

Urgent Health Care Services:

The Responses



Contents

Urgent Health Care Services:	1
The Responses	1
Introduction.....	3
Pharmacy.....	3
GP Surgeries	5
Brighton Station Health Centre	7
GP Out of Hours	9
111 Service.....	11
Emergency Dentistry	12
Accident and Emergency.....	13
Children’s Accident and Emergency.....	16
Overall Recommendations.....	17

Introduction

In October 2013 Healthwatch Brighton and Hove completed a report on patient experiences of urgent healthcare in the city ([Click here to read the report in full](#)). The report had 179 respondents in total, including seldom heard communities like Parent Carers and Gypsies and Travellers.

The report took people's ideas, opinions and stories and created 52 recommendations over 8 different services. These recommendations were sent off to commissioners of local services, and the following are their responses to each of the recommendations made.

Pharmacy

1. Longer opening times for all pharmacies to allow working people improved access.

Response: Brighton and Hove has comparably good coverage of pharmacies opening for longer opening hours, and we are currently unaware of any major problems with patients not being able to access pharmaceutical services. The pharmacy in Sainsbury's, West Hove, is open for 100 hours every week. For some time, the City has had two other pharmacies, which offer a seven day a week service from 9am - 10pm. Additionally, both local Asda Pharmacies are open until 8pm six days a week. Pharmacies situated in various neighbourhoods around the City have opening hours that reflects the opening hours of the local GP surgeries.

2. Consider moving late night pharmacies nearer to out of hours GPs to improve continuity of services.

Response: The location of pharmacies is a business decision made by the pharmaceutical companies rather than commissioners, and is usually based on the

need for a service in a particular area. Therefore, the Area Team is unable to 'move' pharmacy locations but we endeavour to make sure there is good coverage of out-of-hours pharmacies across the City.

3. Better promotion of the four late night pharmacies available in the city.

Response: We ensure information on late night pharmacies, including opening hours, is available via NHS Choices, which is kept up to date and. Information is also circulated to a wide group of interested parties including the media, the GP out-of-hours service and the local authority. In view of your recommendation, we will review our distribution list and methods of disseminating the information.

4. Ensure pharmacists are aware of the 111 service and what it can offer, so that they can refer people to the number as necessary.

Response: From April 2013, CCGs became the commissioners of the 111 service. We will work with the local CCG on appropriate publicity communications with community pharmacies regarding the available 111 service.

5. Encourage pharmacies to integrate community resources into their pharmacies.

Response: Part of the national pharmacy contract includes a service called 'signposting', which sets out requirements for pharmacy teams to make information available for customers, patients and carers on both local and national services/resources. We have recently circulated details of useful websites to all the pharmacy contractors across Surrey and Sussex for signposting purposes.

- 6. Create a poster or resource to be displayed in pharmacies which explains which services they can offer to people, including any interpreting services available.**

Response: The national pharmacy contract sets out the requirements for pharmacies to promote their NHS services and includes the requirement to produce a practice leaflet and a display of services available in the pharmacy. Many pharmacies already display 'ladders' of services available either in their windows or displayed inside the pharmacy near the consultation room and we will reinforce the need for promotion in our regular communications with pharmacies.

- 7. Pharmacies to let people know how long the wait is during initial conversations, so that people know what to expect.**

Response: Pharmacists are required, under their Terms of Service, to dispense prescriptions with 'reasonable promptness' and if a patient asks they must give an estimate of the time when the prescription will be ready. Best practice would be for the patient to be given an estimate of the waiting time when the prescription is handed in by the patient/carer, and we will recommend this course of action in our communications with pharmacists.

GP Surgeries

- 1. In general, surgeries should be open for longer and remain open at the weekend, to help in reducing waiting times, and improve access for working people.**

Response: We would always encourage GPs to make their appointments and opening hours as accessible as possible.

- 2. Consider ways to alleviate the volume of calls to surgery telephone lines during peak hours, such as increasing the use of online appointment booking.**

Response: The report asks for online appointments to be available for GP surgeries, many surgeries already provide this and it also forms part of the new GP contract released by NHS England earlier this month.

- 3. Promotion around the telephone advice doctors can provide, to reduce the need to book face-to-face appointments.**

Response: The report raises telephone consultations, many GPs do this already and we continue to encourage it across the city

- 4. Surgeries to consider a system where those who have long term conditions are prioritised to see a single doctor who can co-ordinate their care.**

Response: Across the health system in the city we always try to keep care consistent as possible, sometimes this might be a nurse, a doctor or another specialist coordinating that care

- 5. Patients would like to be informed on arrival roughly how long a wait is to be expected.**

Response: We continue to encourage our primary care staff to keep patients informed about waiting times

- 6. For surgeries to consider how to promote health based community groups, as well as general self-care information for major conditions.**

Response: Many of our surgeries already promote health based community groups and we would encourage patient participation groups to get involved with things

like this where possible. This is something we are looking at, in conjunction with other city wide initiatives. We will be talking to our practice and relevant voluntary sector groups to understand the issues and see how things might be improved

7. To encourage surgeries to promote community transport and show understanding and flexibility around people with limited mobility¹.

Response: Issue not addressed directly in response

8. To commission and distribute a card which people could discreetly show to frontline receptionists, indicating that they have lower literacy skills and would like help with filling in their forms. Such a card could be wallet sized and ask the receptionist for discretion and respect²

Response: We would be interested in talking to those groups who raised the idea of a card for those with lower literacy skills to see if they could produce something like this for our practices

Brighton Station Health Centre

1. Review the current location of the walk-in centre to make sure it is as assessable is possible.

Response: The walk-in centre contract has just been extended until 2015. We will continue to monitor and review the service to see if it is meeting the needs of the city

¹ Recommendation first discussed in Age UK Brighton and Hove's original report

² Recommendation first discussed in FFT (Friends Families and Travellers) original report

- 2. All public facing staff to undergo cultural sensitivity, accessibility and customer service training in the near future to improve patient experiences of the centre.**

Response: We were very concerned to read that some people felt discriminated against when using the walk-in centre. We are talking to the provider of the service to see if any training or awareness is needed and would ask them to consider using particular community groups to help design or carry out that training. We have already worked with a local interpreting service to run an awareness session at the Walk in Centre, in order to help those with a language need to access the service

- 3. To promote the Brighton Station Health Centre to the public, as awareness of opening hours and what it can offer was low.**

Response: Issue not addressed directly in response

- 4. To ensure that people are made aware of potential waiting times, either as they enter the surgery or on the website.**

Response: We will talk to the provider of the service about how they inform people of waiting times and about signage at the site

- 5. To consider how to change public perceptions that the centre is private and therefore not available to NHS patients.**

Response: We will talk to the provider of the service about how they inform people of waiting times and about signage at the site

GP Out of Hours

- 1. Ensure that out of hours services are local, and that there are enough out of hours sites to allow people to seek medical assistance quickly and locally.**

Response: The out of hours service is based in the city a local service and uses local GPs. Appointments to the service are booked through NHS111. Out of hours GPs have access to a summary of the patient's record where that patient hasn't chosen for this not be shared. We continue to raise awareness of our out of hours service and how it is accessed through 111. The provider of the service has agreed to look at the signage available and see if it could be improved. Generally our surgeries use clear messages including 111 but we will continue to make sure this is consistent across the city.

- 2. Ensure that out of hours GPs are allowed to access people's medical notes when an appointment is booked, to ensure continuity of care.**

Response: The out of hours service is based in the city a local service and uses local GPs. Appointments to the service are booked through NHS111. Out of hours GPs have access to a summary of the patient's record where that patient hasn't chosen for this not be shared. We continue to raise awareness of our out of hours service and how it is accessed through 111. The provider of the service has agreed to look at the signage available and see if it could be improved. Generally our surgeries use clear messages including 111 but we will continue to make sure this is consistent across the city.

- 3. Raise awareness of the availability of out of hours appointments through 111 to ensure that these services are used instead of A&E.**

Response: The out of hours service is based in the city a local service and uses local GPs. Appointments to the service are booked through NHS111. Out of hours GPs have access to a summary of the patient's record where that patient hasn't chosen for this not be shared. We continue to raise awareness of our out of hours service and how it is accessed through111. The provider of the service has agreed to look at the signage available and see if it could be improved. Generally our surgeries use clear messages including 111 but we will continue to make sure this is consistent across the city.

4. Review the signage around the out of hours GP at Royal Sussex County Hospital, to help people access the service when they have been referred through 111.

Response: The out of hours service is based in the city a local service and uses local GPs. Appointments to the service are booked through NHS111. Out of hours GPs have access to a summary of the patient's record where that patient hasn't chosen for this not be shared. We continue to raise awareness of our out of hours service and how it is accessed through111. The provider of the service has agreed to look at the signage available and see if it could be improved. Generally our surgeries use clear messages including 111 but we will continue to make sure this is consistent across the city.

5. Ensure that individual surgeries leave clear messages on their answerphones about accessing out of hours services via 111.

Response: The out of hours service is based in the city a local service and uses local GPs. Appointments to the service are booked through NHS111. Out of hours GPs have access to a summary of the patient's record where that patient hasn't chosen for this not be shared. We continue to raise awareness of our out of hours service and how it is accessed through111. The provider of the service has agreed to look at the signage available and see if it could be improved. Generally our

surgeries use clear messages including 111 but we will continue to make sure this is consistent across the city.

111 Service

- 1. Consider public criticism around the lack of clinically trained staff and public concerns around underfunding.**

Response: As NHS 111 is a national service we are limited to what changes we can make as the service needs to be consistent across the county. However we continue to feedback both to our provider in Sussex and to the national team about comments and recommendations we have

- 2. Promote the service widely amongst the general public, as awareness is very low.**

Response: We have promoted 111 and its uses as part of our publicity campaign and will make sure we promote the fact that 111 is free, accessible to all and the place to call if you need an out of hours doctor, in any future publicity. 111 uses Language Line as an interpreting service and therefore is set up to help non-english speakers

- 3. Ensure that promotion includes reinforcing messages about 111 being free on landlines and mobiles, as some currently think that this is not the case.**

Response: We have promoted 111 and its uses as part of our publicity campaign and will make sure we promote the fact that 111 is free, accessible to all and the place to call if you need an out of hours doctor, in any future publicity. 111 uses Language Line as an interpreting service and therefore is set up to help non-english speakers

4. Consider re-organising conversations so that a caller has a chance to tell their story, and then ask relevant questions based around this.

Response: As NHS 111 is a national service we are limited to what changes we can make as the service needs to be consistent across the county. However we continue to feedback both to our provider in Sussex and to the national team about comments and recommendations we have

5. Create some targeted promotions to people with spoken language support needs about any interpreting options available, to allow them easier access to the service.

Response: We have promoted 111 and its uses as part of our publicity campaign and will make sure we promote the fact that 111 is free, accessible to all and the place to call if you need an out of hours doctor, in any future publicity. 111 uses Language Line as an interpreting service and therefore is set up to help non-english speakers

Emergency Dentistry

1. To promote what the service does, and how to access it though the 111 service.

Response: We have highlighted that people can access the service through NHS 111 in our latest publicity campaign and will continue to make that clear in future communications

2. Review the answerphone systems for local emergency dentists, to ensure that they are clear and thorough.

Response: Issue not addressed directly in response

3. Consider asking people to leave their names and numbers on the answerphone, then calling them back when someone is available. This could avoid the stress of continually redialling the number in an emergency.

Response: Issue not addressed directly in response

4. To be aware of patient concerns about continuity of services, and consider training in learning disability accessibility and awareness.

Response: Issue not addressed directly in response

Accident and Emergency

1. For staff to attend to all waiting patients at least once an hour, to make sure they are comfortable and update them on how long the wait is likely to be. This is also an opportunity to check the patient's condition and reduce patient safety issues.

Response: Issue not addressed directly in response

2. Consider ways to address safety issues in the A&E waiting room, such as increasing the presence of the on-site security team during peak times.

Response: The hospital has confirmed it already has significant security presence with walk rounds in the emergency department by security guards and CCTV cameras - so issues can be picked up and particular incidents responded to quickly.

However they have said they will look at these arrangements to see whether this support can be improved.

3. Consider separating those who are intoxicated by drugs or alcohol from the other waiting patients, to improve people's perceived safety and security.

Response: In response to the point about intoxicated patients every effort is made to move these patients to a side room to avoid disruption but this does depend on a range of factors not least the safety of the patient.

4. For staff at A&E to be mindful of people with mental health issues, and have training as appropriate to be more sensitive to their needs, and ensure people are safe and ready when they are discharged.

Response: We are aware of the stress and pressure that an A&E environment can have for all patients but particularly those with mental health issues. We have a dedicated mental health team based at A&E who can treat people on site as well as an urgent response service which can see people in the community or in their own home in a mental health crisis.

5. Review and refresh procedures around giving patients PEP (Post Exposure Prophylaxis) treatment, and ensure that people receive treatment promptly if they meet the criteria³.

Response: Issue not addressed directly in response

6. Increase the amount of accessible drop-off points for people in emergency situations.

³ Recommendation first discussed in LGBT Health Inclusion Project original report

Response: Issue not addressed directly in response

7. A machine allowing patients to pay for their parking by card, as in medical emergencies cash is not always available to them.

Response: Issue not addressed directly in response

8. Improve the size and ventilation in A&E's waiting room, to improve the environment and make it more comfortable for patients.

Response: Interim works have already been identified to improve the minors injury waiting area prior to a full redesign of the emergency department which will include new furniture which is more comfortable. BSUH is also looking at the flow of patients through the department to refer them to GPs etc earlier to reduce the number of people waiting

9. Additional cleaning in the A&E waiting room, particularly in the toilet area.

Response: In response to this report cleaning rotas are to be increased and the issue to be picked up with the company providing cleaning so the highest standards are maintained.

10. Softer chairs in the waiting room to accommodate vulnerable people, particularly the elderly, during longer waits.

Response: Interim works have already been identified to improve the minors injury waiting area prior to a full redesign of the emergency department which will include new furniture which is more comfortable. BSUH is also looking at the flow of patients through the department to refer them to GPs etc earlier to reduce the number of people waiting

Children's Accident and Emergency

1. To increase the staffing within the department to improve patient and carer experience.

Response: Issue not addressed directly in response

2. Integrate a 'drop-off zone' to allow children to enter the A&E with a carer whilst another carer could be parking. This would also be a useful point for taxis to drop off and collect from.

Response: The report asks for a drop off zone at children's A&E, a number of these already exist one is at the turning circle in front of the main RACH entrance, there are two spaces opposite the Children's A&E and further spaces opposite the Millennium Wing.

3. More food and drink available in the waiting room, to keep parents and children comfortable and occupied.

Response: Where the report states there is no food or drink available in A&E the hospital has agreed to post signs reminding people of the vending machines, water fountain and to the main hospital cafeterias.

4. Staff to attend to children and adults at least once an hour to update them on how long they can expect to wait.

Response: On waiting times; all children should be seen within 15 minutes of arrival by the triage nurse. Waits are usually less than an hour. Screens have recently been installed in the waiting area and these now have updated waiting information on them.

5. Monitor the new system of prioritising cars with disabled children to ensure it is working at all times⁴.

Response: Issue not addressed directly in response

Overall Recommendations

1. Promote the full range of services which are available to people besides their GP surgery and A&E services. A large proportion of people are still unaware of the 111 service, out of hours dentists and GPs, and that there are GP and pharmacy services open late in different locations around the city.

Response: We welcome your report into urgent care services across the city and would like to thank those 169 people who took part. Some of the comments and recommendations and comments made are very useful and we will be working hard with our providers to look into problems or make changes where appropriate. Many of the responses centred around knowledge of the services available. We have launched a campaign which highlights what services are available, their opening hours and where they are. For more details visit www.wecouldbeheroes.nhs.uk

2. Explain to service users why a longer waiting time has occurred, and how long they can expect the wait to be. Over a range of services people felt much happier and more comfortable if they were kept informed about waiting times.

Response: Issue not addressed directly in response

⁴ Recommendation first discussed in Amaze original report

3. Be clear about what people can expect from a service. Many were not aware about all the functions different services could provide, and as a result were using inappropriate urgent care services.

Response: Issue not addressed directly in response