



Evaluation of the Pressures on Urgent & Emergency Care

October 2024

Contents

<i>Foreword</i>	<i>Page 2</i>
<i>Purpose</i>	<i>Page 2</i>
<i>Methodology</i>	<i>Page 2</i>
<i>Observations</i>	<i>Page 3-7</i>
<i>Additional</i>	<i>Page 7</i>
<i>Communication & Social Value</i>	<i>Page 8-9</i>
<i>Acknowledgements</i>	<i>Page 9</i>
<i>Responses from Providers</i>	<i>Page 10</i>
<i>Glossary</i>	<i>Page 13</i>

Foreword

Healthwatch Wirral (HWW) had received calls from patients and their families recently about how long they had waited in *A&E (*glossary) for diagnostics and beds. The aim of our activity was to visit A&E and the *Urgent Treatment Centre (UTC) to speak with as many patients, family members and staff as possible. We wanted to find out why people had chosen A&E or the UTC as opposed to alternative care, support and treatment in the community, such as their GP, Pharmacy or Walk In Centres.

We decided to visit the Walk In Centres to see if the pressures were as challenging in the community. We had recently undertaken visits to 11 GP Practices as part of evaluating the *PCARP from GPs and so we have included some aspects of what we learned from primary care within this report.

We engaged the staff face to face at all sites and explained the reasons for our visit. Staff were happy to share the challenges they were experiencing and also demonstrated the care and patience needed when dealing with difficult or complex situations.

It was important to view how information is promoted and communicated by Service Providers and to add, within this report, what the public see online. We considered how much this may be a contributing factor to why people choose a particular service.

Is the information, easily gathered online, clear or confusing?

"Where do I go for my care?"

Purpose

This Report has been compiled to share HWW's observations and public experiences in relation to Urgent and Emergency Care services, Community Walk in Centres and GP Practices and services which support hospital avoidance.

Methodology

An unplanned visit took place by some of the HW staff members. None of HWW's volunteers took part as this was reactive, unplanned, activity as a direct result of public and staff feedback.

I Waited 16 hours in the corridor. I was told I was going to have a CT scan, but when?

We spoke with Staff at: -

- A&E
- UTC
- Walk In Centre Victoria Central Hospital
- Walk In Centre Eastham

We listened to the experiences shared by the public prior to our decision to visit the above-mentioned Sites. We felt it important to view the publicised descriptions of services, and their opening hours, with the aim of having descriptions in one place to understand whether this may contribute to confusion or choice by patients.

Observations

A&E

Publicised Description of A&E

The Accident and Emergency (A&E) department or Emergency Department at hospital is for major, life-threatening illnesses and injuries. Major A&E departments offer access 24 hours a day, 365 days a year. (WUTH is a Major A&E site.)

Once on site at A&E, the pressure on the staff was apparent and the waiting areas were packed with little space to speak, confidentially, to people.

The hospital was busy and parking, on arrival, was difficult (10.a.m) and because of the building works it was not apparent, as a visitor, where the entrance to A&E was. There were several ambulances outside of the Department and we entered the A&E via the Xray Department corridor.

The Xray corridor had a number of people waiting on trolley beds and all were being tended to by staff, either paramedics or hospital staff. The Waiting Area was considerably full and there was no opportunity to speak to patients without breaching confidentiality.

We spoke with staff and learned that: -

- ❖ There appear to be difficulties when Clinicians attempt to prioritise their patient quickly while reception staff were dealing with other patients who had just arrived and not yet been Triaged.

- ❖ Patients' behaviour was sometimes challenging, however, staff understood that they may be in pain, unwell or anxious.
- ❖ Patients had sometimes been referred to A&E by their GP for a scan when there should have been a referral to a Consultant.
- ❖ Patients had arrived at A&E when it appeared, following examination, that their condition could have been dealt with either by a GP, Pharmacist or Walk In Centre (coughs, colds, sore throats for a short period of time).
- ❖ The wait for Triage is not always shared with Patients so frustrations sometimes arise.
- ❖ Patients say that they will attend A&E because they will be seen quicker by a Consultant or they will get the scans/tests without waiting.
- ❖ Patients told us that there can be a 2 week wait to see a GP – 'why would I wait when I can go to A&E?'
- ❖ Cultural shift in younger people the 'normalisation' of A&E being the place to go when you think you're ill.

We learned that the Executives of the Trust had carried out a walkabout earlier the same day and we were told by a patient's family that an escalating situation had been dealt with swiftly during that time.

Urgent Treatment Centre (UTC)

[Publicised Description of Urgent Treatment Centres](#)

*Urgent treatment centres (UTCs) provide urgent medical help when it's not a life-threatening emergency. Open at least 12 hours a day, every day. The **Urgent Treatment Centre at Arrowe Park** is open for both walk-in and bookable attendance slots. For a pre-bookable slot please call NHS 111.*

The staff we spoke with told us that: -

- ❖ The waiting area fluctuated in terms of how busy they could become.
- ❖ Patients 'walk in' without referral.
- ❖ Patients are not aware of what is available.
- ❖ Patients use the service as they have had a good experience before.
- ❖ Patients visit this site as it is local and familiar to them.
- ❖ Patients don't mind waiting because they couldn't get an appointment with their GP for 2 weeks.
- ❖ Patients did not know that they could pre-book a slot using NHS 111
- ❖ Patients attend because they believe there is a GP on site.

Pharmacy First

Publicised Description of Pharmacy First

Pharmacy First will enable community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP.

((Community Pharmacy) offering help for 7 common conditions Sinusitis, Sore throat, Earache, Infected insect bite, Impetigo (a bacterial skin infection), Shingles, uncomplicated urinary tract infections in women).

We did not visit any Pharmacies on this occasion however we had received feedback on our Feedback Centre about Pharmacy First which we have bullet pointed below: -

- ❖ Opening hours vary.
- ❖ Support varies with some referring to the GP (when the GP has referred to them).
- ❖ Paperwork – online referral must be received by referrer which can be perceived as a blockage and a further wait for care/treatment.
- ❖ ‘By the time I got to the pharmacy I was referred to it was closed. I went back the next day and was told they had not received the referral from my GP’.
- ❖ Referrals were made from Pharmacy to A&E or Walk In Centres when it is a condition that could be treated at home with over-the-counter meds. (this was shared from the Walk In Centres especially)
- ❖ Pharmacy First is not publicised enough. People don’t really know what Pharmacy First does.
- ❖ No Pharmacies are open 24 hours so a patient leaving A&E with a prescription means up to a 24-hour delay. (the patient could mean UTC or Enhanced Access GP appointments).
- ❖ Pharmacies appear to be referring **back** to A&E or GPs - are they concerned about associated risks? some of the conditions which were referred back were not serious.

Walk In Centres

Publicised Description of Walk In Centres – provided by *WCHC

Walk-in Centres (WiC) are nurse-led facilities that provide assessment, treatment and advice for minor injuries and illnesses including infection and rashes, emergency contraception & advice, bruises.

(Victoria Central Walk-in Centre & Minor Injuries, Mill Lane, Wallasey CH44 5UF
Monday – Sunday, 8.00am – 8.00pm (including bank holidays)

(Eastham Walk-in Centre is open seven days a week (closed on Christmas Day and Boxing Day). Opening hours are 12 noon – 8 pm daily.

The staff we spoke with told us that patients utilise the Walk In Centres because: -

- ❖ There is free parking.
- ❖ It is near to where they live.
- ❖ Signage still says 'hospital' outside VCH and is also used in the name of the service.
- ❖ Some people travel from far out of area to both sites (VCH and Eastham) as it appears that Wirral is better served in terms of Walk ins.
- ❖ Patients don't know that this is a nurse-led facility as sometimes there are GPs on site, which is confusing.
- ❖ They will get seen quicker than A&E

Urgent Community Response

Publicised description of 2-hour urgent community response

UCR service provides people with urgent assessments, care and treatment for a short time. The service helps to keep people out of hospital and recover in their own home or place of residence, as well as supporting their independence. The UCR service does not replace 999 – if you, or someone you know, is in serious or life-threatening crisis and require emergency mental or physical care – dial 999 immediately.

An assessment is completed within 2 hours and personalised support is in place within 2 days (usually 24 hours). The service provides care and treatment who are Identified who are at risk of hospital admission, registered with a GP in Wirral and aged 18 or over. Palliative/end of life crisis support is also provided to people who are not receiving care, as well as help for unpaid carers in crisis - And who have :-

- *Had a fall (in or outside their home or place of residence)*
- *Reduced mobility*
- *Confusion/delirium*
- *Worsening of dementia*
- *Urgent catheter care*
- *Diabetes deterioration*
- *Respiratory deterioration*

We did not visit this service at this time, however, Healthwatch have met the service in the past on a team-to-team basis. During this meeting the Provider (WCHC) explained that they were at capacity. However, the public and a lot of the GPs were unaware of this valuable home-based service. This service supports hospital avoidance as GPs can re-refer back to the UCR with a 2-hour response.

Minor Injuries & Illnesses at Miriam Centre in the Birkenhead Medical Centre

Open 7 days a week 8am – 8pm

Publicised description - Provides assessment, treatment and advice for minor injuries and illnesses including :-

- Infection and & some skin complaints e.g. rashes, sunburn and headlice
- Emergency contraception and advice
- Bruises
- Burns and strains
- Coughs, colds and flu-like symptoms
- Sore throats and earache
- Hay Fever, bites and stings
- Minor cuts and wounds – wound care and dressings
- Stomach ache, indigestion, constipation, vomiting and diarrhoea
- Women’s health problems
- Men’s health problems

HWW did not visit the Minor Injuries & Illnesses at the Miriam Medical Centre.

GP Practices

Publicised Description of GP Practices (there are several descriptions available) - General Practitioners (GPs) treat all common medical conditions and refer patients to hospital and other medical services for urgent and specialist treatment.

During the month of September HWW visited 11 GP Practice sites to talk to patients and front-line staff about access to GP practices. GPs offer Enhanced Access appointments to patients by utilising their partners within their *PCN. It was important to understand the practice and patient perspective. Some of the responses linked to urgent care service. We asked ‘thinking about the last time you felt unwell – did you get an appointment at your GP promptly?’. The points below reflect some of the comments we received: -

- I never bother trying the GP I just go straight to A&E I’m only here today as I’m a Carer for my relative.
- I felt really unwell that morning and I knew I wouldn’t get an appointment at the GP so I went to the Walk In.
- No I didn’t bother trying – it was my child so I just went straight to A&E.
- I needed to see someone straight away – I thought I might need to be admitted
- I didn’t want to call an ambulance as the wait is too long and I was worried – thankfully it wasn’t serious
- I can get seen and all of the tests I need can be done if I just go to A&E.

NHS 111

Publicised Description of NHS 111

NHS 111 is for people who need medical help and advice when not in a life-threatening situation. Highly trained advisors, who are supported by healthcare professionals, are

available on NHS 111 - 24 hours a day, 365 days a year. You can call 111 or go online to 111.nhs.uk.

We did not visit this service. However, we had patient experiences shared on our Feedback Centre as below :-

- Calls can take a long time to get through to speak to someone.
- Callers will hang up if they wait too long.
- Patients were not aware what they could ring NHS 111 for.
- Call backs to patients can take too long and so patients choose to go to A&E.

Additional notes

Following the visits it appeared that there are things that could be achieved if they were adopted and embedded in day-to-day activities within services – such as: -

Open and sustainable communication to the public and front-line work force.

If service changes are made it is equally important to ensure the public are made aware of those changes as well as the service providers. Lack of publicity and coaching around changes contributes to cultures and behaviours remaining the same and frustrations, wasted journeys and pressures escalate.

Patients' behaviour to attend A&E appears to be complex and rooted historically and culturally so even if services change or move site, patients may still attend, and staff may even refer, inappropriately.

Follow up calls

Follow up calls to patients who have been discharged from hospital either after a length of stay or from A&E, would be beneficial to: -

- check that all is well
- signpost to an appropriate service (clinical or non-clinical)
- make the public aware of what the services do e.g. Walk Ins, GP EA, Pharmacy First and UCR.

This may support the reduction of inappropriate attendances at A&E and admission avoidance; as people will feel more confident in their care – and may result in a much better experience for Patients, Families, Carers & Staff.

Alternatives to Waiting in A&E

There appeared that the offer of an alternative service is not offered once the patient has arrived at A&E.

Could consideration be given to a potential Navigator who could advise, support and action alternative support within the community such as an Enhanced Access

appointment with the GP, Pharmacy or Walk In Centre? The Navigator could advise patients of the waiting times and the alternatives which may be available, with less waiting time, and will have good links to the community and build strong relationships with the services who support hospital avoidance – including Social Prescribers.

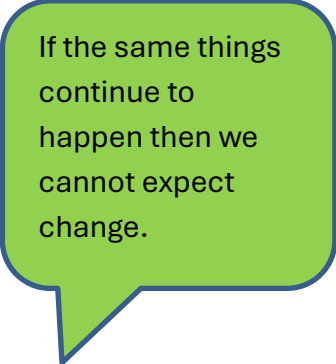
High intensity Users of Services (HIU)

There is also a need to recognise and truly adopt a process for addressing the needs of patients who are High Intensity Users of Service – for whatever reason.

HIUoS are a considerable cost to the system and there are some good models across England which appear to have evidence to show a 400% beneficial return on investment socially and financially. Wirral have not begun this work, yet. However, substantial preparatory work was undertaken by HWW and discussions on ‘Wirralising’ a model were not adopted at Place due to financial pressures at the time.

Addressing HIUoS is a challenging and very difficult issue and needs realistic investment and time to change the behaviours of everyone; not just the people who are HIUoS but the front-line staff who continue to firefight with no time to achieve positive change and outcomes.

Communication



If the same things continue to happen then we cannot expect change.

Subliminal and explicit communication are both essential to allow the public to self-care and to support them to use health and care services appropriately. There have been missed opportunities to help the public learn what is available within the community such as when a service changes, improves or no longer exists. Changing a service does not mean that members of the public will change their behaviour automatically.

The promotion of Pharmacy First, UCR and non-clinical support via the 3rd Sector would enable the public to make a more informed choice about their care and where they received it ultimately reducing the burden on other services. It is important that monitoring takes place at all stages so that the ‘burden on services’ is not just pushed elsewhere.

***Social Value**

A well-informed public who become confident and comfortable with what is being offered and achievable by our health and care system, at a time when they feel vulnerable, is not to be underestimated. Nor should the impact on all health and care services.

Everyone needs to feel that their experience matters, patients and staff. Talking to service users within our communities we were told that they don't know where to go, who to ask or what is available to them. There is no 'key worker' seamlessly coordinating their care or helping them to self-care by signposting.

It also helps the 3rd sector demonstrate its value and evidences the need for investment which addresses the enthusiasm and emphasis on preventative measures and services being key to success.

Service Users who had experienced difficulties said that they lacked confidence in health and care. Front line staff who delivered health and care said they had lost confidence that the services they signposted to were still delivering. Does our system need to understand the importance of social value and integration more?

Acknowledgements

All of the Staff and Patients in: -

- The A&E Department at Arrowe Park Hospital.
- Victoria Central Hospital Walk In Centre and Eastham Walk In Centre.
- The Urgent Treatment Centre on Arrowe Park Hospital Site.

Janelle Holmes, CEO – WUTH.

Joe Chwalko, Director of Integration and Delivery -WCHC.

Responses from Providers

This section will contain any responses from Providers when/if they are received. If the responses are received after the report has been placed in the public domain, we will publish a superseded version and upload to HWW website. Any updated versions will also be sent to all local Commissioners and Providers.

Wirral Community Health and Care foundation Trust

“Thank you for the opportunity to respond to this report. There are some points that require further clarification.

The report mentions bookable slots for the Urgent Treatment Centre using NHS 111. If a patient contacts NHS 111 and the assessment indicates that a visit to UTC is required, NHS 111 will notify WCHC. WCHC will then contact the patient directly and provide them with an estimated arrival time. A clinical triage system is in place for all UTC patients. This may affect individual waiting times, regardless of walk in or pre-arranged arrival times.

Eastham Walk in Centre is not closed on Christmas Day or Boxing Day. Our Communications Team will review any public facing websites and remove any incorrect information regarding access times.

With reference to “hospital” in the title of VCH Walk in Centre, the WCHC Estates Team have reviewed this and not identified any “hospital” signs. Signage is consistent with Victoria Central Health Centre throughout the estate.

Regarding the finding that patients “don’t know that (VCHC) is a nurse-led facility as sometimes there are GPs on site”, the Trust can reaffirm that this is a nurse-led service. Occasionally there are GPs working on the site, however this usually GPs working remotely for the Out Of Hours service.

In relation to the Urgent Community Response service, patients can self-refer if they have previously accessed and been supported by the service. The report also mentions that the public do not know about the UCR service. The service forms part of a suite of community services that support patients in the community. Access to these services is predominantly via health and care professionals. Those patients who are aware of the service and have access to it provide very positive feedback. However, there is an opportunity to raise the profile of all community services to the wider public. WCHC will work with system partners including Health Watch, to take this forward.”

Iain Stewart - Head of Transformation and Partnerships, (Primary Care, Mental Health, Learning Disabilities and Autism), Wirral.

“It is clear, that patients’ perceptions about difficulty accessing GP services remains although Wirral primary care currently offers the highest number of appointments per 1000 patients across Cheshire & Merseyside.

Work is ongoing to increase awareness among the Wirral population about the range of services available at general practices, particularly about primary care appointments available outside of their normal working hours, such as weekday evenings and Saturdays.

The range of services available from practices has expanded over recent years with roles such as physiotherapists, clinical pharmacists, paramedics etc which can be a more appropriate solution for patients’ needs in many circumstances.”

Adam Irvine – Chief Executive, Community Pharmacy Cheshire & Wirral.

“It’s heartening to hear of some referrals to the Pharmacy First service as I believe this continues to be an underutilised resource to bring the best service to patients in our areas. I completely agree with the comments that pharmacy first is not publicised enough, and we are making this point to NHS England that people need to know more

about the service and what it does to maximise the opportunity it presents for the health service. We also need to encourage our General Practices to refer more regularly patients appropriate for the service into their community pharmacies. The Local Pharmacy Committee is continuing to make training available to general practice teams to do just this however take up could improve.

Community pharmacies are the most accessible parts of the health service with the majority of people living within a 20-minute walk of a community pharmacy and so we should encourage both the public and other parts of the system to make use of well-commissioned services within them.

All the clinical pathways have escalation points within them to ensure that people receive the best care from the most appropriate healthcare professional at all times so there may be the necessity to refer patients to points of higher acuity of care.

24-hour pharmacies and the risk of people leaving A&E with a prescription – The type of prescription a hospital prescriber can issue to be dispensed in a community pharmacy are not routinely used within any of the A&E departments- and it is far more likely for either a supply to be issued directly on the unit or a hospital prescription issued which can only be fulfilled by the hospital's own pharmacy departments.

Pharmacy First service is a 3-part service.

Below is a suggested amend to the publicised info (adapted from the introduction portion of cpe.org.uk/pharmacyfirst) below:

This pharmacy service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (Sinusitis, Sore Throat, Acute Otitis Media, Infected Insect Bites, Impetigo, Shingles and Uncomplicated Urinary Tract Infections).

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

*The service also incorporates the elements of the **Community Pharmacist Consultation Service**, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).*

In the clinical pathway consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group

Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense.”

Glossary

HWW	Healthwatch Wirral
A&E	Accident and Emergency Dept at WUTH
WUTH	Wirral University Teaching Hospital NHS Foundation Trust
UTC	Urgent Treatment Centre at WUTH
PCARP	Primary Care Access Recovery Plans
WCHC	Wirral Community Health & Care NHS Foundation Trust
PCN	Primary Care Networks Primary care networks (PCNs) are groups of GP practices that work together, and with other health and care providers, to deliver a wider range of services to the local population than might be possible within an individual practice
Social Value	Social value is the wider positive economic, social and environmental impact an organisation has on society. It also has a focus on how we support our most vulnerable residents.
3 rd Sector	Voluntary, community & faith organisations.
HIUoS	High Intensity Users of Services – this applies to a patient who attends A&E more than 5 times a year. Wirral has a considerable number of residents who attend significantly more than 5 times a year. There are also other descriptions for HIUoS for other areas within health and care such as Ambulance Services.

End.

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