

Parent and carer views of urgent health care in North Tyneside

Report by Healthwatch North Tyneside

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Introduction

Views about urgent health care in North Tyneside from families with children aged under 4 years

Nationally and locally people in the NHS are reviewing urgent care and making plans about how this will be provided in the future. Urgent care doesn't just mean Accident and Emergency, it can also mean urgent telephone advice or any situation where people need advice or treatment suddenly and fast.

In North Tyneside children have the highest number of out of hours visits at Accident and Emergency and the highest number of visits to Accident and Emergency where no treatment or significant investigation is given. This is highest in young children aged 0-4 years. Children also use the walk-in service more than other groups (Urgent Care Working Group 2014).

Healthwatch North Tyneside exists to champion people's views and concerns about health and social care. With rising pressure on urgent care nationally, and a new hospital opening nearby, we wanted to look more closely at people's concerns.

What we set out to do

As high users of Accident and Emergency and the Walk-in Centre we wanted to give families with young children the chance to have their say about urgent care and to let the people making decisions know what's important to them when they need medical treatment or advice unexpectedly and in a hurry. Recognising that many visits to Accident and Emergency with young children don't result in treatment or significant investigation we also asked about self care and what might increase people's confidence. We wanted people to be able to tell their stories and to add the human dimension to data available to decision makers.

We set out to hear from families in different communities around North Tyneside to give us more diverse perspectives. We aimed for the NE29 postcode area including Meadowell, Percy Main and Balkwell, which includes some of the most deprived wards in North Tyneside, and the North West of the borough where communities are less well served by the metro system and may have easier transport links to Newcastle and Northumberland services than main North Tyneside centres.

We also wanted to hear from the Bangladeshi community which is based in the Whitley Bay area. However it's taken longer than anticipated to develop contacts within this community which means we have not been able to include their views in this report. We look forward to hearing about their experiences of health and social care and will report on these in the near future.

Method

We used two methods: semi-structured interviews and a focus group to enable us to gather qualitative data. We carried out semi-structured interviews at in a range of settings for families with young children; in the libraries before and after Bounce and Rhyme sessions, during Stay and Play groups in community and children's centre settings. While some of these were one-to-one mostly we spoke with two or three people at a time, asking questions and recording the discussions. We offered a £5 voucher as a thank you for participation which usually lasted around 10 to 15 minutes, sometimes longer. These conversations took place in busy environments with small children interrupting, keen to join in.

A focus group at Fordley Primary school was not successful in spite of the great support from staff at the school and family centre to promote the event.

We heard from a total of 44 women between the ages of 18 and 60.

Families we met in the course of this work whose urgent care needs require more consideration include those where:

- there is contact with the child protection system either because their child is on the child protection register or as a foster carer
- the child has an additional health need
- the parent is a teenager
- a family has experienced the loss of a young child or baby in the past.

Who did we speak to?

NE29: Balkwell, Meadowell and Percy Main

We interviewed 12 parents and carers of children under 4 while they attended parent and toddler groups run by the Cedarwood Trust. We attended groups in Balkwell, Meadowell and Percy Main. These groups are aimed at families with additional needs, but open to everyone. Staff at the Cedarwood Trust supported our work by publicising our visit in advance and speaking with parents and carers on the day and gaining their permission for us to talk to them.

All the people who talked to us were women and are aged between 24 and 55 years old.

North West: Dudley and Killingworth

We interviewed 17 people at the White Swan Centre in Killingworth and 7 at the John Willie Sams Centre in Dudley where we spoke with women who had brought babies and toddlers to activities running in the centres, including Bounce and

Rhyme run by library staff, 'Footsteps parenting course' and 'Inbetweenies'. They are aged between 18 and 60 years.

Other contributions

We also heard from 7 other women, 1 through our website and 6 at Shiremoor Stay and Play at the Children's Centre.

What you said

Confidence in the system and service provided

"I'm not bothered who I see so long as they can help"

What's most important to families with young children is that what's on offer is fit for purpose and will be able to meet their need at the time. This was the primary message from all parents and carers who spoke to us.

The conversations in the North West and NE29 tended to have different focus. In the North West they were dominated by concerns about transport and confusion about which services saw young children across Newcastle and North Tyneside. A much greater proportion (45% n 11) of women in the North West were positive about their experiences of urgent care at the GP than in NE29 (25% n 3).

In the NE29 area most people were clear about where they would go when they needed medical help or advice in a hurry and how they would get there. Many people said what a great service Battle Hill walk-in centre provided and wanted to talk about their experiences of using their GP for urgent and non urgent needs. There was more discussion about the attitudes of staff within services. Answers to questions about self care were similar in both areas.

Confusion about where to go (North West)

12 out of 24 people in the North West mentioned this, compared to 1 person in NE29.

This related to walk in-centres in Newcastle and North Tyneside and Accident and Emergency at North Tyneside General Hospital and the RVI.

Comments ranged from:

"It would be helpful to know what ages can be treated at various centres."

"I think you need to go to different ones for different reasons, but don't know which."

"I went to walk-in and was told (they) don't see under 5's - very distressing, very distressing to be told this."

“..trying not to waste A & E’s time and resources so didn’t go there first. There is too much choice - keep getting sent to different places and still end up at A & E.”

Transport (North West)

In both areas those who mentioned transport usually said that it was easy to get to the GP. However in the North West transport was more often a theme of conversations.

The following comments are representative:

“You need a car for urgent care... parking is serious and expensive.”

“The buses - not great in an emergency or when it’s urgent”

“I’d use a taxi, it’s a long way, might make things tight as difficult places to get to.”

Transport was a difficulty when people are directed to multiple services out of hours and they don’t drive.

“I phoned NHS direct (111) because (she had) a bead stuck up her nose. I didn’t know if I should leave it for a few hours or take (her) straight away. I was directed to the walk-in centre, but when I got there it was closing and they said everything else they know about was closed and it needed to be seen in 4 hours. I waited for 3 taxis. I rang NHS direct again and was sent to A & E where it fell out in the waiting room.”

Choosing the GP practice or pharmacy to meet urgent care needs

When people had good experiences of lower level services they chose to use them. Where people had difficult or inconsistent experiences at the GP practice for non-urgent and urgent needs they were more likely to choose Battle Hill walk-in centre which most experience as offering a consistent family friendly service

In the North West 11 people spoke about good experiences when their young child needed to see their GP urgently. White Swan surgery was mentioned as being particularly good at giving urgent appointments. Several women praised the move to electronic appointment systems. One woman from NE29 had changed her GP practice because she wasn’t able to get an appointment.

“The appointment system was knackered, the electronic system is a lot faster.”

Only 3 women in the North West said there was a problem getting an urgent appointment.

In NE29 this picture was reversed. Out of 12 respondents 10 mentioned urgent appointments at the GP, with 7 of these saying it was difficult to get an urgent appointment. Barriers included getting through on the phone as well as availability. Three women said that they were confident their child could be seen quickly.

However 2 out of the 3 said they would still prefer to go to Battle Hill walk-in clinic.

“My GP’s quite good. If I phone up I can get an appointment on the same day and with a little one they do let you go and wait to be seen, but generally find it’s quicker at Battle Hill.”

People had varying experiences of urgent care from the pharmacy and chose which one to use accordingly.

“The Pharmacy round the corner (Percy Main) are really good, they seem to know bits of everything, give advice and leaflets. It feels better to speak to someone who knows what they’re doing. The Pharmacy next to Doctors are useless. They say “make an appointment with the GP.”

Why people don’t choose the GP for urgent care (NE29 and Shiremoor)

Where a family’s experience is that the GP practice only offers urgent phone appointments, the family chose to go elsewhere.

“GPs don’t seem to have emergency appointments at all, even if you say it’s for a baby you have to wait 2 or 3 days. They will offer a phone appointment, but they can’t look at a rash or anything on the phone.”

In addition to availability of appointments discussions in the NE29 groups raised factors which got in the way when they used primary care. Contrasting with Battle Hill walk-in centre some women felt GPs could be judgmental if the child wasn’t ill enough when they got to the appointment.

“Kids can get really poorly and better very quickly. By the time you go to the appointment you can feel like a bit of an idiot taking them to the doctor. The doctor can make you feel paranoid cos they got over it so fast.”

People expressed strong negative feelings about receptionists’ perceived gatekeeper role:

“The receptionist asks you what it’s about. I want to talk to the doctor not the receptionist... I said that’s not your job.”

“What if you want to talk about childhood sexual abuse?”

“The receptionists.. one is really lovely the other one not so much.”

A childminder complained that she didn't have the option of using the GP for children she cared for:

“As well as my own children I’m a childminder. If it’s urgent I have to take them. Even though I have signed consent, it’s very hard to see the child’s own GP, horrendous to get in. Battle Hill and Rake Lane will see me with the child.”

People also described difficulties in being seen by the GP where the child had a heart condition. Two women in the North West said that they were sent straight to the Freeman whatever the problem was.

One woman from the NE29 group said that:

“I don’t have much confidence in the doctor (GP)” and that she has more confidence in A & E **“without a shadow of a doubt..(they’re) more professional, far more people.”** Preferring this option even though waiting times are .. **“canny long, but ya have to roll with it.”**

Her baby is currently in foster care and had been taken to the GP three times for the same illness before being seen at Accident and Emergency. She said that she would have gone to Accident and Emergency earlier.

People who had used Accident and Emergency for their younger children were generally happy with the service, they expected to wait and that parking would be “a nightmare”. Where they’d needed an ambulance it had arrived promptly.

Battle Hill Walk-in Centre

Battle Hill was found to be more family friendly than the GP by women in NE29 and Shiremoor. Staff consistently deliver a friendly non judgemental service with a culture of respect and treating concerns seriously. Convenient opening hours fit with the constraints of family life.

“At my doctor I’ll go and see anyone, but it’s usually my last option because it’s so busy and rare to get an appointment that day. With the older ones at Riverside school the school is really strict about attendance and don’t like you to take them out for a doctors appointment, they frown on it. At the pharmacy or walk-in centre I can go before school. It’s hard to get an appointment at the GPs at the right time.”

“NHS direct is time consuming - they take too long to ring back, so I just get in the car and go to the walk in clinic. They’ve always been brilliant. The waiting times not too bad. Once when I was waiting a woman came in with a baby, the baby was getting more and more unwell and the doctor came out. I like that about Battle Hill.”

“The walk in centre at Battle Hill is brilliant, really good. The last time I went straight to Battle Hill rather than the GP, I’d spend longer on the phone than it would take to get there (Battle Hill).”

“They’re absolutely brilliant. The lady I saw was really good with my son, she gained both of our trust and confidence... he wouldn’t let me near it. She knew straight away what it was, we were treated really well.”

People also liked being given information sheets and leaflets at the Walk in centre.

Only one person in the NE29 group was unhappy with the walk in centre at Battle Hill.

None of the 44 women interviewed mentioned the Children’s Minor Injuries walk-in service. The Children’s Minor Injuries walk-in service provides an alternative to accident and emergency for children and young people aged 17 years and under with minor injuries.

Paediatric nurse practitioners provide treatment for a range of minor injuries from 9 am to 6 pm Monday to Friday.

Reassurance and advice, how professionals help families self care or get easy access to the most appropriate service

The need for reassurance was greater with families with younger children and from younger parents. Some more experienced parents reflected on the difference in what they would do now to when they first became parents.

“Experience builds your confidence up.” “When you first have (the child) you can get quite panicky... as time goes on you can learn off each other.”

“At first I called the family - now I have a go first - if I’ve gone through everything I know then I ring (services).”

Where people had an established and trusting relationship with a health visitor they were likely to ring them for advice. The health visitor was the main contact for the teenage mothers we spoke to. One of our Healthwatch staff conducting interviews was concerned that one teenage mother she spoke to had no idea at all what she would do in an emergency.

One woman who became a parent at 18 said:

“I’ve used 111 a few times, it was fine, I talked to them, they told me nothing was really wrong and I was reassured. I’d use it again. You explain the situation they take it on board and give you the information.”

Reassurance was a theme often linked with ringing NHS 111

“Sometimes need a bit of reassurance- when you ring 111 if you don’t bond with the person answering the phone it can be a bad experience if you don’t

bond. You know in the first couple of seconds, you can tell if someone is listening, it comes through. It can be comforting or you can clash.”

I can “...tend to panic as didn’t know if it was bad or serious, (it was great) having someone medically trained going through questions so they decide if an ambulance is needed.”

Where people mentioned NHS 111 they liked that the person could book an urgent appointment at their GP for the following day, or a specific appointment time at Accident and Emergency or even transport if needed.

In the North West there were 3 women who had been unhappy with NHS 111, but this was partly because of difficulties with transport and services they were referred to.

Resources and support in the community

Sources of support and knowledge were a key part of deciding to care for minor illnesses, scrapes and injuries at home. Support is usually provided by family or friends and this is combined with a trusted source of information from first aid training, a booklet or a website.

First aid training was a highly valued source of knowledge, especially in the NE29 groups. Just over half of the respondents had received first aid training. In NE29 this had usually been while they were in some kind of care work, and in one case in prison. Those who had done some wanted more and those who hadn’t wanted to do it; particularly a paediatric first aid course. Cost was the main barrier to further training. In the North West more people had received first aid training through a children’s centre.

“Baby first aid was brilliant to go on. It also gave basic everyday symptoms and temperature and time scales so you don’t panic.”

First aid, whether a complete course or information on specifics such as choking, was what most people would recommend to other families with young children. Other suggestions included a flipped fridge magnet with what to do for the 10 most common ailments and a booklet.

Several women in NE29 said that they had become a resource for their community because of their first aid knowledge:

“I have my first aid, next door come round for advice.”

This was more likely to be the case when the person who was first aid trained was an experienced first aider, either in a work role such as working in residential care with the elderly or through having more than one child. Staff at the Cedarwood Trust in Meadow well said that people often requested first aid training and that it was seen as a skill for life.

Respondents were keen for more knowledge about self care, but want it to be free. £3.75 for a leaflet from the pharmacy stopped the person from buying it.

One person described a baby first aid and self care booklet she was given when her oldest child was a baby as her 'bible', valuing information about when to seek help and how to look after common ailments at home. This is no longer provided.

Experience builds confidence to handle a wider range of injuries and illnesses at home, especially when coupled with access to reliable information.

Another mother said:

"Now I know the temperatures and timescales to watch for."

She would like a fridge magnet with this information on for easy reference.

However people did give some mixed messages about self care, on the one hand saying that they would care for 'anything and everything' but also saying that they would take their child to the GP for a bad cold.

The two respondents aged under 30 who had first aid training both mentioned seeking professional advice following an incident, choking was given as an example, to make sure no damage had been done. While others were very keen to emphasise that they would only care for things at home that they were 'allowed to' and were still looking for reassurance that they had done the right thing for their children.

One woman who was a foster carer said that she felt "pressured to get advice with (her) foster kids" in circumstances that she would have handled without contacting services for her own children.

Half of people who mentioned looking online for information also said it can be counter productive.

"Usually google it - but can end up more frightened."

"I'd be worried that I put the wrong things in." (Information onto website)

NHS Choices was the most trusted website, but people still wanted:

"Common sense, reassurance from people who know what they're talking about (is best)."

"I look online, it makes me feel better. I usually ring me Mam, she has lots of knowledge."

Smart phones can be part of these conversations, particularly for younger respondents.

"I take photos of everything. I took a photo of that rash and sent it to my friend."

Family and friends were the first contact for most people. People with lots of childcare experience or medical training were most valued.

Summary

Throughout our work mothers, grandparents and other carers say the most important thing is to do the best for their children and to get timely, effective help. They are aware of pressures on the NHS and Accident and Emergency in particular and they are also juggling the complex demands of family life.

They want good information and reassurance they are doing the right thing when they do self care; clear information regarding services available; what they are for and what families can expect when they use them. No one we spoke to had used the Children's Minor Injuries Walk-in service in Shiremoor.

Families want more opportunities to learn and consolidate skills in first aid for babies and young children. For some parents this could be done in a more empowering way.

Staff attitudes are important, especially in urgent situations relating to younger children and when the parent or child has additional needs. While this should be self evident and we were given lots of examples where staff were 'brilliant', we also heard about staff being dismissive, not listening and directing people to services which could not meet the need. Compassion and respect was an implicit theme throughout this work. Staff at Battle Hill walk-in centre were generally seen to be better in this respect whereas in primary care experiences are more varied. Mothers and carers who had additional needs were more likely to mention not being treated with compassion or respect.

Personal experiences and those of peers are likely to shape behaviour when families need urgent care. If people have had difficulty getting an appointment at their GP for a non-urgent matter this influences their behaviour when they need an urgent appointment for their child. Where this was coupled with a convenient and good service at Battle Hill, this made the walk-in centre the obvious choice for many families in the NE29 area.

While we have heard from the North Tyneside Clinical Commissioning Group Patient Participation Forum that appointments haven't been raised as an issue and that many practices are moving to more efficient online appointment systems we heard about many recent experiences where families with young children weren't able to get a GP appointment easily. Word of mouth is powerful and there are clearly some issues to be ironed out regarding access to appointments in at least some GP practices.

Recommendations

1. **Recognise the role of people's lived experience and how it shapes behaviour far more than information provided in a leaflet or the current configuration of services.**
Closely allied to this is continual need for staff within the NHS to reflect on and embody attitudes and values of compassion and respect. This was an underlying theme throughout our work often implicit rather than explicit. **This warrants further investigation especially in relation to families with additional needs.**
2. **Find out why people have such positive experiences at Battle Hill Walk-in Centre and what part the staff culture and attitudes play.**
Find ways to actively share findings across primary care.
3. **Explore further the perception that it's difficult to get an urgent appointment with a GP especially in the North Shields area.**
Audit the availability and accessibility of urgent appointments across practices, implement best practice and communicate effectively to families what they can expect when they need an urgent appointment.
4. **Explore how GP practices can remove barriers and provide a consistent, respectful experience.**
One simple example of good practice is where practices have a brief phone message before being put through to the receptionist explaining that the receptionist will ask what the appointment is for; if more surgeries did this it's likely that people would be less upset by being asked.
5. **Clarify whether GPs will see children in the care of their childminder and children with heart conditions and ensure that policies are consistent and clear.**
6. **Clarify details of urgent care services offered in Newcastle and North Tyneside, including age ranges and consider the best way to inform families with young children living in the North West of the borough.**
7. **Explore how paediatric first aid training can be provided to families with young children in an empowering way which does not foster greater reliance on services.**
8. **Provide easy access to reliable information about self care for parents and carers of babies and young children.**

Thanks

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Appendix A: Context and bibliography

National

- Urgent and Emergency Care Review Team **High quality care for all, now and for future generations: Transforming urgent and emergency care services in England, The Evidence Base from the Urgent and Emergency Care Review** June 2013
- NHS England, June 2013 **Emerging Principles from the Urgent and Emergency Care Review**
- End of Phase 1 Report November 2013
- NHS England North, Jan 2014 **Urgent Care Working Groups Terms of Reference**
- Urgent care is where the strains on NHS show. (Kings Fund) Well publicised pressures on Accident and Emergency departments this winter.

Local

- Northumbria Specialist Emergency Care Hospital is one of the first specialist emergency care hospitals, in the model recommended
- Urgent care working group (UCWG) (national requirement)
- UCWG NT **Urgent and Emergency Care Strategy 2014 - 2019**, July 2014
- Mental Health urgent care is provided by NTW, it is considered separately - not in the remit of the UCWG. Issues concerning mental health urgent care are being addressed through the Crisis Care Concordat, local action group.
- Latta, C, NECS. **Desk review of stakeholder and patient insights around urgent care in North Tyneside**

Healthwatch

- HW Islington, **Urgent Care: Why patients are using these services.** November 2013
- HW West Sussex, **A & E Survey: How and why patients decide to go to Accident and Emergency.** June 2014

- HW Derby, **Service User Data Analysis SUDA Report 10, 12 Hours in A & E - RDH**, April 2014
- HW Derby, **Service User Data Analysis Report 11, 'Your Royal' Consultation Report**, May 2014
- Involve NE, HAREF & Deaflink, **2014 Walk in Centre Review: Draft Findings** (Commissioned by 2 Clinical Commissioning Groups in Newcastle)

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