

Urgent Care



ENGAGEMENT ALLIANCE



Background

The Bolton Engagement Alliance (Healthwatch Bolton and Bolton CVS) are working with our partners in health and social care to help to understand what people want from their health and care services.

- We wanted to know more about what health conditions or health events people consider to urgent.
- We wanted to ask people where they would currently go if they had an urgent health problem.
- We wanted to understand what people prefer as a first contact mechanism if they have an urgent care problem.

People were asked about their views on symptoms, common ailments, first response, willingness to use the telephone for assistance, and triage.

This study wanted to reach a wide range of people from the Bolton area, so we used a short animation to capture peoples attentions and promoted the survey on Healthwatch Bolton and CVS online channels (Twitter and our website). We also promoted the study via Facebook with paid for targeting.

The following steps were followed in this study:

Survey design

The questionnaire was based on various situations in which someone might want to make a call regarding urgent care. The survey was created and made available on Survey Monkey.

Video explainer

In order to ensure respondents understood the context for this research, and to promote it, Healthwatch Bolton developed an explainer video. This video would be shown to potential respondents before they would complete the survey.

Promotion

Healthwatch Bolton and Bolton CVS used it's existing Twitter account and home website to promote the Urgent Care Questionnaire. Wishing to reach a wider audience, we also used Facebook targeted advertising.

In this study the questionnaire participants were also eligible to win an Echo Dot.

Methods – Use Of Video

...To find out what you think about urgent care.



If you have an accident or are ill,
how would you decide it was urgent?



Who would you call?



Alongside are three still images taken from the promotional explainer for the Urgent Care questionnaire.

The video was made by Healthwatch Bolton using software from Sparkle: 'Videoscribe'.

Videoscribe allows an animated video to be created in which text and images appear, as if drawn by a hand that moves across the screen.

Healthwatch Bolton received training from Healthwatch Kirklees, which has had success using this software for information and survey promotion.

Methods – Who We Spoke To

There were a total of 69 respondents to the survey.

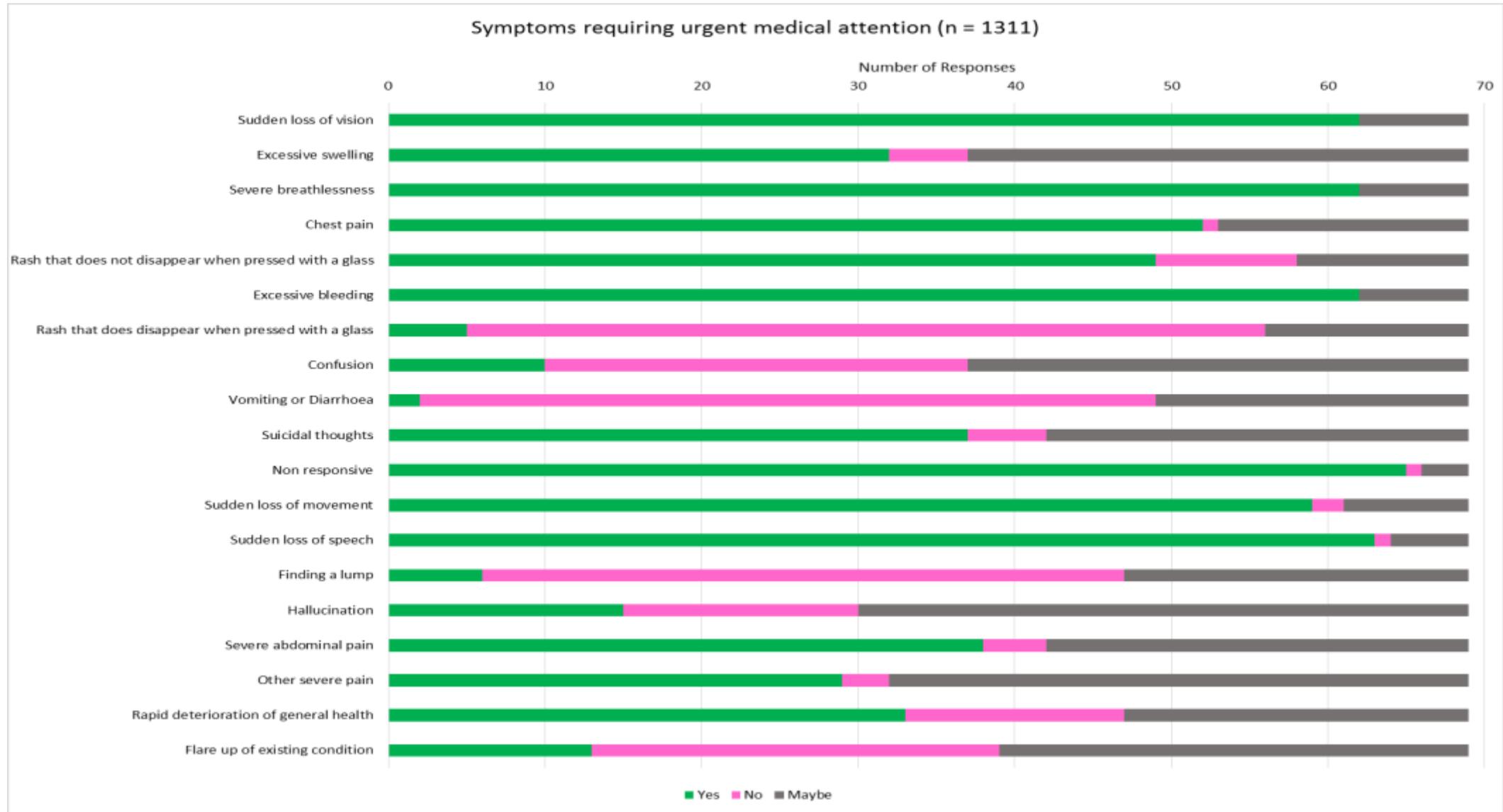
Within these 69; 15 (22%) identified as male, 48 (69%) identified as female, and 6 (9%) gave no answer to this question.

Regarding ethnicity; 2 (3%) said they would identify as Black, Asian, Minority Ethnic (BAME), 52 (75%) would not identify as BAME, and 15 (22%) gave no answer to this question.

Timeline:

- 20/12/2017 – urgent care video released on Facebook targeting ages 14-65.
- 04/01/2018 – urgent care video uploaded to HWB website, Twitter, and sent to 500 email addresses on our Mail Chimp list. Facebook targeting re-focused on ages 50-65.
- 09/01/2018 – the urgent care survey was sent to our local committee.
- 15/01/2018 – Facebook targeting closed. Reach of 38,671, with 56,376 impressions.
- 29/01/2018 – Survey Monkey has 69 responses.

Findings – Symptoms Requiring Urgent Attention



Analysis and Comments - Symptoms Requiring Urgent Attention

Responses by participants:

Symptoms answered mostly:

'yes', require urgent care

Sudden loss of vision, severe breathlessness, chest pain, rash which does not disappear when pressed with a glass, excessive bleeding, non responsive, sudden loss of movement, sudden loss of speech.

Symptoms answered mostly:

'no', does not require urgent attention

Rash that does disappear when pressed with a glass, vomiting or diarrhoea, finding a lump.

Symptoms answered mostly:

'maybe', required urgent attentions

Excessive swelling, confusion, hallucination, severe abdominal pain, other severe pain, rapid deterioration of general health, flare up of existing condition.

Free comments on this question suggested that people would weigh up wider factors such as wider risks associated with other conditions someone might have, speed of onset or overall severity in deciding if something was urgent or not.

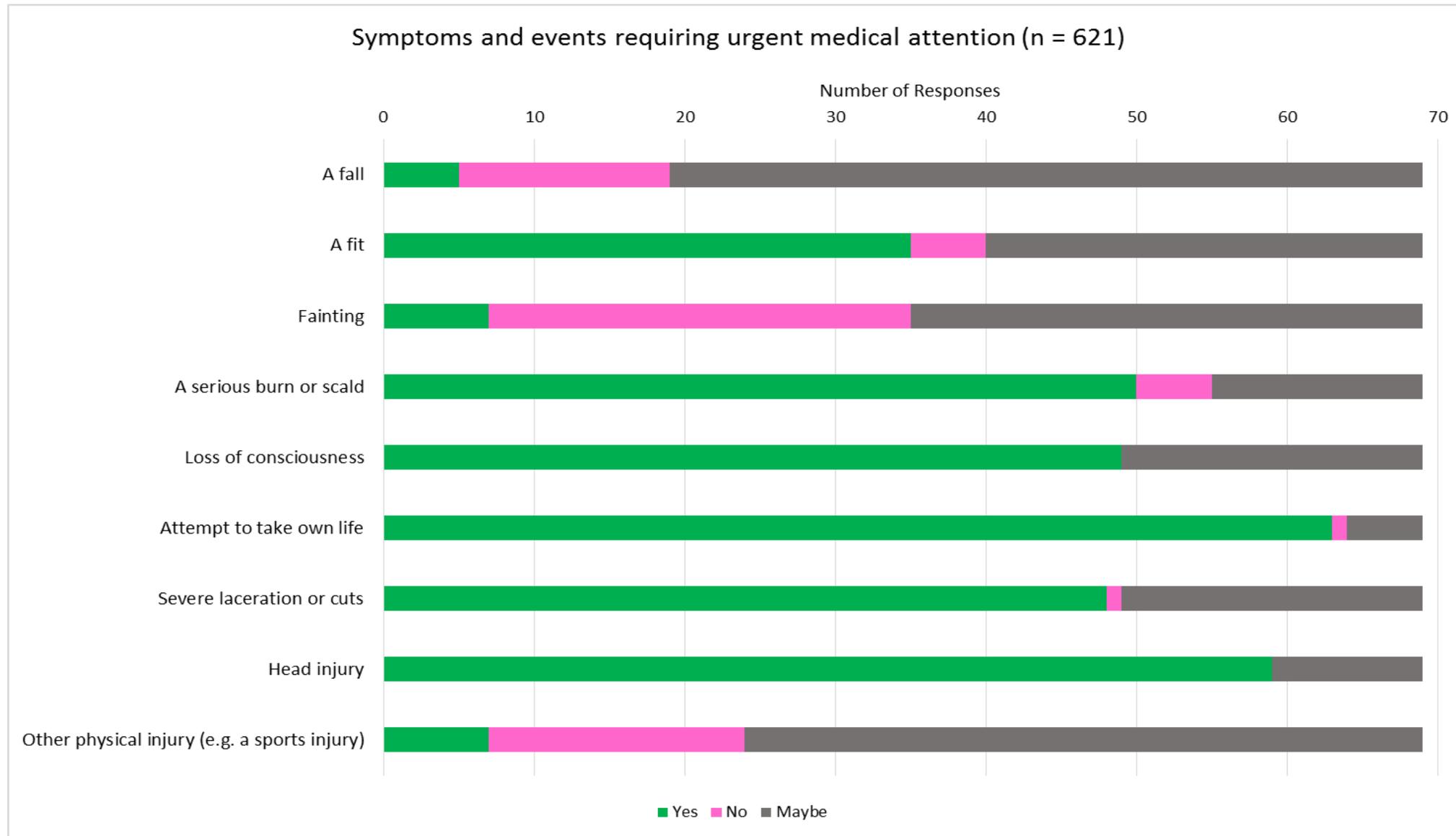
'I think some of the answers above would be more than likely different depending on whether the person has existing medical conditions. For example, severe breathlessness for someone living with asthma would be considered urgent medical attention needed. However, if someone had exerted themselves and had severe breathlessness as a consequence if the condition subsided, then that would not be considered as needing medical attention.'

'If I suddenly couldn't function or was in severe pain. If the onset was gradual, I would probably just make an appointment with the doctor.'

'Some of the above could be dependent on other symptoms/problems.'

'Much better to go to A&E than to see my GPs who is always too busy to see me urgently.'

Findings – Health Events Requiring Urgent Attention



Responses by participants:

Symptoms and events answered mostly; 'yes', require urgent attention

Serious burn or scald, loss of consciousness, attempt to take own life, head injury.

Symptoms and events answered mostly; 'maybe' require urgent attention

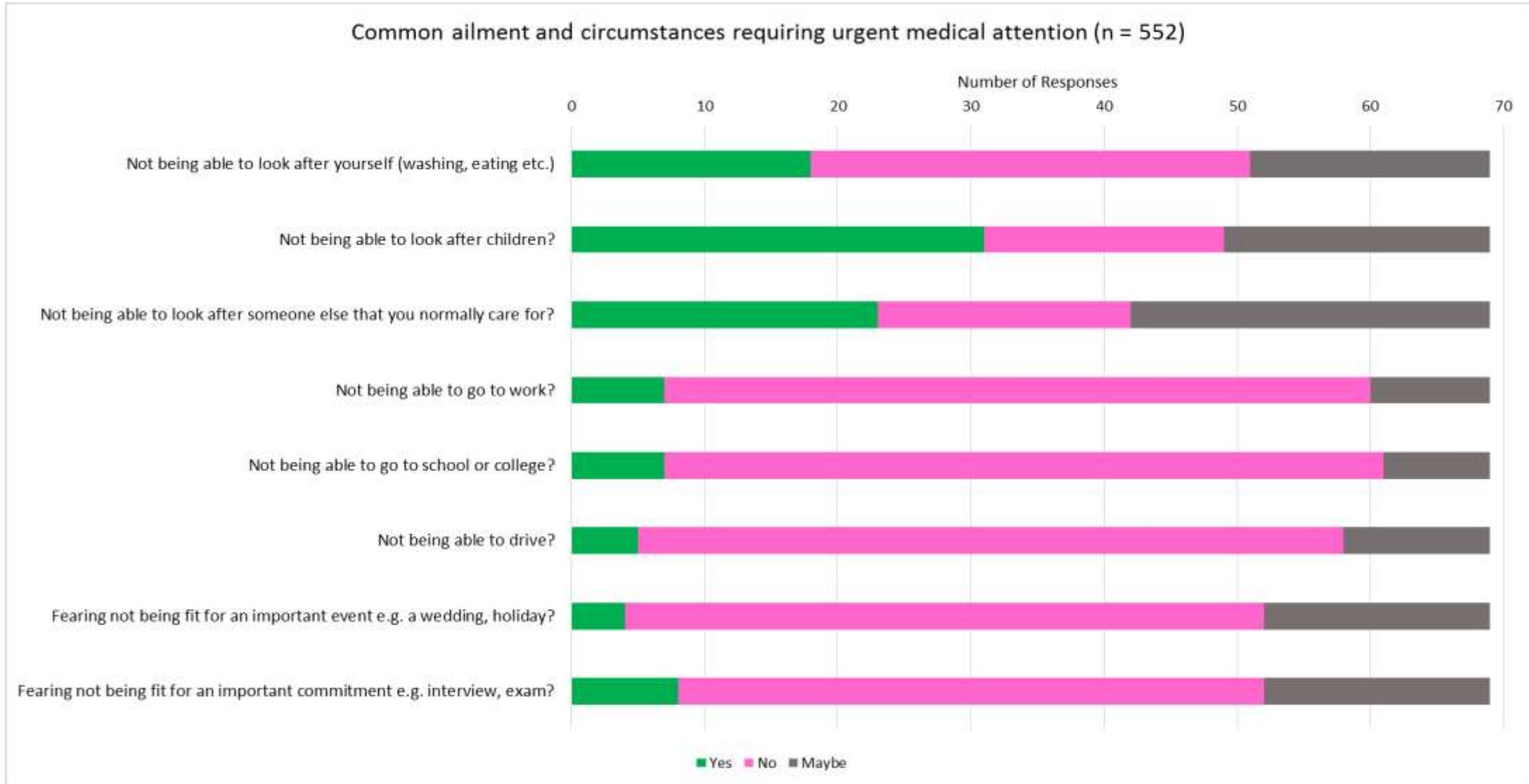
A fall, a fit, fainting, other physical injury.

As in the previous question free comments suggested that people would weigh up wider factors such as wider risk factors in their decision making

'It depends how bad the results are - I said yes to head injury because it could involve brain damage, but wouldn't include cutting my forehead on a door and only maybe to burn, but would go if it was really severe.'

'Some of the above could be dependent on other symptoms/problems.'

Findings – Circumstances Affecting Urgency



Analysis and Comments - Circumstances Affecting Urgency

Responses by participants:

Circumstances affecting urgency most frequently answered 'yes' or 'maybe' related to caring issues. In these cases the numbers answering 'yes' and 'maybe' were substantially higher than for other circumstances listed.

- not being able to look after someone else normally care for.
- not being able to look after children.
- not being able to look after self.

Common circumstances most frequently answered 'no' or 'maybe' tended to relate to day to day external commitment:

- not being able to go to work.
- not being able to go to school or college.
- not being able to drive.

Though the majority of people answered 'no' for special events or commitments (wedding, interview) the 'maybe' score here was higher than for daily events.

If you had a more common ailment such as a cold, a chest infection, earache, an allergy or a stomach bug etc. would any of the following CIRCUMSTANCES prompt you to seek help urgently? (n = 2 comments)

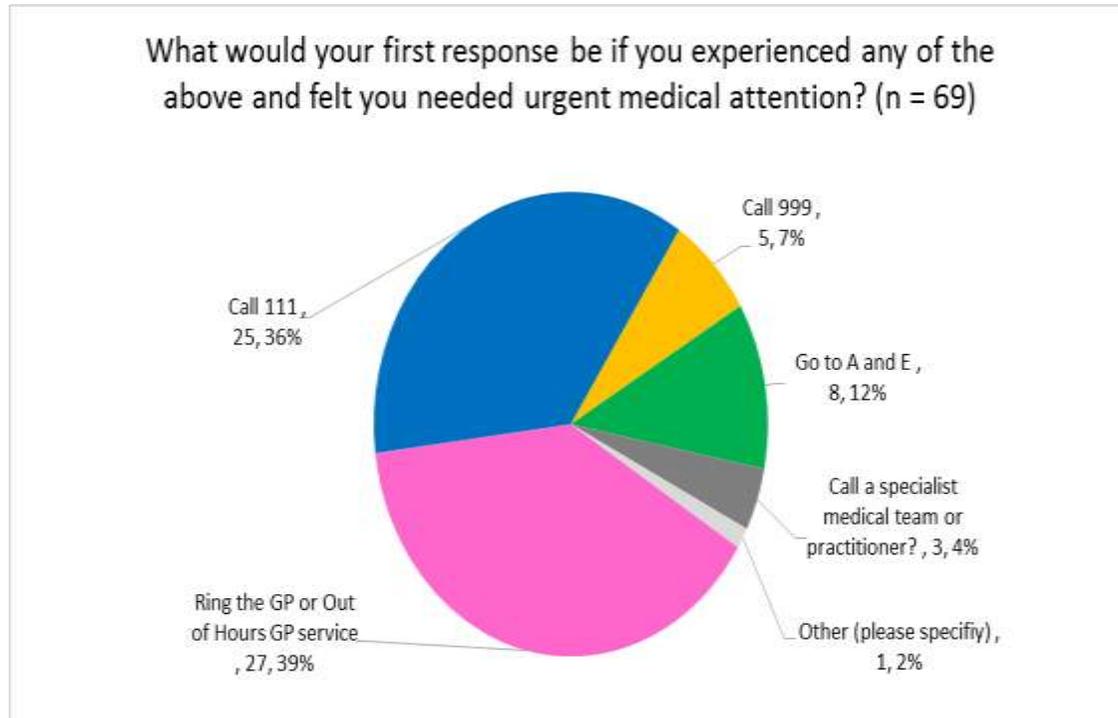
'The last two only if obvious self-care options have failed. But probably prefer to suck it in than do battle with the NHS.'

'I would probably ask for a friend's help first, but if the ability to care was long term, then I would ask for care.'

Findings – First port of call

People's first port of call for urgent care would be either; GP or Out of hours GP – 39% (27 people), or NHS 111 – 36% (25 People).

19% (13 people) said they would use emergency options (Call 999 – 7%, 5 people or A and E - 12%, 8 people).



As elsewhere, the comments showed that people weigh up the options based on various factors. People also seek advice and support from resources closer to home (family and friends).

'Would depend on reason. Existing condition call special team. Head injury / Chest pain A&E or 999 depending on where I was. Severe pain - 111 or A&E depending on severity. Not being able to look after someone else - GP or specialist team.'

'If fear heart attack, stroke or similar would call 999.'

'Also call on family members who could help.'

'We call the NHS helpline who usually ask for us to be seen at A&E.'

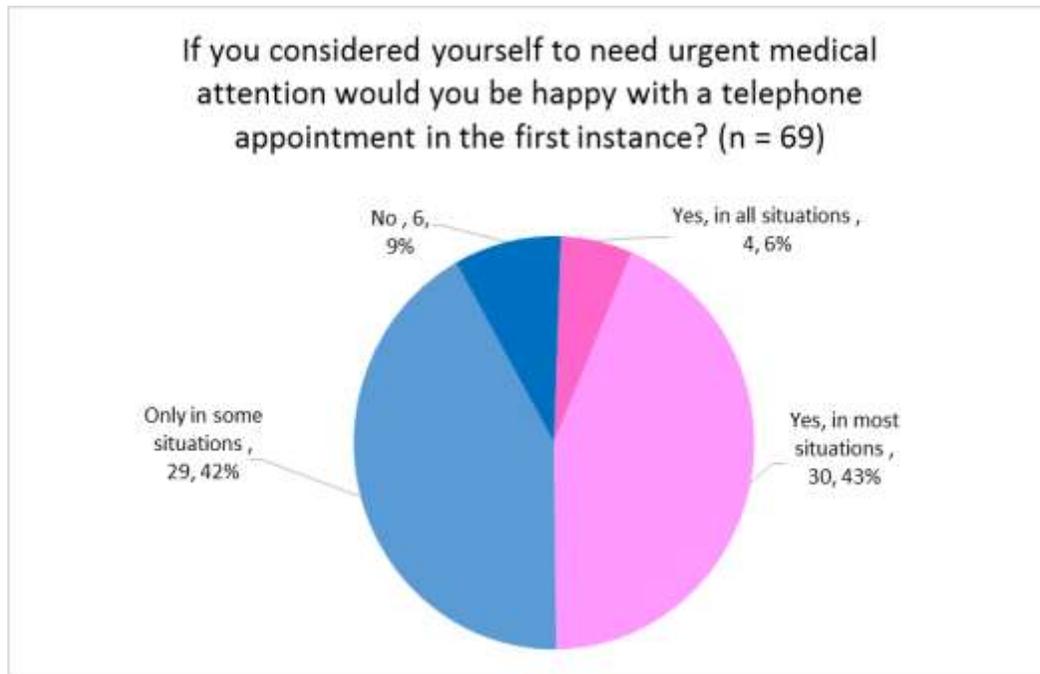
'I would call 999 for things like severe seizures or head injuries. Self care for things like falls and sports injuries as long as they were minor and ring 111 if I wasn't sure.'

Findings – Telephone Appointments

49% of respondents said they would be happy with a telephone appointment in the first instance in all or most situations.

42% stated they would be willing to have a telephone appointment in some situations.

Only 9% of respondents said they would not be happy with a telephone appointment.



The free comments suggested that;

- People were open to using telephone appointments which they felt offered speedy response, ease of access and to have good advice that would reassure and direct their actions.
- Telephone based support needs to offer accessible options for people who cannot use the telephone (e.g. people with hearing impairments).
- Others were concerned about the qualifications of telephone staff, preferring clinical staff and unscripted conversations in this role.
- Some people felt they knew when a situation would be too serious for a telephone appointment.
- Negative previous experience may play a part in rejecting the use of telephone appointments.

The Comments - Telephone Appointments (n = 31)

Ease of access (2)

'If this could be offered sooner than a face-to-face appointment, I would take it.'

'I think telephone conversations are really sufficient when you are able to verbalise your medical needs in a more detailed way. Telephoning such services as 111 or 999, only limited information is required on your first point of call thus getting the service you need probably quicker. However, telephone appointments are not accessible to all and therefore a text system is probably far more accessible for those who may have medical conditions such as deafness/hearing or a speech impediment.'

Advice and reassurance (3)

'A lot of the time we just need reassurance of how to proceed.'

'Phone call with clinician would clarify if indeed urgent and best course of action.'

'If you're not sure if it's serious you're best to ring instead of calling 999 and using an ambulance that isn't needed.'

The need for emergency treatment (5)

'The clue is in the word urgent.'

'If my case was a physical injury that needed immediate help, a telephone appointment would not be suitable. If my case was something like loss of vision or something incredibly severe, I wouldn't be satisfied with a telephone appointment and would need care as soon as possible.'

Previous experience of telephone appointments (1)

'They have just sent me to A&E in the past so it is a waste of time.'

Qualified call handlers (6)

'I am more concerned at the skills of the person I would be speaking to rather than the method of delivery of the service.'

'Medics take account of the whole patient and can make a more accurate diagnosis.'

'The competence of the operator or patient may not be sufficient to access the urgency of the situation.'

'The doctor would be relying on my opinion of the symptoms - I have no training and would be unable to check blood etc. If I needed urgent attention this would waste time and delay treatment.'

Situational (14)

'Depends on the circumstances of the incident.'

'It would depend on the actual "incident". If I had fallen, causing severe injury particularly if it were to the head, then no, I would call an ambulance without hesitation. For other presentations, I would quite happily go through a telephone consultation.'

'Some situations may be able to be solved or helped by a telephone appointment, some would require the emergency services or a hospital.'

Findings – Confidence Using Triage

68% of respondents felt that they would be able to describe their symptoms as urgent to someone doing triage, however 30% said maybe and 2% felt that they would not be confident to do this.



The free comments revealed;

- Some people read the question as meaning 'ability' to describe, so focused on capacity itself.
- Others interpreted the question as meaning willingness to use triage on the phone, and were open to this.
- Again some felt their choice was situational. Some felt triage was unnecessary because they were confident about their conditions – long term experience of need and some felt that when something was urgent it would be a waste of time to be triaged.
- A significant observation was that when unwell, patients may not be able to communicate their symptoms accurately.
- A number of people were concerned about other people's confidence to describe their symptoms but were concerned about others.
- There were some concerns about the status of triage phone workers; in terms of skill and/or confidentiality.

The Comments – Confidence Using Triage (n = 35)

Yes, I'm confident (17)

'They are trained to go through symptoms and decide what to advise you to do next.'

'I am aware of the training these people have to recognise when some symptoms/situations require action.'

'Triage is there to best meet the needs of the patient and staff.'

'As you know there always there to help.'

'Having had a chronic illness for most of my life I know when I have moved into an urgent situation.'

'I think I'm sensible enough not to think it's urgent when it isn't in most cases.'

Personally confident, but unsure about others (3)

'I have some medical knowledge as a seafarer so feel confident with this - I can imagine however, many others wouldn't.'

'I would as I am pretty young but older people may find it harder.'

'I feel I am able to communicate in such a way that I could communicate the urgency I felt; other vulnerable adults or those frightened of using the system may not convey the urgency they feel or understand the potential urgency in a situation. I hope that any practitioner would be using a tested assessment tool that could extract information to help assess the urgency of a response.'

The Comments – Confidence Using Triage (n = 35)

Depends who is doing the triage (3)

'GP receptionists do not have enough training therefore calls such as these should be referred to the GP or Practice Nurse.'

'If the condition is one such that it is sensitive to myself as the patient I'd rather be in contact with a doctor for personal reasons and I feel that this is something call handlers need to be aware of when also dealing with confidentiality and feeling able to talk to someone.'

'I have a number of conditions and if it was related to these I would feel confident that I had as much if not more knowledge than a receptionist.'

I want to be seen (3)

'But waste of time as I want to be seen.'

'The more urgent the illness the quicker you should be seen by the doctor.'

It depends on the situation (2)

'Would depend on the ailment or injury.'

'If urgent may not be in a position to do this.'

'Dependent on if my injury's allow for example if they where to serve I may not be able to.'

'Emotional state can affect peoples ability to provide accurate details. Pain an cloud peoples judgement.'

'Depends on the situation: not if confused, distressed, upset.'

'If it was serious I would probably be a bit flustered'

Summary of people's responses

Symptoms – if someone were to have serious symptoms such as loss of vision, or bleeding, then this would prompt a call. Vomiting and diarrhoea, and finding a lump would not require urgent care. Pain and swelling would maybe.

Symptoms and events – burns and life threatening injury were likely to prompt seek urgent care. This was due perhaps due to the time sensitive nature of these situations. Events fitting into the maybe category were fits, falls, and physical injury.

Circumstances and urgency – most of the circumstances listed would not affect the need for urgent care. However, there was some particular variation when people felt that their condition might affect their ability to care for someone they usually care for.

First response – GPs/Out of hours GPs or NHS 111 are most people's first port of call.

Telephone appointments – Most people were willing or willing in 'some' situations to have a telephone appointment as the first port of call. People were concerned that the person taking the call should be appropriately qualified.

Triage – Whilst a majority were confident they would be able to describe their condition as urgent in a triage situation, about one third answered 'maybe'. Some people were concerned about other people's ability to do this.

Conclusions

Implications of people's responses

On urgent care people were most receptive to phone services when gaining advice, or needing quick contact with services. However, the usefulness of telephone services was strongly situational. People valued their own understanding of what 'urgent' was, often based on them having previous experience of using the telephone for urgent care, or due to a long term condition. A key concern is the professionalism of anyone answering the phone.

Perhaps for historical reasons, the GP, and NHS 111 remained the key way to contact about urgent care.

In terms of triage, attitude to this was dependent on the confidence of the caller as well as trust in the operative. Previous experience, or the need for expediency, could trump the benefits of access that telephones provide. Should services wish to encourage use of triage phone systems, then demonstrating professionalism and respecting people's individual ability to assess would be key.

Healthwatch Bolton and Bolton CVS wish to thank all those that took part in this research.

Disclaimer

Please note that this report relates to findings observed and contributed by members of the public in relation to the specific project as set out in the methodology section of the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an analysis of what was contributed by members of the public, service users, patients and staff within the project context as described.



ENGAGEMENT ALLIANCE



Appendix - Demographics

TOTAL PARTICIPANTS		
69 people		
GENDER		
Male	Female	No answer
15 (22%)	48 (69%)	6 (9%)
BAME		
Yes	No	No answer
2 (3%)	52 (75%)	15 (22%)

Appendix – The Questions

1. Which of these SYMPTOMS would make you think that you needed urgent medical attention?

Sudden loss of vision/Excessive swelling/Severe breathlessness/Chest pain/Rash that does not disappear when pressed with a glass/Excessive bleeding/Rash that does disappear when pressed with a glass/Confusion/Vomiting or Diarrhoea /Suicidal thoughts/Non responsive/Sudden loss of movement/Sudden loss of speech/Finding a lump/Hallucination/Severe abdominal pain/Other severe pain/Rapid deterioration of general health/Flare up of existing condition/Other (please specify).

2. Which of these SYMPTOMS and EVENTS would you think required urgent medical attention?

A fall/A fit/Fainting/A serious burn or scald/Loss of consciousness/Attempt to take own life/Severe laceration or cuts/Head injury/Other physical injury (e.g. a sports injury)/Other (please specify).

3. If you had a more common ailment such as a cold, a chest infection, earache, an allergy or a stomach bug etc. would any of the following CIRCUMSTANCES prompt you to seek help urgently?

Not being able to look after yourself (washing, eating etc.)/Not being able to look after children?/Not being able to look after someone else that you normally care for?/Not being able to go to work?/Not being able to go to school or college?/Not being able to drive?/Fearing not being fit for an important event e.g. a wedding, holiday?/Fearing not being fit for an important commitment e.g. interview, exam?/Other (please specify).

4. What would your first response be if you experienced any of the above and felt you needed urgent medical attention?

Response/If you selected a 'specialist medical team, practitioner' / 'other' please give further details.

5. If you considered yourself to need urgent medical attention would you be happy with a telephone appointment in the first instance?

Response/In order to help us better understand, please explain the reason for your answer.

6. Would you feel confident to describe your condition/situation as urgent to someone doing triage (eg GP receptionist, 111 call handler)?

Response/To help us better understand, please explain the reason for your answer.

Appendix – The Comments Summary

Question asked	Number of comments
Which of these SYMPTOMS would make you think that you needed urgent medical attention?	6 comments
Which of these SYMPTOMS and EVENTS would you think required urgent medical attention?	2 comments
If you had a more common ailment such as a cold, a chest infection, earache, an allergy or a stomach bug etc. would any of the following CIRCUMSTANCES prompt you to seek help urgently?	2 comments
What would your first response be if you experienced any of the above and felt you needed urgent medical attention?	6 comments
If you considered yourself to need urgent medical attention would you be happy with a telephone appointment in the first instance?	31 comments
Would you feel confident to describe your condition/situation as urgent to someone doing triage (e.g. GP receptionist, 111 call handler)?	35 comments
TOTAL	82