require an appointment.”* One person felt that it seems like it is the *“receptionists who decide if it's urgent.”*

Timely access to GP appointments

Several people commented on the fact that by the time their appointment comes around they may not need it after all as an illness will probably have cleared up. Many say they just want to speak to a GP on the day that they call rather than wait, during which time their symptoms may have gone. One person suggested that *“having rapid access to someone they could talk to with some sort of open access to support within GP surgeries”* would be beneficial.

“My pharmacist has told me to see my GP as it's a chronic problem but as it's not urgent it's impossible to book a slot in advance.”

Some people are put off trying to get an appointment because they have heard of difficulties in booking appointments through other people. One person said:

"I have a long term painful condition. I keep putting off going to the doctors because I have heard you have to ring early in the morning to see if the doctor will see you. All I want is to be able to talk to a GP sometime in the next week about some issues I have."

Another said:

"In my case my pharmacist has told me to see my GP as it's a chronic problem but as it's not urgent it's impossible to book a slot in advance you have to ring up on the day, by the time you get through all the slots are gone and they offer you an urgent appointment, it's madness."

And another said:


"It seems crazy that you have to call your GP surgery before 8.30am on the day you really need an appointment to try and get an appointment. Often they are fully booked and you have to try calling the next day. Why don't health centres just employ more doctors or stay open longer so that we all have a better chance of seeing them when we need to."

Many people expressed concern that they are not able to see their GP either on the day or at least the same week. *"People can't plan to be ill two weeks in advance. It's laughable and farcical"*. One person explained that if you ring the surgery to ask for a call back, it is sometimes late evening before you get a call.

"In the past 12 months I have only used the health services for flu injections and the AAA test. I am only 65 and effectively manage my own health and welfare issues. I have only needed to make one appointment with the surgery in the past 4 years and that was due to a running injury. I just need to know they are there if I need them when my body begins to give up in years to come."

Seeing one's own GP

Several people commented about access to their own GP and that this is getting more and more difficult. Some give up trying and do nothing while others feel that as the service is now impersonal, they may as well visit a Walk-In Centre and be seen by anyone. One said: *"In the past I would always have gone to my GP, but in recent years, as it has been hard to see the same GP when I go, I haven't bothered. They are either on sick leave, sabbatical, or holiday it feels like and they always have lots of locums."*



"I have excellent service from any local Surgery, but it is difficult to make an appointment with my own doctor"

"Too often I don't do anything because it is too hard to get an immediate appointment. When I tried to get an appointment with my own doctor in December I was told it would be a month before I could see her. I saw a different doctor who wasn't able to help much as it was an ongoing problem, and asked me to make an appointment with my own doctor. The frustration makes it easier not to bother in the first place! I use alternative therapy when I can but obviously there is a cost attached to this that can be prohibitive for ongoing treatment."

One person said they were "put off" going to the GP practice if they could not see a named person, another said *"I often I have to wait so long to see my GP, that whatever trouble I had has cleared up, so the visit is a waste of time"*

Staff attitude and communication

Some people mentioned that the attitudes of staff could be improved. One said *“they could learn a lot from John Lewis Partnership approach to customer services and gaining customer feedback.”* Another person who has a learning disability commented that the doctor *“talks to my mum and dad.”*

Several people mentioned how they felt when they went to their GP Surgery. *“Like a nuisance”* one said, *“like I’m wasting their time”* another said.

Waiting times for GP appointments

Appointment waiting times was mentioned by several people. One person compared it to making an appointment in Thailand, in that here it takes too long. Some said they waited typically 2 - 3 weeks. Of those who commented on waiting times, the majority said it could take about two weeks.

Improving Accessibility

Responses were received from Deaf people who had experienced difficulties when making and attending GP appointments. Being able to book online worked for one individual, but others referred to their experiences when they attend appointments. One said:

“At my surgery, when I go to see a nurse I can get by with writing notes down. For example, I went to the nurse for a blood pressure reading. From the reading I was found to have high blood pressure therefore I would be needed to see the doctor for several appointments over time. I went direct to Deafinite Interpreters agency to book interpreters for all of my appointments. I would prefer the surgery to take responsibility for booking interpreters rather than relying on the Deaf patients knowing where to book interpreters from. Surgeries need to have a system, for example a clear stamp that the patient is Deaf therefore requires an interpreter, so that all Deaf patients can have full access to the medical information they may be provided with. Some patients do not know how to book an interpreter or where they can book one from.”

Devon Disability Network (DDN), part of Living Options Devon highlighted the issues that Deaf people have raised in relation to access to services and the provision of information in British Sign Language. One DDN member demonstrated the issues faced with getting an interpreter along to a doctor’s appointment, or to attend support sessions for Mental Health issues. Through the DDN, members are now looking at ideas that could help to improve the situation. Most of the issues faced are due lack of understanding and the cost factor for interpreters. This causes a great deal of distress for Deaf people when trying to get support for health and social care needs. DDN suggest that this is an area of strategic development where joint efforts between the Clinical Commissioning Groups and Healthwatch Devon could achieve very positive results. Where some GP practices offer an online booking system, other feedback suggests that not all offer this facility to patients.

“The reliance of the medical practice on telephone communication for making appointments is not helpful. In the past I have been “told off” for using e-mail communications and so I have needed to visit the reception to make appointments. Whilst good to take the exercise, there really ought to be an e-mail facility as an alternative to telephone contact.”

“There really ought to be an e-mail facility as an alternative to telephone contact.”

Another person responded: *My GP’s online booking system now makes it really easy. Before I would struggle to get through on the phone or accidentally call when they were closed.*

GP Practice structures and systems

Several people refer to there being a lack of continuity in their care at their GP Practice and several mention the fact that some GPs are part time and therefore difficult to get an appointment with. Some people reflect on how they think the service has changed:

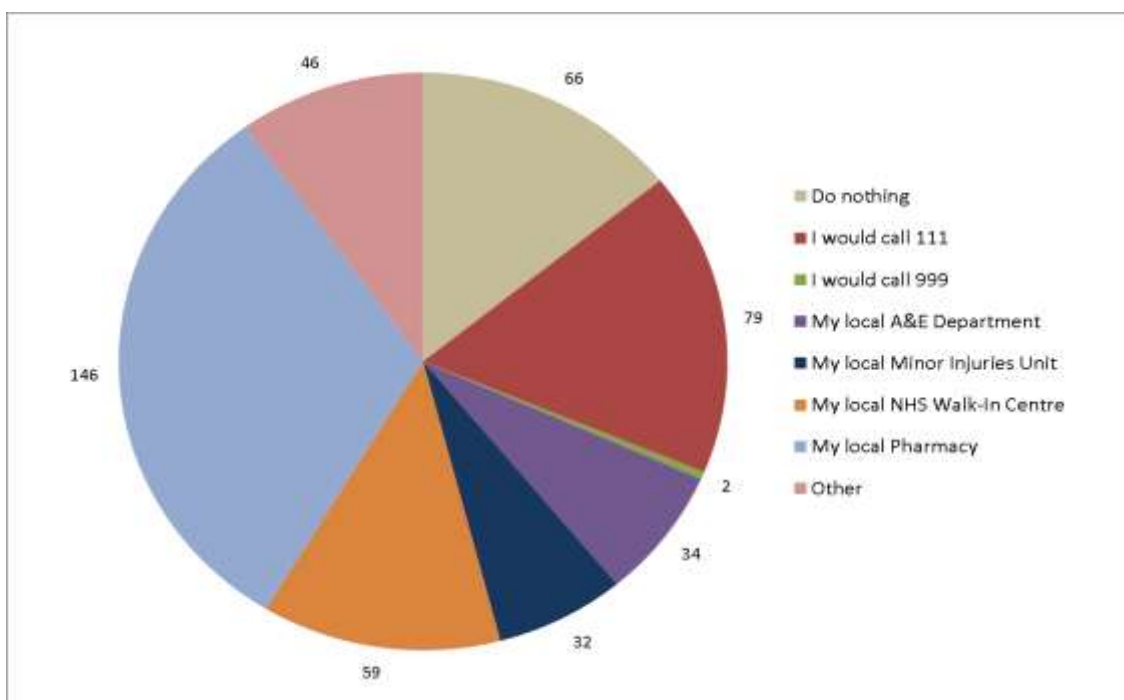
"At my health centre a 'GP' appointment is invariably with a TRAINEE GP who may be at the practice for as little as a few months and then only on a part-time basis and so knows virtually nothing of a patient's long term health issues. I use the pharmacy to ensure that there is no conflict re changes to prescribed medication (by trainee GP). It was suggested that I do this by another patient and it is as well that I do.....A trainee prescribed medication that should not have been taken with other drugs that I was on at the time"

It is all very well offering these 'choices' but where is the continuity of care? A non-urgent symptom may only be truly representative when taken in the context of a patient's overall medical history. When the radical overhaul of GP services were first mooted I commented at the time that patients would die as a consequence.....regrettably this comment has become a reality that will be further exacerbated by continuing/further 'dilution' of the GP/patient contact. Shared responsibility is NO responsibility!"

"The inappropriate use of A & E is something about the pressure on lifestyles in current society coupled with impressions created by GPs huge improvement in pay and contracts that they no longer care. Relief on A & E will only ease when GPs return to an improved service locally over a longer time span. Theirs is not a 9 to 5, 5 day a week job, it is a professional calling".

GPs are now so busy - in the past they said they were busy, but in fact no more so than other hard working people. But their workload and pressure have increased, plus they now work sensible hours. We need to go back to basics. If we started from scratch, how would we set up the system?"

Question 2: If you needed non urgent medical attention, but could not get an appointment with your GP, what would your next option be?



- 464 people responded to this question
- The majority of respondents, just below a third, said they would choose their local pharmacy as the next option for seeking medical advice, if they could not see their GP
- More than a fifth of respondents ticked that they would call 111
- Less than a fifth ticked that they would do nothing
- Around a tenth of respondents would go to their local A&E department, more than would go to their local minor injuries unit
- A small number (only 2) said they would call 999.

“On another occasion I tried a pharmacy over an eye infection. The drops sold to me were ineffective and I was referred to an optician, who then referred me to the GP, where I got the antibiotics I should have had from the start!”

One person said, “If I couldn't make an appointment with my GP, I wouldn't know what to do”

Many felt that pharmacies were useful sources of information and advice, particularly in relation to medication, side effects or minor ailments. Some said that they would go to the pharmacy for help so as not to waste a GP's time, although some acknowledge that sometimes a pharmacist would refer you back to the GP if they felt it was necessary.

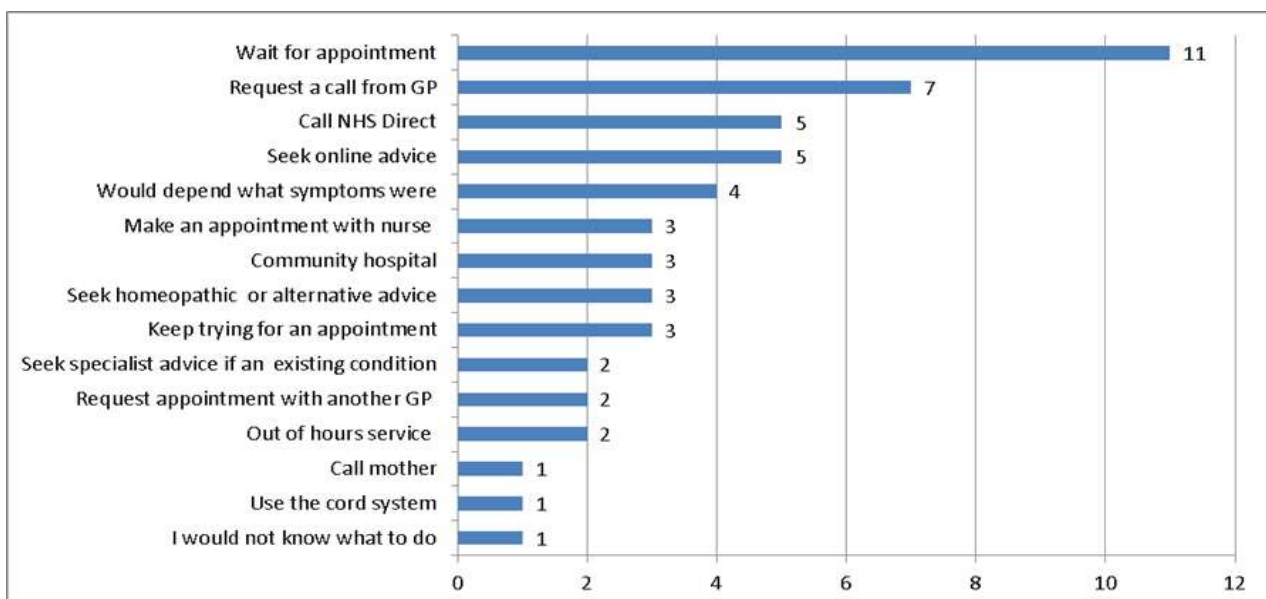
“On another occasion I tried a pharmacy over an eye infection. The drops sold to me were ineffective and I was referred to an optician, who then referred me to the GP, where I got the antibiotics I should have had from the start! Unlike on the continent of Europe, Pharmacies have no really effective medicines without a prescription - perhaps they should do so?”

“I go to my pharmacist as my doctor, apparently only works two days a week.”

“We do not have access to a local walk -in centre and our nearest A&E is 14 miles away so without a car it is very difficult to get to during non day light hours. We did have a local hospital which was a last resort but this is now CLOSED!”

“We don't have a walk in centre and our minor injuries [unit] isn't always fully functioning so end up going to Exeter A&E which is a very long way to go.”

Of those who ticked 'other', the following graph illustrates what people said they would do if they could not get a GP appointment.



Of those who ticked 'other' some people listed several alternatives as to where they would go, depending on what their symptoms were. One person responded;

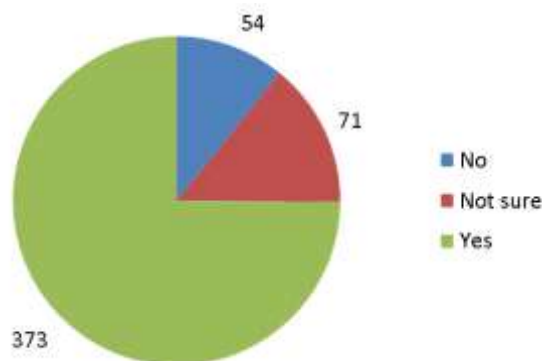
"I am diabetic and in close touch with the specialist nurses at my GP Clinic therefore I would seek their help if appropriate. I also attend the Well Woman clinic there so have another source of help. If I felt none of these professionals could help I would gladly accept an appointment with a GP other than my "own"."

Several people said that they had never had a problem obtaining a GP appointment. The majority of those who ticked 'other' said they would still make contact with the GP surgery to either wait for an appointment, request a call back from their GP, pursue a same day appointment, albeit with a different GP or to see the Practice Nurse. 5 people said they would contact NHS Direct, therefore unaware that this service has now been replaced by the 111 service.

"I would probably only go to my GP for non-urgent medical care. If I couldn't get an appointment then I would most likely not seek further medical attention and instead wait until the problem improved, or worsened to the point that it definitely needed medical attention."

Question 3: Do you understand the difference between all of the above services?

- 498 people responded to this question
- Three quarters of respondents ticked 'yes' they did know the difference between all the services that were listed, which included: Pharmacy, A&E department, Minor Injuries Unit, NHS Walk-In Centre and 111
- A quarter of those who responded were either not sure or did not know the difference between the services listed above



Several people were unsure about the services available to them in their local area. One person was unsure of the difference between a Minor Injuries Unit and a Walk-in Centre *"or the opening hours which seem to vary greatly"*.

"I know where the nearest Pharmacy, A & E Department are but I have no idea where the nearest MIU or NHS Walk in centre are. Where should I look to find out?"

Many people commented that they were unsure of what some services provided and some comments illustrated confusion as to what they believed the services provided. Many were unsure what services are available to them locally. Several people were unaware that NHS Direct was no longer in existence and several had not heard of the 111 service.

"I have never heard of NHS walk-in centres, local minor injuries units or 111"

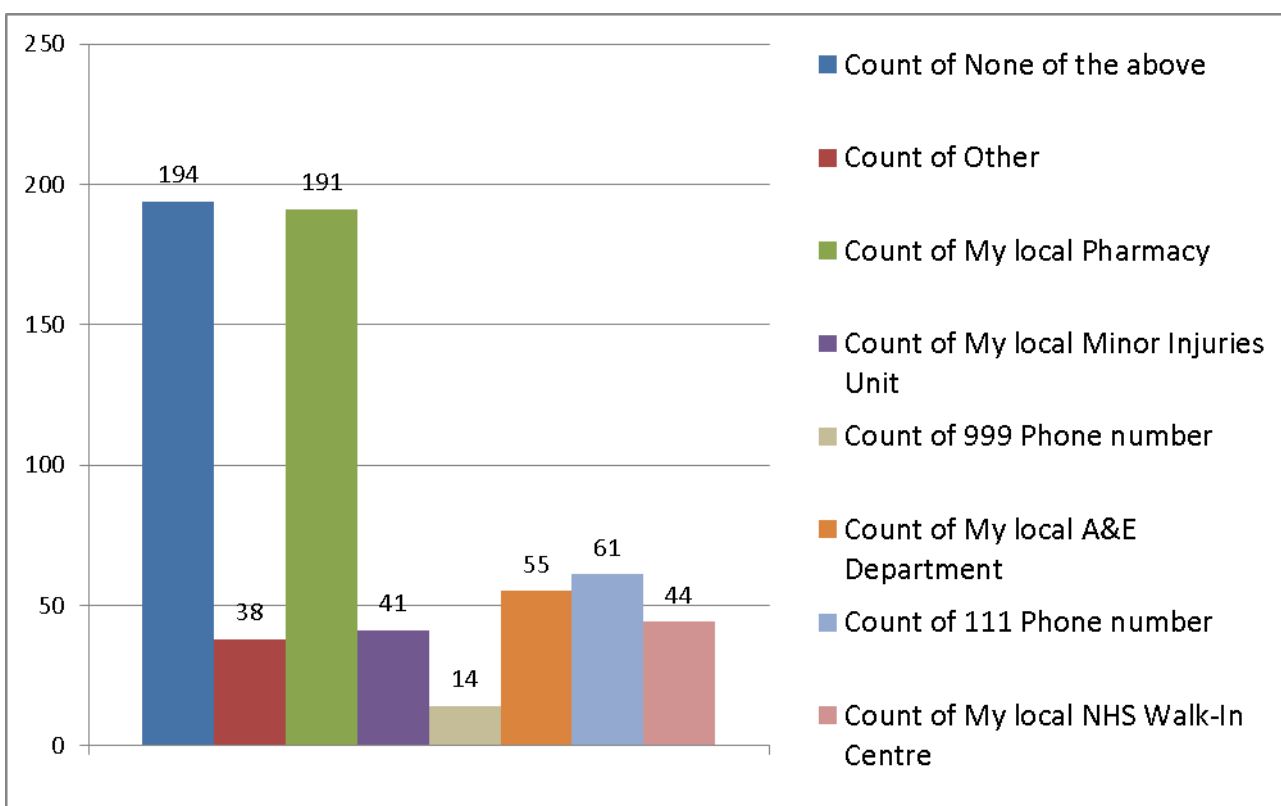
"I guess there is a NHS Direct but as I am deaf I can't use a phone"

Many people suggested that more information needs to be made available to people that would help them understand what each service provides and when to access them.

Suggestions people made as to how to raise awareness of what services were available include:

- Making patients aware that early and late GP appointments are often available at GP practices may help to avoid unnecessary attendance at A&E or other inappropriate services
- Clear information needed in entrance to A&E *“there is currently a message saying 8-8 service no longer available, please call 111 - this may mean little to a lot of patients.”*
- There needs to be one website that isn't NHS Choices as that is national, but is just for Devon which will help people choose the right service
- An explanation as to the role of the new 111 service, what patients can expect from this and when patients should use this.
- There are a lot of people still going to GPs for colds and other minor illnesses. Would it be better to divert some resources into educating people more?

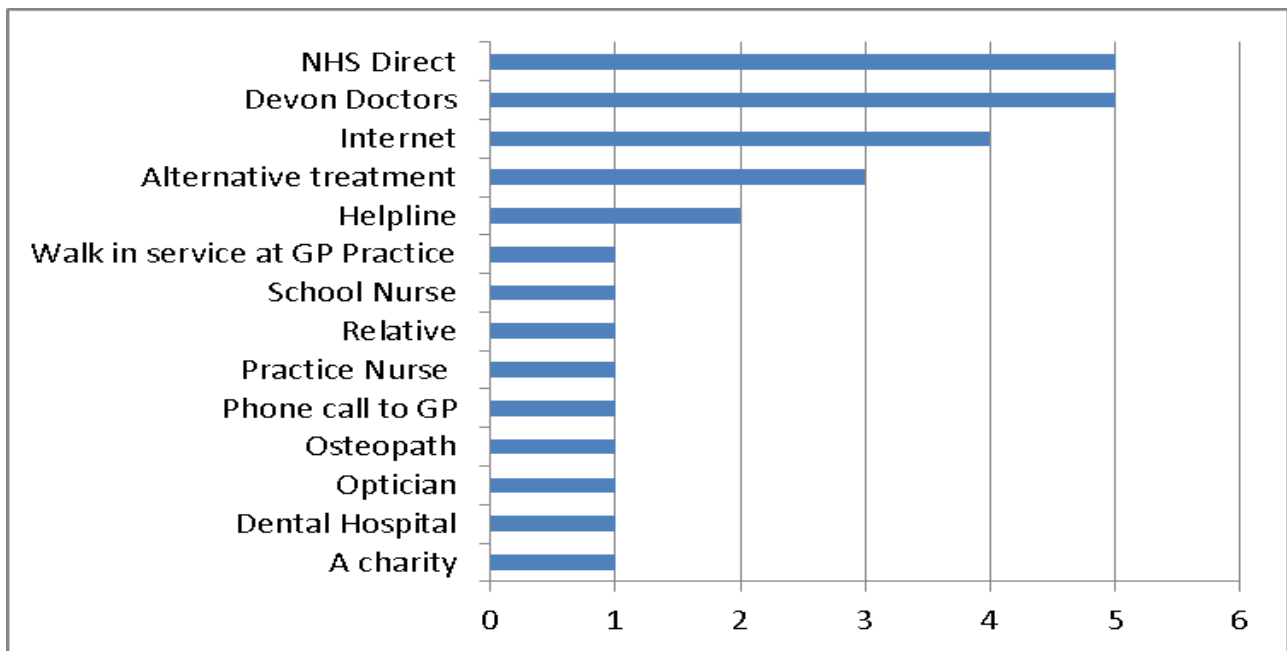
Question 4: Within the last year, have you used any of the following services in preference to your GP? (Respondents were asked to select all that applied to them)



- 500 people responded to this question
- More than a third of respondents had not used any of the services listed
- A further third of respondents had visited their local pharmacy
- Just over a tenth of people had called the 111 service
- A tenth of respondents had visited A&E and a small number of people had called 999

“I have injections in my eye for macular degeneration. When I suffered severe pain I had to go through A & E on 2 occasions instead of going straight to the West of England Eye Unit. This prolonged the agony and on the second occasion I had to wait so long I went home as I saw no-one after seeing the Triage nurse. I think during the daytime this is a complete waste of time for A & E and for eye patients when there is obviously an eye hospital. Some arrangement should be made for eye patients to go directly to the Eye clinic and not have to go through A & E.”

28 people provided information as to another service they had used. These are broken down as follows:



Many more people provided feedback about their experiences when they have used services other than their GP service. These comments are set out below.

Out of Hours Services

"The out of hours GP service is better than nothing but the quality of care varies and it is clear that it needs to be staffed by GPs that have, at least, a modicum of patient centred understanding and telephone training."

"The out of hours service simply refer to A&E which most people don't want to go to. Services not joined up. I was recently told to travel 14 miles at 1.00 am to see Devon Doctors at Newton Abbot Hospital when ill and they simply didn't turn up. They said wires had got crossed!"

"NHS Direct worked. Why on earth has it been changed to something that doesn't? You were able to get a reasonable prompt attention for minor worries or be advised on a course of action for those things more serious that are developing out of surgery hours. As out of hours GP attention is really difficult to get to and often you only need advice from a trained professional on what your symptoms are indicating should be your course of action. That is what most people want otherwise they would be ringing an ambulance surely."

Many people provided feedback about the out of hours service and the 111 service. Some people lacked trust in the 111 service, while others felt that the service had not been advertised properly. *"The 111 number needs promoting more widely as does the use of pharmacists as not many people realise they can offer advice on common ailments."*

One person felt that 111 should be cut *"as not helpful enough or practical"* and expressed concern that *"people are going to die from this intervention service."* Another person said *"111 has made it more complicated and time consuming"*

One said, *"I recently used 111 because I had flashing lights in my eyes. I was very worried. I was asked lots of questions, many of which did not seem relevant and I just felt like the experience*

was not at all helpful, as at the end I was told to contact my GP or my local optician. Next time I will do this first rather than ringing 111. I did ring the optician and the staff member there was most helpful and I felt really listened to, unlike the 111 service where the call handler was not listening to me or offering any reassurance and I felt like it was just a process of question after question.”

“Another call to 111 resulted in patient being told that he might have to wait in A&E for 24 hours following the triage offered by NHS 111. Patient felt this would be difficult considering the diarrhoea, and was put in touch with Tarka Doctors. Upon mentioning that he was having chest pains, however, patient was admitted for the second time. Patient feels that call centre staff were trying to keep him out of hospital, and that as a result he was being dissuaded from getting help.”

“With out of hours doctors/nurses I have been told to go to A&E, sometimes wonder whether this was to cover themselves if their telephone assessment was by its very nature uncertain, so send to A&E for triage (and what level of training do people on 111 have?)”

“I would like a local 24-hour walk-in service, or at least a doctor available into the evening and at weekends during some pre-determined hours. As it is, if you require attention after 6.00pm or at weekends, then you must consult the 111 service and start making guesses at what to do next.”

“I fell and banged my head in September 2013. I was concussed enough to vomit for two days. It was 5pm on a Sunday and the emergency doctor said he couldn't come until midnight. Because my husband has dementia and I was too wobbly to get downstairs I didn't call him. I tried 999 but they said that they could take me but not bring me back and I could get a taxi - what taxi wants a vomiting passenger? The surgery on Monday morning said I should go to A&E but when I explained about transport they said they thought the hospital would arrange something. As my husband has dementia I didn't want to leave him and I didn't have a Carers card.”

“In our case, there is no point in calling the Doctor-on-call” service as the only thing we are ever told is to take our epileptic daughter to A&E.”

“The out of hours system doesn't work if you live on the county border. It is far too far to minor injuries for my disability. Triage System doesn't work properly.”

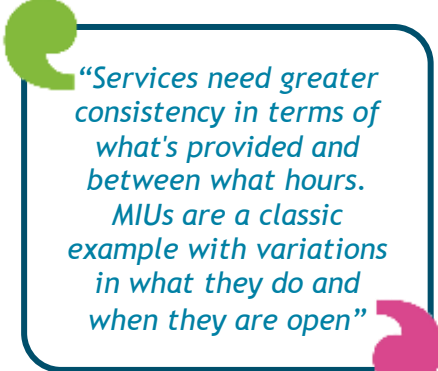
“I have used the Out of hours GP service in the period before it changed to 111 and got good service for a condition that needs prompt referral. In this situation this is actually better than the service in hours where you either wait for a GP to call, or go to A&E which although this was what I was advised to do, was not correct and involved long waiting times.”

Minor Injuries Units

“In the past I used Minor Injuries Unit in the evening but it is no longer open 24 hours a day”

“Services need greater consistency in terms of what's provided and between what hours. MIUs are a classic example with variations in what they do and when they are open”

“The MIU in Honiton is brilliant but extremely frustrated 'they' keep cutting its hours”



“Services need greater consistency in terms of what's provided and between what hours. MIUs are a classic example with variations in what they do and when they are open”

“Minor injuries service is excellent. Over the past few years, I have just turned up and have been seen by a nurse on three occasions. She was able to access a duty GP easily when required - on two of these occasions.”

NHS Walk-In Centres

Several people explained the benefits of using the Walk-In Centres, particularly during out of hours or if specific medication is sought. Comments include:

“At weekends the Walk-In Centre is the only place I can get urgent anti-viral meds prescribed if I get an attack of shingles, as meds only work if I take them immediately I get ill”

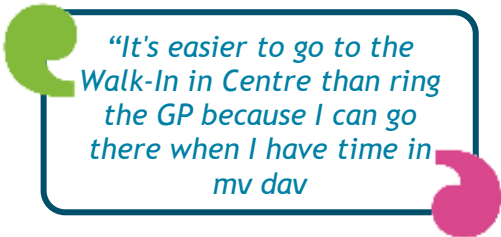
“I did attend the NHS 'Walk-in Centre' in Totnes on a Saturday and was seen very promptly with no appointment booked.”

“I tend to use Walk-in when it is out of hours or weekend and some antibiotic or prescription ointment is known to be needed. Otherwise, most situations can wait a day or two to see any other available GPs or nurses in the practice”

“I think the Walk-In Centres are very good when GP surgeries are not open and you need to get advice quickly”

“The walk-in clinic in Sidwell Street is good for weekends without an appointment and I haven't had to wait long when I went. But to have to go via A&E triage first at the RD&E puts me off using the walk-in clinic there, as the waiting time is so long for triage”

“More walk in treatment centres should be opened and made more accessible”



“It's easier to go to the Walk-In in Centre than ring the GP because I can go there when I have time in mv dav”

Accessing mental health support

3 people explained the difficulties experienced when trying to access mental health support:

“I have a friend who needed mental health support at the weekend. It proved extremely difficult and resulted in her waiting for 7 hours to get psychiatric assessment!”

“Lack of resources to local mental health services makes life difficult for me. My mental health problems are too complex for local services to deal with”

“When mentally unwell I would be unable to access my GP as not able to make advanced appointments so my support worker would be unable to go with me and I would be unable to attend on my own. So my physical health would deteriorate”

“If it is mental health related I always wait for my own GP as he understands my situation.”

Feedback from people with learning disabilities

Devon Link-Up supported people with learning disabilities to take part in the survey at their speaking up groups. These took place in East Devon (9 people took part) and South Devon (14 people took part). In total, 23 people provided feedback about their experiences of accessing non-urgent care services in this way. To summarise:

- The majority of those who responded indicated that they found it easy to make a GP appointment
- Nearly half of those who responded would 'do nothing' if they could not get an appointment with the GP
- Many said they would contact their support worker if they require support in seeking services or if they cannot reach their GP
- More than half of respondents did not know what a Walk-in Centre was.

Comments include:

"I ring in the morning. I cannot get an appointment until 11.30 / 12.00 that day."

My doctor was away. I had to see someone else"

"I like to see my own doctor"

"I have a lady doctor. She checks things to see if you are healthy or not"

"My doctor is a man. He talks to my mum and dad"

"The doctors talk to staff. They talk to me as well"

Devon Senior Voice report

Devon Senior Voice carried out a survey of their members in October 2013, to find out if any people had missed an appointment with their GP. 68 out of 72 people who responded to the survey had never missed an appointment. Those that had missed an appointment did so because they either forgot to attend or were unable to contact the GP surgery by telephone to cancel because of long telephone queues.

The survey also included a question about charging for appointments and of the 72 who responded, over 50% did not agree for a variety of reasons which included:

- People, especially pensioners, not being able to afford a charge
- That people already pay in the form of National Insurance contributions
- That a charge would fall heavily on older and infirm people due to having to attend frequently because of their long-term conditions
- That it would deter you from attending and receiving treatment which could then accelerate the condition and cost more to the NHS in the long run

Of the 45% of those who were in agreement with a charge, reasons why included: a charge might sometimes be warranted - for a missed appointment and as a deterrent from abusing the system.

Overall, some people in the DSV sample felt that those least able to afford a charge would not go to the GP and that A & E Departments would be more overloaded as a result. Several people said that they visit the GP very infrequently and often resort to the remedies of childhood for minor problems. One person stated that they would be happy to pay a small charge if it meant they could see their own GP and one person thought that charging for appointments was a good idea. However, some felt that the bureaucracy and administration cost of doing so would outweigh the benefits

Walk-in Centres

Devon Senior Voice also asked people about their use of Walk-In Centres. 68% (of the 72 respondents) had used the Walk-In Centres on Sidwell Street and at RD&E Hospital for a variety of reasons from collecting hearing aid-batteries, to accidents on the street or on public transport, for ear syringing, eye problems, blood pressure checks, shingles, wound dressing, minor ailments and pneumonia. Many cited the fact that Walk-In Centres were easier to access than the GP surgeries, especially for earlier and later appointments and on Bank Holidays and weekends.

Overwhelmingly most people had been very happy with the services received although a few people mentioned the length of wait to be seen and one person said that they would not go again as they contracted an ear infection that then necessitated visits to the hospital over a six month period.

Everyone mentioned the flexibility of the service in comparison with those of GPs - open longer hours, on Saturdays and Sundays and holidays and one or two people felt that if more patients used the Walk-In Centres, then the pressure would be less on Accident and Emergency and the GP surgeries.

Several people said they were confused between the services offered by Walk-In Centres, Accident and Emergency and Devon Doctors and asked for clarification which seems to indicate that the general public need clearer guidance on this - either via their GPs or through organisations like Devon Senior Voice, while another gave an excellent summary of how they decide which service is required - they call an ambulance if they or the patient is not breathing, bleeding to death or has a broken bone, they take a taxi to Accident and Emergency if they or the patient need/s immediate attention, call the on-call doctor if they are alarmed (e.g. a splitting headache in the middle of the night) and visit the Walk-In Centre if it is open for unexplained serious pain (for this person it turned out to be shingles) and for anything else they make an appointment with their GP.

Conclusion

Our survey on non-urgent care was prompted by the Healthwatch England (HWE) report referred to on page 1. That report found that:

- 18% of people admit to having knowingly used A&E for a non-emergency at some point in their lives
- 25% said it is likely they would resort to using A&E if they were unable to get a GP appointment in a reasonable timeframe
- There is a general issue with awareness of alternatives, with around a third of respondents saying that they didn't know where their nearest minor injuries unit or NHS walk-in centre was or the services it provides.

HWE's conclusion was that "*Ultimately the problem seems to be the lack of services provided elsewhere. GPs simply aren't flexible enough to meet consumers' needs...*"

Our survey came up with similar findings about awareness of alternatives, with one quarter of those surveyed being unsure about the range of services available to them if they required non-urgent medical treatment or advice.

We also found that GP accessibility was a common underlying problem. One quarter of respondents did not find it easy to get an appointment. Common issues included:

- Rigid appointment booking systems
- Not being able to get through to make an appointment on the telephone
- Not being able to see the GP of choice on the day
- Long waiting times to see a named GP
- Staff attitude and communication, particularly within Reception

The main difference between HWE's survey and our own was that people in Devon seem less inclined to head for A&E as the immediate alternative to a GP appointment. We found that the majority would visit their local pharmacy, and slightly more than a fifth would call 111. A

number of people that responded to our survey made direct reference to the distance to their nearest A&E being a significant barrier for them. Devon is a largely rural County and transport and access to health services may account for less people being inclined to go straight to A&E as a first choice of service.

Interestingly, a further fifth would 'do nothing'. While this may indicate a refreshing degree of self-reliance and self-care, it may also (especially in a disproportionately ageing population) mean that early diagnosis is being missed.

Finally, it is worth noting that NHS England has also produced recent findings that echo our own. Their response has been to issue call to action: [Improving general practice - a call to action](#). The aim is to stimulate debate in local communities - amongst GP practices, area teams, CCGs, health and wellbeing boards and other community partners - as to how best to develop general practice services.

Recommendations

Access to GPs

We are delighted that GP practices in Devon are part of a £3.5 million Challenge Fund programme ([Shaping Services to Meet Community Needs](#)), aiming to improve access to GP services. We urge participating practices to:

1. Take note of the findings in this report and seek ways to address the issues raised by respondents
2. Involve Patient Participation Groups and the wider community in the implementation and evaluation of the programme
3. Share findings from the programme as early and as openly as possible

Awareness of alternatives

We commend the NHS Choose Well campaign, and in particular the way in which it has been adapted by the [NEW Devon Clinical Commissioning Group](#).

4. We recommend a review of the communications plan for Choose Well, and would be happy to discuss with the CCGs ways in which Healthwatch Devon, with and through its delivery partners, may be able to help spread the word.

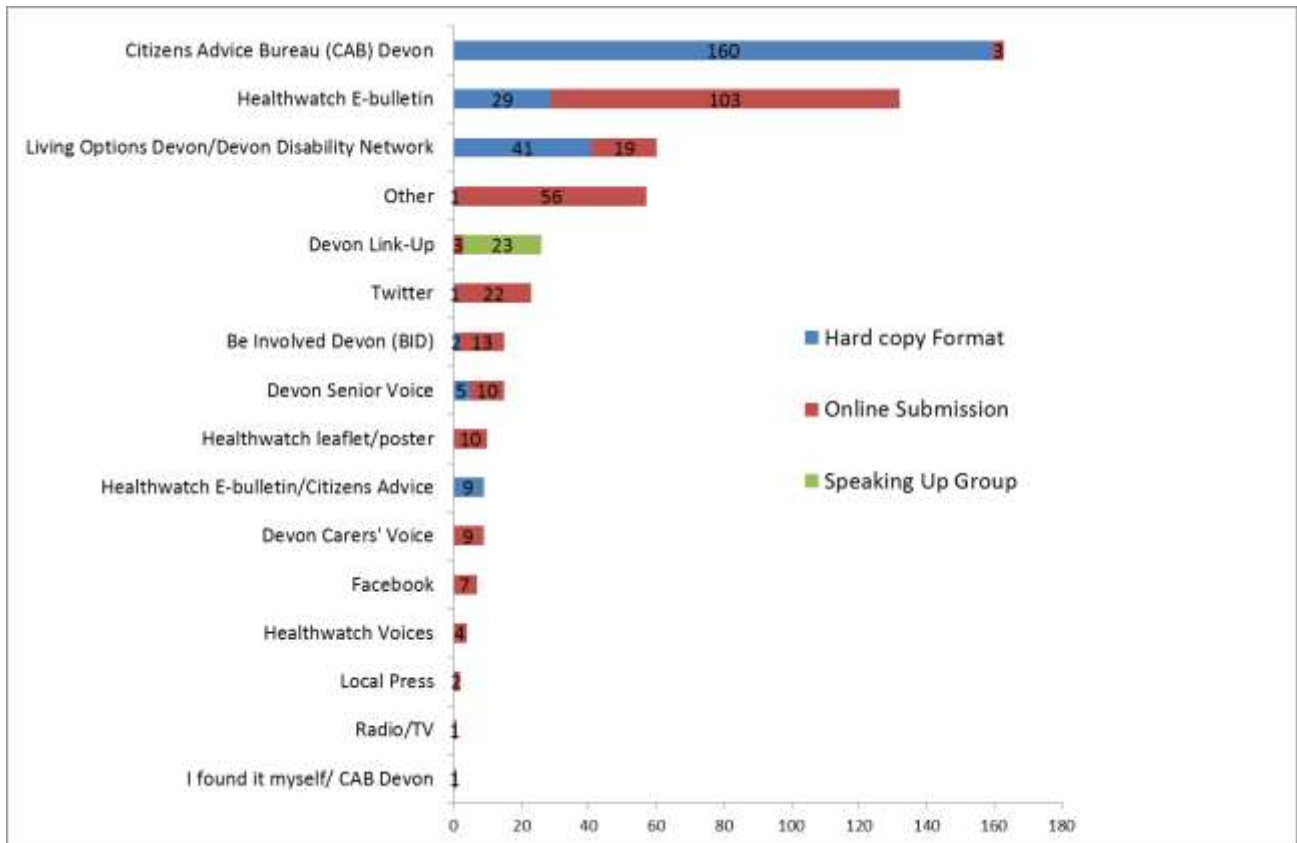
Service planning and design

We are aware that Commissioners are working on the redesign of the Out of Hours Service in Devon. And the NEW Devon CCG is currently consulting on its [Strategic Framework for Community Services](#). We recommend that:

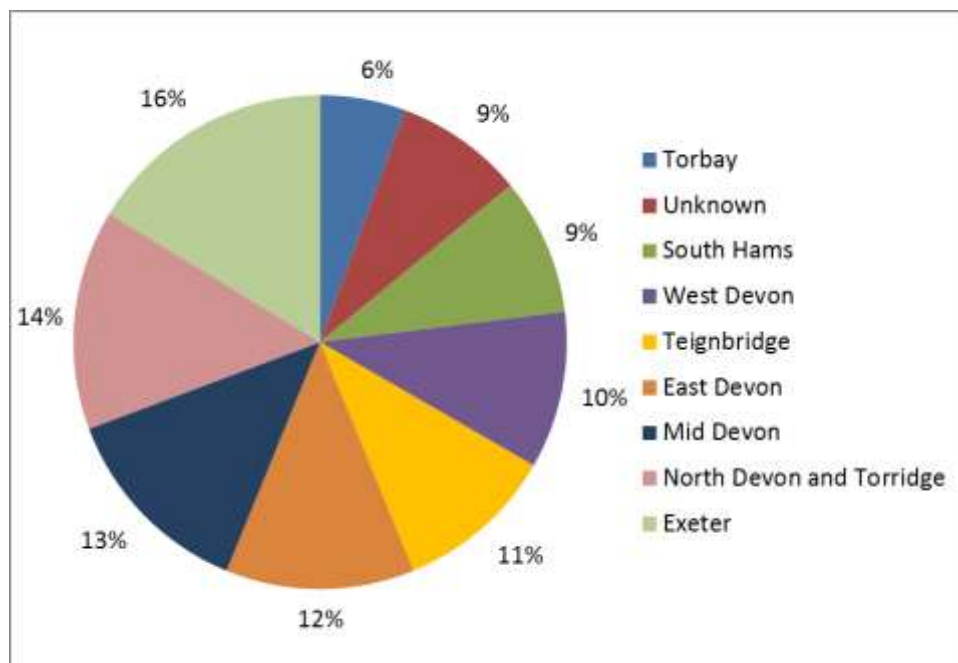
5. The findings from this report be fed into both processes, and used as part of the evidence base to inform commissioning decisions.
6. That patients, service users and carers continue to be invited to have a say in the redesign/recommissioning of out of hours and community services, and to be involved in monitoring quality of services throughout any future service changes.

Appendix 1

The following chart indicates how people heard about this survey⁵



The graph below illustrates a breakdown as to the locality of survey respondents.



⁵ This question will be revised for future surveys so that we can separate out the 'source' (e.g. Name of Service Delivery Partner, or organisation) and the 'method' by which the survey was promoted (e.g. E-bulletin)