



Emergency Care



Lancashire and South Cumbria
Patient insights and experience
Summary Document



Blackburn with Darwen,
Blackpool, Cumbria and
Lancashire working
in partnership

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Introduction

This report has been produced by Healthwatch Together, who have engaged with members of the public across Lancashire and South Cumbria to understand patient experience and presentation at Emergency Departments, Urgent Treatment Centres and Walk-In Centres.

The primary focus of this engagement was to support Lancashire and South Cumbria Health and Care Partnership with winter planning, messaging and communication.

Thank you

Healthwatch Together would like to say a huge thank you to all the people who chose to take part in our survey, case studies and focus groups.

We are also incredibly grateful to the NHS Trusts and the staff at the Emergency Departments, Urgent Treatment Centres, and Walk-in-Centre's for their invaluable assistance and for helping to make this possible.

Healthwatch

Healthwatch (HW) was established in April 2013 as part of the implementation of the Health and Social Care Act 2012.

Healthwatch uses people's feedback to better understand the challenges facing the NHS and other care providers and we make sure people's experiences improve health and care for everyone - locally and nationally.

We can also help people to get the information and advice they need to make the right decisions for them and to get the support they deserve.

When working across Lancashire and South Cumbria, four Healthwatch come together to form 'Healthwatch Together' (HWT) to work in partnership to effectively operate over the whole footprint of the Lancashire and South Cumbria Health and Care Partnership. HWT consists of Healthwatch Blackburn with Darwen, Healthwatch Blackpool, Healthwatch Cumbria and Healthwatch Lancashire.

Each Healthwatch organisation works in their own geographical area and is their own unique entity, providing a local approach to community engagement.

The logo for Healthwatch, featuring the word "healthwatch" in a bold, lowercase, sans-serif font. The letter 'h' is dark blue, 'e' is pink, 'a' is dark blue, 'l' is dark blue, 't' is dark blue, 'h' is dark blue, 'w' is dark blue, 'a' is light green, 't' is dark blue, and 'c' is dark blue.

Methodology

Healthwatch Together spoke to 565 people, had 44 in depth discussions and engaged with 16 focus groups.

Engagement was carried out across Lancashire and South Cumbria, with each Healthwatch utilising their local knowledge and contacts to gain optimal responses across the whole area. Engagement was carried out as follows:

- Healthwatch Lancashire - Central and West Lancashire
- Healthwatch Blackpool - Fylde Coast
- Healthwatch Blackburn with Darwen - Pennine Lancashire
- Healthwatch Cumbria - South Cumbria



HWT completed face to face engagements in Emergency Departments, Walk-in Centre's and Urgent Treatment Centre's, visiting 17 sites during the months of November and December 2021.

Respondents who wanted to provide further insight were given the opportunity to leave their contact details for a follow up conversation. Of the 565 people who completed the survey, 101 people left their details. Healthwatch Together reached out to these people via their preferred method of communication with 44 people providing case studies to further develop our understanding.

Additionally, Lancashire and South Cumbria Health and Care Partnership asked for consultation with specific groups. As a result, each Healthwatch was tasked with completing additional focus groups to hear the voices of specific demographics to understand motivations, understanding of services and to gain further insight in relation to duty of care that leads them to present at Emergency Departments. Healthwatch Together completed 16 focus groups.



17
sites visited



565
people spoken to



44
in depth conversations



16
focus groups

Recommendations from across Lancashire and South Cumbria

The insight gained has been invaluable and has been used together to formulate recommendations. The recommendations have been made as a result of analysing the insights shared with us by local residents. Specific recommendations for each area can be found in their respective reports.



NHS 111 service



→ Increase awareness of NHS 111 online and telephone

Provide more information on what NHS 111 can help with and available services. Many participants did not know the online service existed.

“Knowledge of the services on the NHS 111 website and the basics of how to use and navigate it.”

“Training on how the NHS website is structured and how to use it in the best way.”

“I am illiterate. Not sure what the 111 services are - thought it was the number you call when you want the police.”

→ Provide clearer understanding and expectations in relation to clinical call backs.

Multiple participants reported that a clinician did not follow up with a call within an appropriate timescale, leading to frustration and/or choosing to attend another service.

“111 said I would get a call back in 20 mins it took 2.5 hours.”

“Used 111 online & waited 6 hours for a call back from GTD whereby a nurse advised to go to the Urgent Treatment Centre, it was midnight by this time.”

“I decided against 111 as I was under the impression they would just advise us to go to A&E with the age and nature of the concern, and actually calling them and waiting on a doctor to call back would delay him being seen.”

→ Make the NHS 111 process quicker

Patients wait long times to speak to an NHS 111 telephone call handler, often then being referred onto someone else. A large number of patients shared that due to long waiting times on the phone, they gave up and went straight to an Emergency Department. The NHS 111 online service requires users to answer a long list of questions which is time consuming and frustrating.

“Had problems with 111 online, went round in circles so wouldn't use that again. 111 via the phone is quite robotic, feels like they're reading a script.”

“The NHS 111 services always direct you to someone else so I don't bother”
“NHS 111 takes too long to get through.”

“NHS 111 phone - needs more call handlers and a faster response time.”



→ Better promotion for parents of under 5 year olds on the NHS 111 service

Parents shared that they cannot use NHS 111 online for their children aged under 5, however, parents were not aware that they could use the NHS 111 telephone service.

“I can’t use the NHS online. Website isn’t available for parents with children under 5.”

“I can’t use NHS 111 online for my child.”

→ Promote the service in various languages

For those whose first language is not English, the NHS 111 service was difficult to use. The NHS 111 telephone service can be difficult to understand when a translator is not available and the 111 online service does not appear to have an option to translate into other languages.

“They don’t have a translator in Kurdish”

“Does the 111 online translate or do you have to just call?”

111

NHS 111 service

→ **Provide additional information on the role of Walk-In-Centres, Urgent Treatment Centres and Emergency Departments whilst waiting to be connected.**

To help educate members of the public on the best service for their needs.

“When I first needed stitches, I think I needed A&E and when I had to get them out, I think I was in the right place but when I had to keep going back I could have just gone back to the doctors. The last doctor I saw in A&E recognised me from when I first went there, she said ‘wasn’t you in the other week’ and I said ‘they said I keep needing to come back’, she told me I don’t need to go back and gave me a list of walk-in centres (it would have been good if I was told about the walk-in centres a lot earlier).

→ **Make the NHS 111 online service easier to navigate and understand**

This was particularly relevant for those whose first language is not English, who shared that some of the language was hard to understand when clarifying whether their situation was an emergency. Questions and response options could be made easier to understand. Also, the need to answer irrelevant questions was raised by patients.

“Sometimes they don’t have a translator in my language.”

“Availability in different languages [would help]. I speak Arabic not very good English.”

“They told me there were no Kurdish translators.”

→ **Use links with the voluntary sector and Council adult learning courses to provide training to members of the public on how to use the NHS 111 online service**

To help increase patients' confidence in using the site, as NHS 111 telephone is used more frequently and could help alleviate the pressures on NHS 111 telephone.

“Training would be good”

“Knowledge of the services on the NHS 111 website and the basics of how to use and navigate it.”

“It is easier to speak to someone - I struggle with technology.”

“I would try 111 online if it was quicker - I am not good with technology.”

→ **Provide more clarity that Emergency Departments/Urgent Treatment Centres/Walk-in-Centres are not an appointment based service.**

Some patients shared their experience of being told to attend at a specific time by 111 and thinking this was an appointment time, rather than a guidance time and still having to wait many hours to be seen. More clarity on this will help manage expectations.

“Phoned 111 and was given appointment time, thought it was for CHOC and attended at due time. The appointment was not an appointment time but an attendance time for A&E, was confusing.”

111

NHS 111 service

→ **Develop clearer messaging and communication by NHS 111 to direct those in need of treatment to the correct and most appropriate service (this includes online as well as by call handlers)**

For example, enable the 111 service to book primary care appointments. Many patients shared that they attended an Emergency Department/Urgent Treatment Centre/Walk-in-Centre as they could not get a GP appointment and wanted to be seen quickly. Allowing 111 to book priority GP appointments could reassure patients that they will be seen in good time and stop them from attending Emergency Departments when not necessary.

“I have just had knee surgery and my blood pressure is sky high... I contacted NHS 111 telephone who advised I contacted my GP. I waited 4 days to get an appointment. The GP suggested the high blood pressure is a sign of infection in the new knee and that I come to A&E.”

“The GP said they are fully booked for today and couldn't provide an appointment. They suggested the walk-in centre or 111”

“GP couldn't offer an appointment. Earliest appointment they could offer for a chest infection was Sunday (today is Tuesday). GP said come to walk-in”

“Here is more accessible than the GP”

“Not been able to get an appointment with my GP for over 2 years - this is why I have to come here.”

“We've come here because they deal with you straight away. You'd have no chance at GP - it would take 3-4 days and I need to be seen now.”

General Practice



→ Promote extended access across Lancashire and South Cumbria to ensure that it is utilised by Primary Care for appointments



Patients frequently mentioned the difficulty of getting a GP appointment and long waiting lists and so go to an Emergency Department to be seen quicker. For those who worked full-time, were self-employed or cared for young children, attending an Emergency Department at the weekend was the best option as they could not get a GP appointment in the week and GP's were closed at the weekend.

“It’s hard to get a GP appointment these days. My job doesn’t allow me to ring at 8am and drop everything for an appointment at 11:40 for example. It doesn’t meet my needs and job.”

“There’s no appointments on Saturday’s and I need to juggle around work so I’m coming here today as it works better for me.”

“Just cannot get hold of the GP - if you get through to reception it’s a miracle. Quicker appointments and accessible GP services would be useful.”



→ Increase the number of face-to-face GP appointments

Multiple patients expressed their preference towards face-to-face appointments over virtual appointments. Clarifying a person's right to request a face-to-face appointment should also be considered.

“Can't ever get a GP appointment and needed a physical check.”

“The main problem faced was that the GP refused to see patient in person.”

“It's hard to explain what's wrong with you over the phone without them seeing you. I prefer face to face.”

“GP couldn't offer an appointment. Earliest appointment they could offer for a chest infection was Sunday (today is Tuesday). GP said come to walk-in.”

→ Improve advertising of booking methods and alternatives to GP support

Patients shared their frustration of long waiting times on hold to their GP to make an appointment. Alternative ways to book an appointment, such as online, could be better advertised. Alternatives to a GP appointment, for example, pharmacy advice could also be advertised wider.

“GP wouldn't answer call for 3 hours. The phone rang and automatically ended the call without putting me in the queue.”

“No appointments available at GP. Phoned 102 times in 15 minutes.”

→ Reduce the amount of time patients have to wait for a GP appointment

A large number of patients shared that they had attended an Emergency Department/ Urgent Treatment Centre/Walk-In-Centre as they could not get a GP appointment.

“Don’t use GP because they are useless and can never get an appointment.”

“I would have gone to my GP if it was open and they had available appointments.”

“GP phone lines permanently engaged for hours at a time, daily.”

“The GP said they are fully booked for today and couldn't provide an appointment. They suggested the walk-in centre or 111”



Communication



→ Use communication methods that best suit the demographics to advertise services and support

The NHS website was the most preferred method of communication for all age groups, with the exception of those 65 and over who preferred TV adverts. Leaflets in health centres was a preferred method for under 18's and 45+. The NHS website was the most preferred method for Central and West Lancashire, Fylde Coast and Pennine Lancashire, but for South Cumbria the most preferred method was leaflets in health centres.

“9 times out of 10, I get information from the NHS website”

“Leaflets are a great way to display support information, you need something to put in people’s hands rather than people having to google it for themselves. Not everyone is digitally literate, some don’t have a smart phone and leaflets are a bit more direct and concrete which makes it a bit easier. If you want to make it easy for people, you have to do it to help them along.”

→ Provide more information about services

Participants from South Cumbria shared that there needs to be more clarity about the CHOc service including opening hours and the process to attend. More clarity on the support provided by Emergency Departments/Urgent Treatment Centres/Walk-in-Centres would also be beneficial to allow patients to make a more informed decision on which would be best to attend. Sometimes patients were sent to the Emergency Department from the Urgent Treatment Centre, thus clarifying and educating the public on when it would be best for them to attend which service could reduce the number of times this occurs.

“Phoned 111 and was given appointment time, thought it was for CHOC and attended at due time. The appointment was not an appointment time but an attendance time for A&E, was confusing”

→ Enhance communication between services to create a smoother pathway

This includes communication between primary care and secondary care, ensuring medical records are up to date and available.

“GP systems are not linked to hospital systems, you are waiting weeks for letters to arrive as there is very little information sent electronically.”





→ Promote the Patient UK website and the Local Child Health Advice Booklet

Improve the promotion of these services in order to increase use (the majority of patients were not aware of either of the services).

“Don’t know much about the Patient UK website.”

“The NHS website is my go to as a trusted website for health information, I am unclear who maintains the patient UK website.”

→ Provide transparency on waiting times for services

Multiple patients mentioned having to wait much longer than they were told which caused frustration. Being transparent on waiting times will help manage expectations. Ensure all Emergency Departments/Urgent Treatment Centres/Walk-in-Centres display approximate waiting times in waiting rooms.

“Whilst I understood the pressures the staff are under, it would have felt nice had someone come to ask if we were ok when the baby was crying consistently, brought paracetamol to help settle him and let us have some sort of indication how much longer the wait would be.”

“My GP rang A&E and triaged me to be 'fast tracked' but I have been waiting in A&E for 8 hours and they have told me I won't get a bed for another 24 hours.”

→ Promote 'being prepared' for Emergency Departments

Numerous participants shared their experience of attending an Emergency Department and being unprepared for long waits. For example, not having money for refreshments, things to keep them occupied.

"We had to wait a long time in a corridor by the ambulance bay door, dad was just in his shirt and trousers, and it was really cold. I had to keep trying to find blankets and pillows to keep him warm."



Communication

Community pharmacy and self-care



→ Increased promotion of the role of the community pharmacy

Encourage and promote the value of using pharmacy services, as some patients shared that they would not know to go to their pharmacy for advice.

“I am in two minds about minor ailments, is it a minor ailment, is it something the pharmacy can deal with. Because of this experience, I would look at any other option than A&E. However, it would be helpful if the NHS detail what the pharmacy can help you with, what advice can they provide, can they prescribe.”

“It would be good to have an easy read on what you can go to the pharmacy for”

Accessibility of services:



→ Create and advertise alternative places for blood tests and X-rays across the ICS

It was highlighted that multiple participants shared that they went to an Emergency Department because they knew they would need an x-ray. Further, several patients were referred to Urgent Treatment Centres/Walk-in-Centres for blood tests, thus, look into alternative places that this treatment can be done, to relieve pressures and waiting times of these services.

“I would suggest that when GP’s send you to A&E because you need urgent blood tests, put something in place where GPs can do emergency blood test or send you to blood clinics. Rather than sitting in A&E with other patients that are more serious.”

“I had a knee injury at work whilst I was out of the borough so went straight to Blackburn Emergency Department straight after work because I knew it would need an x-ray.”

“Minor injuries were unable to help said he needed an X-ray”

→ Have more locally based Walk-in-Centres

For those who chose to attend an Emergency Department due to geographical convenience, if Walk-in-Centres or Urgent Treatment Centres were closer this may help relieve pressures at Emergency Departments.

“It was too busy at Ormskirk Urgent Treatment Centre so they said to come here [Emergency Department].”

“There needs to be more walk-in-centres. There are currently none in Preston.”

→ Better promotion of minor injuries units for members of the public

Lack of understanding and awareness of minor injuries units leads to patients going straight to Emergency Departments. Consider signposting to minor injuries from Emergency Departments/Urgent Treatment Centres or NHS 111 at peak times.

“In Preston, there is no minor injuries or walk in centre, Preston Hospital is the only thing available out of hours. Once the doctors closes at 6pm on Friday, that’s it.”



→ Extended x-ray times at minor injuries units

This especially applied to weekends, to reduce the number of people having to go straight to an Emergency Department.

“They couldn't x-ray due to it being a weekend. The x-ray was not available at weekend. My sons used NHS 111 before and the x-ray had already closed.”

→ Increased mental health support in the community

This is to prevent a person having to repeatedly present themselves to an Emergency Department for help and support for their mental health.

“We have had people who have to call ambulances for their mental health, but we have never been in the situation where we have had to call one for someone. They have got to a crisis, no one [other services] picks it up beforehand. It can come out of the blue. Sometimes people don't feel safe, so they will call the police and the police will get them an ambulance. For mental health, I wouldn't expect people to call 111, its too much to explain.”



Summary of response themes

The most common way for patients to travel to Emergency Departments, Urgent Treatment Centres or Walk-in-Centres was by being driven by a friend or family member. Out of the

561

survey respondents who answered the question about travel,

45% 

were driven by a friend or family member, while

28% 

drove themselves.

The top 3 reasons that respondents sought to seek medical attention for were:

1.

An accident

“Road traffic accident - I have sore ribs and something else that I’m not sure about.”



2.

For symptoms which were yet to be diagnosed

“Pain across shoulders and down left arm - shortness of breath.”



3.

An infection or illness

“Daughter had a high temperature and a rash”



“Had an infected cyst which antibiotics did not resolve”

A quarter of respondents chose to attend an Emergency Department, Urgent Treatment Centre or Walk-in-Centre as they were advised to do so by their GP. Out of the

557

survey respondents who answered the question as to why they attended,

25% 

were advised to attend by their GP, 18% were advised by at least one NHS 111 service (telephone, online or both).

It should also be highlighted that

14% 

of respondents attended an Emergency Department, Urgent Treatment Centre, or Walk-in-Centre because they didn't know where else to go.



Respondents were more aware of the NHS 111 telephone service than they were of the NHS 111 online service.

“The telephone NHS 111 operator only just told me last night that I can access the NHS 111 service online, but I prefer being on the phone speaking to people directly. I struggle using online.”

Over half of the respondents were not aware of 'Patient UK website' or the 'Local Child Health advice booklet'.

“I tried but the Patient UK website did not contain the information I needed.”

More respondents tried their GP prior to attending an Emergency Department, Urgent Treatment Centre, or Walk-in-Centre than any other service. Out of the

552

survey respondents who answered the question about which services they tried prior to attending an Emergency Department, Urgent Treatment Centre, or Walk-in-Centre,

36.5% 

tried their GP first, but

34.5%

shared that they had not tried any other services beforehand.

“I slipped yesterday and banged my head... I contacted my GP and they advised I come here to A&E as there weren't enough doctors on.”

Out of the

534

survey respondents who shared which services they would try for initial advice on the same problem next time,

50.5% 

stated they would try at least one NHS 111 service

19% 

said they would try NHS 111 online while

31.5% 

said they would try NHS 111 telephone, and

45.5% 

said that they would try their GP. However,

34%

shared that they would not try any other service for initial advice.

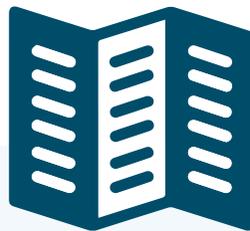
The top 5 methods of communication that patients stated they would use to receive information about health services that may suit their needs were:



1.
NHS website



2.
TV adverts



3.
Leaflets in health centres (hospitals, GPs, Pharmacies)



4.
Posters in health centres/libraries/ community centres/bus stations



5.
Facebook

“I don’t currently receive information about what help or support is available other than A&E, but if I was to, the best way for me to receive this information would be through leaflets and posters.”

Conclusion & Next Steps

As a Healthwatch it is important not just that we gather this data and record people's experiences and stories, but also that we do something with them.

We know that these findings are already being used to influence future changes, on the following page is an overview of the impact so far.



Impact so far



Urgent Care

The Urgent and Emergency Care Network that comprises of the NHS clinical leads from across Lancashire and South Cumbria are using the reports to inform their operational plans for 2022-23.



The North West Ambulance Service and NHS England Improvement

The North West Ambulance Service are looking at the patient experience of NHS 111 and NHS England Improvement have shared the reports with their regional Health and Equalities Unit so they can be collated with the findings from across the other two Integrated Care Sectors (Greater Manchester and Cheshire & Merseyside).



NHS Communications

NHS communication leads in Clinical Commissioning Groups and Trusts are creating action plans to improve local communications based on feedback from people.



Primary Care sub cell for Lancashire and South Cumbria

The group have said they will look at the primary care and pharmacy recommendations and work with secondary care colleagues too as there is some crossover between the findings.

'One Year On...'

Healthwatch intend to monitor the progress of impact going forward, specifically how the voice of people has been used in developing services.

We will be revisiting this project a year from now to re-engage with people about their experiences and to find out exactly what has been changed or adapted as a result of people's feedback

“The Healthwatch Together team worked hard to understand the brief and then held multiple Face-to-face conversations in our Urgent & Emergency Care sites across the region, as well as online and by telephone, to deliver valuable insight that will help shape our operational planning for 2022-23.

We're grateful to Healthwatch Together for the localised approach they were able to take. The variety of patient experience feedback that was captured allows us to really listen to and then act upon what our communities are telling us and we can focus on working as a partnership to deliver the best services possible across Urgent & Emergency Care.”

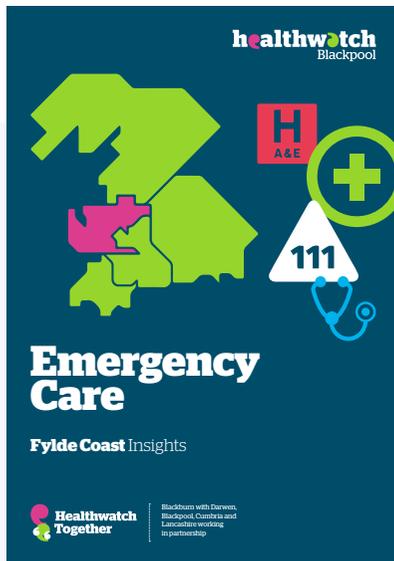
Laura Harvie

Senior Communications and Engagement Manager
Lancashire and South Cumbria Communications
and Engagement Team

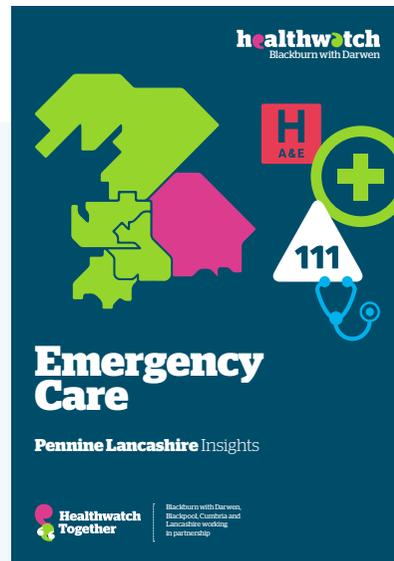
Final reports

Specific recommendations and insights for each locality can be found in their respective reports.

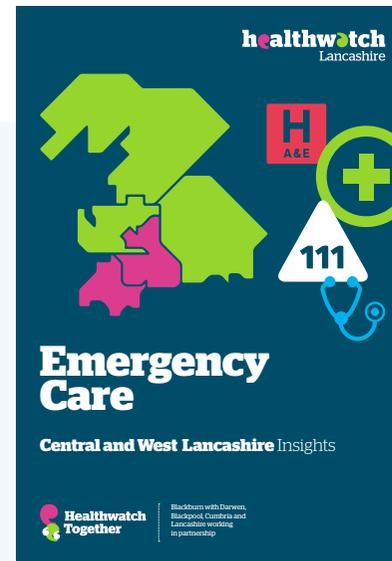
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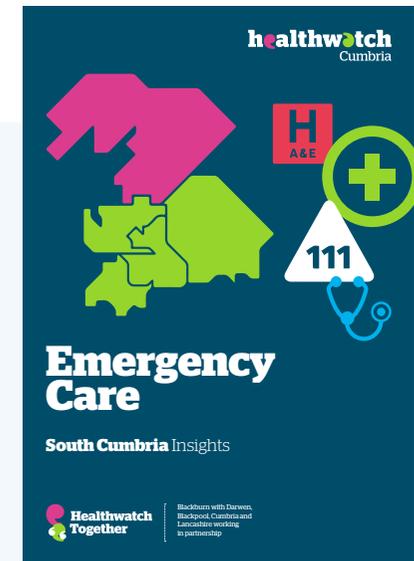
Fylde Coast



Pennine Lancashire



Central and West Lancashire



South Cumbria

Contact details



Unit 19
Eanam Wharf Business
Development Centre
Blackburn
BB1 5BL

01254 480002

[Email us](#)

[Website](#)



333 Bispham Road,
Blackpool
FY2 0HH

0300 323 2100

[Email us](#)

[Website](#)



The People First
Conference Centre
Milbourne Street
Carlisle
CA2 5XB

0300 303 8567

[Email us](#)

[Website](#)



Leyland House
Lancashire Business Park
Centurion Way
Leyland
PR26 6TY

01524 239100

[Email us](#)

[Website](#)