

Accident & Emergency department attendance at Shrewsbury & Telford Hospital NHS Trust

A survey of the reasons behind attendance at A&E and awareness and usage of other local urgent care services

A report by
Healthwatch Shropshire



Photo courtesy of Shrewsbury & Telford Hospital NHS Trust

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Executive Summary

Throughout the course of this survey it has been clear that there are many different services that individuals could potentially turn to with their urgent medical needs in Shropshire and Telford & Wrekin. This study is not in a position to judge the appropriateness of an individual's presentation at A&E; however, it has sought to investigate the perceptions that these individuals have about their medical needs and the other urgent care services available to them. By gaining an understanding of these perceptions, and people's general awareness of the options available to them, it is intended that this study can contribute to the local knowledge of effective design of urgent care services in Shropshire and Telford & Wrekin.

By speaking to people in the A&E waiting rooms of the Royal Shrewsbury Hospital (RSH) and the Princess Royal Hospital (PRH), who had not arrived by ambulance, this survey has been able to engage with individuals in the middle of their urgent care experience. Participants were thereby able to report their experiences and explain what led them to one of Shrewsbury & Telford Hospital NHS Trust's A&E departments.

Our findings in brief

Awareness and usage

- A middling to poor awareness of some urgent care services.
- Very low usage of certain services prior to attendance.
- GP Practices were the service most likely to be used before attending A&E by a significant margin.
- More people have awareness of GPs than any other service.
- Poor awareness of GP opening hours for specific GP Practices.
- Poor awareness of the opening hours of the Walk-In Centres based at PRH and Telford Town Centre.
- Men had lower awareness of other services than women.
- Low usage of other local urgent care services by carers/guardians of under 18s.

Information availability

- The lack of availability of information on x-ray facilities in Minor Injuries Units is potentially impacting on people's decisions not to make use of them.

Existing profiles

- In both Shropshire and Telford & Wrekin, Shropdoc has a bigger profile, both in terms of awareness and usage, than NHS 111.

Scope for education

- There are potentially issues around people's perception of the severity of their health problem.

Distance decay

- An increase in the usage of other services prior to attending based on increasing distance from A&E.

Other factors of influence

- A potential correlation between poor previous experience of a service and the decision to not make use of it prior to attending A&E.

The findings from this study repeatedly indicate the need, or scope, for education and raising awareness among the public. The Shropshire Patients' Group's (2011) questionnaire on hypothetical scenarios illustrated that there was a wide variety in people's knowledge and understanding of urgent care services. This is a finding that is echoed in this study, and we have isolated some factors that play a part in the variation. Recognition of these factors can help services and commissioners target groups and meet the educational needs of the public.

The survey also highlights some potentially easy solutions that will provide the public with more information on their choices.

Introduction

Nationally there has been a focus by NHS England (2013) on the organisation and provision of urgent and emergency care services in England, in which Accident and Emergency (A&E) departments play a vital role. NHS England (2013) mentions the role of local commissioners in developing strategic plans for their areas, as well as identifying the public as having an important role to play in the success of service models. There has also been debate amongst healthcare professionals and policy makers about the proportion of A&E attendees who could be treated outside the A&E setting; NHS England (2013) gave the figure of 40% but analysis led by the College of Emergency Medicine (Mann & Tempest, 2014) gave the figure of 15%.

Locally, the Unscheduled Care Strategy developed by both Shropshire and Telford & Wrekin's Primary Care Trusts and Clinical Commissioning Groups (Gowans, 2011) addresses how Shropshire's commissioners intend to implement improvements in the delivery of unscheduled care, including A&E and other urgent and emergency care. Although the Primary Care Trusts are no longer in existence, the Clinical Commissioning Groups are now responsible for commissioning A&Es, Walk-In Centres and out of hours services in Shropshire and Telford & Wrekin. The Strategy lists amongst providers' priorities education and publicity, and reduction of A&E attendance. Improving patients' understanding of available services was one of the commissioners' priorities. Reduction of attendances at the Shrewsbury & Telford Hospital NHS Trust's A&E departments was one of five projects subsequently identified as an essential part of the Strategy's work (Shropshire Clinical Commissioning Group et al., 2013). Reduction of avoidable A&E attendances is also one of the priorities of the multi-organisational NHS Urgent Care Network Board operating in Shropshire and Telford & Wrekin (Urgent Care Network Board, 2013).

A major addition to this landscape is the programme of work called NHS Future Fit (<http://www.nhsfuturefit.co.uk>) which began in 2013 and is being led by the two Clinical Commissioning Groups. Its purpose is to address the future of acute and community hospitals in Shropshire, Telford & Wrekin and mid Wales. One of the work streams is specifically focused on acute and episodic care.

In the commissioning, design and delivery of services it is vitally important that the public are engaged to ensure that the services and education are suitable. There have been two recent studies which have sought to do this in regards to the usage of A&E in Shropshire. In 2011 the Unscheduled Care Strategy (Gowans) involved patients in helping to shape the Strategy's direction, with a series of focus groups looking at urgent care. These included the hypothetical topic of what would make them go to A&E. It was concluded that the predominant reason was confidence in

A&E's diagnoses (including their access to specialist equipment) and in addition opening hours, location of A&E and being advised to go by Shropdoc.

Shropshire Patients' Group (2011) produced a report from a survey carried out by GP Practice Patient Groups (PPGs) which explored what patients understood and wanted of urgent care services in Shropshire. The survey was carried out in a variety of settings: GP Practices, Minor Injuries Unit and a range of non-health locations. Hypothetical medical problems were presented and people were asked what action they would take and their reasoning. The study concluded that there was wide variation in the public's knowledge and understanding about services to treat urgent medical problems. However, the survey did not talk to patients in A&E nor were the questions related to actual situations being experienced by the participants; people's decisions about which urgent care service to attend and the reasons for these decisions are likely to be different in a real situation to a hypothetical one.

Shrewsbury & Telford Hospital NHS Trust runs two A&E departments: one at Royal Shrewsbury Hospital (RSH) and one at Princess Royal Hospital, Telford (PRH). Figures from NHS England (2014) show there has been a steady increase in attendance at the Trust's A&Es over recent years (figures are for both sites combined): 108,554 (2010-11), 108,653 (2011-12), 110,301 (2012-13) and 116,236 (2013-14).

Healthwatch Shropshire and the Shropshire and Telford & Wrekin Clinical Commissioning Groups agreed that a piece of research investigating the reasons behind people's decision to attend the A&E departments at RSH and PRH with a medical problem, and their awareness and usage of other local care services, would be of value given the current local and national context. A number of other benefits to the research were identified, including aiming to facilitate Shropshire and Telford & Wrekin Clinical Commissioning Groups to gain a better understanding of patients' decisions and knowledge and to incorporate this knowledge into the planning of local services. Also the results would provide the Shrewsbury and Telford Hospital NHS Trust with information relating to their service provision. Finally, the research sought to inform both providers' and commissioners' work relating to the reduction of A&E attendances and to indicate where education and publicity could best be targeted in line with this priority. The research was not intended to apply any judgement to participants' responses or to make any judgement about the suitability of A&E for their health problem.

Methodology

Design

The research design was a survey in A&E of people attending the department. The data collection method was a questionnaire. There were two qualifying questions

which ensured that the questionnaire was only carried out with the patient or their carer or guardian (including parent), and only if they had **not** arrived by ambulance.

The other local urgent care services which the questionnaire sought to investigate awareness and usage of were:

- Minor Injury Units at Bridgnorth, Ludlow, Oswestry and Whitchurch.
- The Walk-In Centres at Shrewsbury, Princess Royal Hospital Telford and Telford Town Centre.
- GP Practices in Shropshire and Telford & Wrekin.
- Out of hours services: NHS 111 which is run in Shropshire and Telford & Wrekin by the West Midlands Ambulance Service, and Shropdoc. Patients in Shropshire and Telford & Wrekin currently have the choice whether to contact NHS 111 or Shropdoc.
- NHS Choices: an NHS website which, among other things, gives online symptom checkers which advise on the most appropriate course of action including self-care.
- Sexual Health Centres
- Pharmacists
- Opticians

Ethical considerations

It was not considered that participants would be at risk of physical or psychological harm from taking part. The questionnaires were conducted in a safe location for both participants and volunteers; the A&E waiting rooms were used. Participants were not approached until after the triage process, partly because it was recognised that they might be less anxious after triage. The nature and purpose of the research was explained and informed consent gained verbally. No deception was involved. There was no financial inducement. Participants were told their data would be handled confidentially, would be anonymous and that individuals would not be identifiable in the final report. They were also told that they had the right to withdraw at any point whilst undertaking the survey and to withdraw their data up to a specified date. Participants' data were stored securely with physical and electronic restrictions.

Participants

Participants were the patient, their carer or guardian, who had not arrived by ambulance. There were a total of 166 participants. At RSH 79 people were eligible, provided consent to take part and had usable data, out of the 117 people who were approached. At PRH, 87 people were eligible, provided consent and had usable data, out of the 112 people who were approached. For age, gender and ethnic origin of the patients (carers and guardians were asked to give the details of the patients) see Appendix 7, Tables 21-23.

Materials

- Printed questionnaire: RSH and PRH versions (see Appendices 1 and 3; adapted to suit the range of other local urgent care services available)
- Printed show cards: RSH and PRH versions (see Appendices 2 and 4; show card 2 adapted to suit the range of other local urgent care services available)
- Withdrawal information slip (see Appendices 5 and 6; adapted to suit the local Healthwatch) attached to the general leaflet of Healthwatch Shropshire (at RSH) or the Speak Out leaflet of Healthwatch Telford & Wrekin (at PRH).

Procedure

The survey was carried out during April 2014 at RSH by Healthwatch Shropshire volunteers and during April and May 2014 at PRH by Healthwatch Telford & Wrekin staff and volunteers. They did not run simultaneously with the exception of one day. The dates were intentionally spread over a range of types of day: weekdays in term time, weekdays in school holidays, weekends and a Bank Holiday. See Appendix 7, Table 2 for exact dates. Shifts were two hours long and were undertaken in pairs.

A&E receptionists informed people arriving at the department that a survey was being undertaken. Participants were approached by individual volunteers after triage while they were waiting to be treated.

Volunteers first asked the qualifying questions 1 and 2. If the participant met the criteria for participation, the volunteer then read out the consent statement (see Appendix 1) and asked for verbal consent. Where participants gave consent, the volunteer proceeded to ask questions 4 to 8. To assist with question 8, the participants were shown show card 1 and asked to indicate which best described the health problem that had brought them, or the patient, to A&E. To assist with question 9, the participants were shown show card 2 in order for them to indicate which services they had heard of. For each service which had been heard of, the volunteer proceeded to ask question 10. Depending on the answer to question 10, the volunteers then asked one of two variants of question 11. The list of reasons running vertically on page 2 of the questionnaire was not shown to or asked of the participants, it was to assist the volunteers in categorising participants' responses to question 11. Page 3, covering the demographic questions 12 to 14, was handed to the participant for them to fill in. The whole questionnaire took approximately 5 minutes to complete.

When participants had completed the questionnaire, they were thanked for their time and given a leaflet about the Healthwatch local to the hospital which had the relevant withdrawal information slip (Appendices 5 and 6) attached.

A number of controls were introduced. Volunteers received a standard briefing in preparation for carrying out the questionnaire. The participants were asked the same questions in a standard way.

Findings: Royal Shrewsbury Hospital (RSH)

The answers to each question are given in detail in Tables 1 - 23 of Appendix 7.

Day of week and time of day

The majority of questionnaires (44; 56%) were completed during two weekdays during term time (Table 2). On the remaining days, a similar number was completed each day: first weekend, two weekdays during the school holiday and Easter Sunday (in total: 35; 44%).

There was a fairly even spread of questionnaires completed during the morning (21; 27%), lunchtime (24; 30%) and afternoon (20; 25%), with slightly fewer completed in the evening (14; 18%) (Table 3). All participants in the morning and the majority in the evening were there because of an accident (20 combined) or a sports injury (12 combined), while the health problems at lunchtime and in the afternoon were more varied although still with a high number there due to an accident (21 combined) or sports injury (9 combined).

Postcode and reason for attendance

The nearest postcode areas to RSH, *SY1, SY2 and SY3* accounted for 32 participants in total (41%) (Table 4). Cross-analysing the postcode areas with the reason for attendance, it was found that from these areas the majority of participants had attended due to the health problem of accident at home (14) or sports injury (8).

The next nearest areas, *SY4 and SY5* accounted for 19 participants in total (24%), with nearly twice the number coming from *SY4* (North of Shrewsbury; 12) than from *SY5* (South of Shrewsbury; 7). The health problem reported was either an accident at home/work/other location (10) or a sports injury (8).

The farthest cluster, *SY6, SY7, SY10, SY11, SY13, SY15, SY16, SY21, SY22 and various TFs*, accounted for 21 participants in total (27%), with a fairly even spread across these areas with the exception of a slightly higher number from *SY13* (Whitchurch; 6). It is notable that there were a higher number of participants from Whitchurch (6) than Oswestry (3), despite the population of Oswestry (17,105) being higher than that of Whitchurch (11,404) (2011 census (Shropshire Council, 2014)).

From the cluster as a whole the health problems were:

- An accident at home/other (non-home/work) location (9)
- Sports injury (4)
- New symptom/condition (4)
- Change in existing symptom/condition (3)
- Change in long-term condition (1)

The remaining participants (7) had postcodes from significant distances away and were visitors to the area. For this group the most common health problem was an accident at [temporary] home/other (non-home/work) location (5).

It is notable that 15 participants (19%) were from postcodes outside Shropshire, including 5 participants (6%) from Powys postcodes.

Postcode and usage of other services

The further away the participants lived from A&E, the more likely they were to contact or use another service before going to A&E (see Figure 1), with the exception of visitors to the area who presumably did not travel from home. It is recognised that other participants may not necessarily have travelled from home to attend A&E, for example if they had an accident while away from home.

Figure 1: Contact/use of another service by postcode at RSH

Service	Cluster 1 SY1, SY2 & SY3	Cluster 2 SY4 & SY5	Cluster 3 SY6, SY7, SY10, SY11, SY13, SY15, SY16, SY21, SY22 & various TFs	Various Other, out of area	Total
Bridgnorth MIU	0	0	0	0	0
Ludlow MIU	0	0	0	0	0
Oswestry MIU	0	0	1	0	1
Whitchurch MIU	0	0	3	0	3
Shropshire Walk- In Centre	0	1	0	0	1
GP Practice	4	3	4	2	13
NHS 111	0	0	0	0	0
Shropdoc	0	0	1	0	1
NHS Choices website	2	0	1	0	3
Sexual Health Centre	0	0	0	0	0
Pharmacists	1	0	0	0	1
Opticians	0	0	0	0	0
Total no. of	6 (1	4	9 (1 person	2	21 (2

individuals	person used 2 services)		used 2 services)		people used 2 services)
% of that postcode cluster	19%	21%	43%	29%	27%

GP Practice findings

From the GP Practice data (Table 5), the Practices with the greatest number of participants were:

- *Wem & Prees Medical Practice* (7)
- *Riverside Medical Practice*, Shrewsbury (6)
- *Claremont Bank Surgery*, Shrewsbury (5)
- *Mytton Oak Medical Practice*, Shrewsbury (5)

For the participants from *Wem & Prees Medical Practice* (7) the medical problem was accident at home/other (non-home/work) location (4), sports injury (2) or new symptom/condition (1). Five of these participants visited A&E when the Practice was open and two of these five had not contacted/used the Practice before going to A&E. The reasons they gave were that it was not considered applicable, there had been previous good service from A&E, A&E are the experts in accidents and emergencies, and the issue was thought to need immediate treatment. The remaining three of the five participants had contacted/used the Practice before going to A&E: they all said that they had been advised to go to A&E by the Practice.

For the participants from *Riverside Medical Practice* (6) the medical problem was accident at home (3), sports injury (1) or new symptom/condition (2). Three of these participants visited A&E when the Practice was open and two of these had not contacted/used the Practice before going to A&E. The reasons provided by one were because it was not considered appropriate and the issue was thought to need immediate treatment. The participant who had contacted/used the Practice before going to A&E was advised by the Practice to go to A&E.

For the participants from *Claremont Bank Surgery* (5) the medical problem was accident at home (2), sports injury (2) or change in existing symptom/condition (1). All five had visited A&E when the Practice was open, though none of these had contacted/used the Practice before going to A&E. The reasons given were that it was not considered appropriate, someone (non-health) had recommended going to A&E, the opening hours of the Practice [the Practice was open for approximately another 3 hours at the time of the visit], shorter waiting time at A&E and thought the issue needed immediate treatment.

For the participants from *Mytton Oak Medical Practice* (5) the medical problem was accident at home/other (non-home/work) location (3), sports injury (1) and change in long-term condition (1). All five had visited A&E when the Practice was open. Four of the five had not contacted/used the Practice before going to A&E. The reasons given were that it was not considered appropriate and someone (non-health) recommended they go to A&E. One of the five had contacted/used the Practice before going to A&E and the reason for subsequently going to A&E was that they wanted a second opinion.

Awareness and usage of other local urgent care services

At RSH, 21 participants (27%) had contacted / used at least one other service before going to A&E, while 58 (73%) hadn't contacted / used any other service. One of these 21 participants had contacted two other services.

Figure 2: Awareness and usage of services

Service	Awareness	Contact/usage
GP Practice	76 (96%)	13 (16%)
Pharmacists	69 (87%)	1 (1%)
Opticians	68 (86%)	0
Shropdoc	63 (80%)	1 (1%)
Shropshire Walk-In Centre	41 (52%)	1 (1%)
NHS Choices website	34 (43%)	3 (4%)
Sexual Health Centre	33 (42%)	0
NHS 111	32 (41%)	0
MIU Whitchurch	12 (15%)	3 (4%)
MIU Oswestry	11 (14%)	1 (1%)
MIU Ludlow	7 (9%)	0
MIU Bridgnorth	4 (5%)	0

Minor Injuries Units

Among the 79 participants there was low awareness of all the *Minor Injuries Units (MIUs)* (Figure 2). 12 participants (15%) had heard of *Whitchurch MIU*, 6 of whom had a Whitchurch postcode. There were no other participants with a postcode in or near Whitchurch from whom awareness levels could have been reported. There were 11 participants (14%) who had heard of *Oswestry MIU*, 3 of whom had an Oswestry postcode. There were no other participants with a postcode in the Oswestry area from whom awareness levels could have been reported. 7 participants (9%) had heard of *Ludlow MIU*; 2 of whom had postcodes near Ludlow (SY7) and were registered with a Ludlow GP. Two other participants had postcodes near Ludlow (SY6); neither had heard of Ludlow MIU. 4 participants (5%) had heard of *Bridgnorth MIU*; none of whom had postcodes in or near Bridgnorth. There were no participants with a postcode in or near Bridgnorth from whom awareness levels could have been reported.

Four participants had contacted/used an MIU before going on to A&E: Whitchurch (3) and Oswestry (1). The reason given by each for subsequently going to A&E was ‘advised to go to A&E by the MIU’ in the case of Whitchurch, but no reason was given for Oswestry. Of the participants who had awareness of the MIUs but did not contact/use them before going to A&E, the most common reason was ‘not applicable (in my opinion)’ for each MIU with the exception of Bridgnorth MIU for which the most common reason was location of the MIU (2) [neither respondent had a postcode in or near Bridgnorth].

Shropshire Walk-In Centre

Awareness of the *Shropshire Walk-In Centre* (Table 11) was 41 participants (52%), 25 (32%) of whom were from the postcode areas SY1, SY2 and SY3. One participant had contacted/used the service before going to A&E. The reasons given for subsequently going to A&E were ‘advised to go to A&E by the Walk-In Centre’ and ‘A&E are the experts in accidents and emergencies’. Of the participants who had awareness of the service but did not contact/use it before going to A&E, the most common reasons given were ‘not applicable (in my opinion)’ (14), thought issue needed immediate treatment (9) and A&E are the experts in accidents and emergencies (8).

GP Practices

Awareness of *GP Practices* (Table 14) was 76 participants (96%) making it the service most participants had awareness of (*Figure 2*). It was also the service that most participants had contacted / used before going to A&E (13; 16%), which is a significantly higher rate than for any other service (*Figure 2*). The most common reason for subsequently going to A&E was ‘advised to go to A&E by the Practice’ (10).

Of the participants who had awareness of the service but did not contact/use it before going on to A&E, the most common reasons given were ‘not applicable (in my opinion)’ (28), thought issue needed immediate treatment (15), opening hours of the GP Practice (12) [although in 7 cases the visit was while their Practice was open] and A&E are the experts in accidents and emergencies (10).

NHS 111

Awareness of *NHS 111* (Table 15) was 32 participants (41%). None of the participants had contacted/used the service before going to A&E. The most common reason given for not doing so was ‘not applicable (in my opinion)’ (17).

Shropdoc

Awareness of *Shropdoc* (Table 16) was 63 participants (80%). One participant had contacted/used the service before going to A&E. The reason given for subsequently going to A&E was ‘advised to go to A&E by Shropdoc’. Of the

participants who had awareness of the service but did not contact/use it before going to A&E, the most common reason given was 'not applicable (in my opinion)' (32).

NHS Choices website

Awareness of the *NHS Choices website* (Table 17) was 34 participants (43%). Three participants had used the service before going to A&E. Two participants gave as the reason for subsequently going to A&E that they were 'advised to go to A&E by NHS Choices'. Of the participants who had awareness of the service but did not use it before going to A&E, the most common reason given was 'not applicable (in my opinion)' (17).

Sexual Health Centres

Awareness of the *Sexual Health Centres* (Table 18) was 33 participants (42%). None of the participants had contacted/used the service before going to A&E. The most common reason given for not doing so was 'not applicable (in my opinion)' (25).

Pharmacists

Awareness of *pharmacists* (Table 19) was 69 participants (87%). One participant had contacted/used a pharmacy before going to A&E. The reason given for subsequently going to A&E was 'advised to go to A&E by the pharmacist'. Of the participants who had awareness of pharmacists but did not contact/use one before going to A&E, the most common reason given was 'not applicable (in my opinion)' (45).

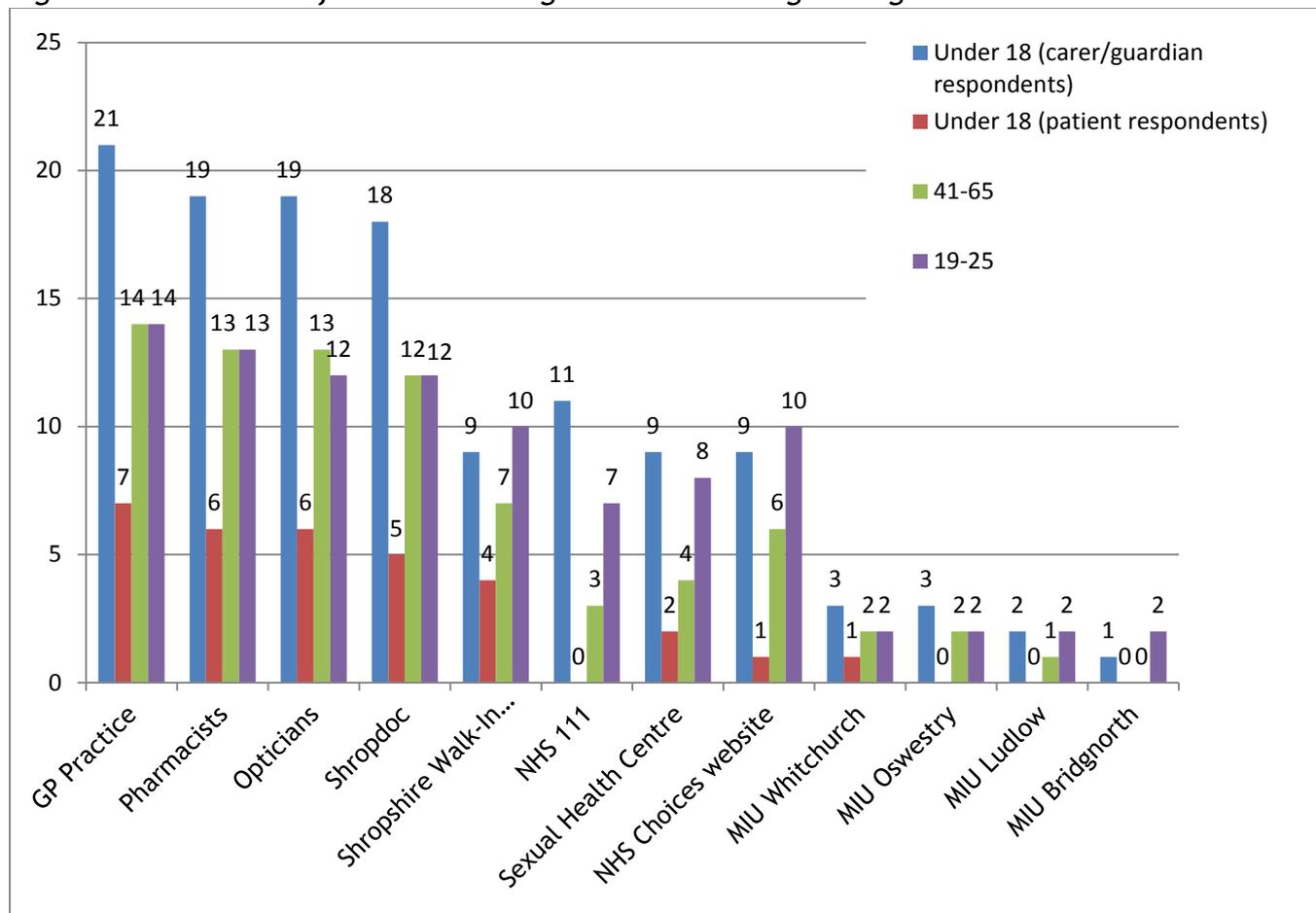
Opticians

Awareness of *opticians* (Table 20) was 68 participants (86%). None of the participants had contacted/used an optician before going to A&E. The most common reason for not doing so was 'not applicable (in my opinion)' (43).

Age

Analysing the age of the patient (Table 21), the most common category was under 18 (28; 35%). The next most common categories were 41-65 (16; 20%) and 19-25 (15; 19%). Carers and guardians were asked to give the age of the patient. Figure 3 shows the awareness of services for the three most common age categories. Note that the under 18 category has been split into responses from the patient themselves and responses from carers / guardians in an attempt to gauge the awareness of services by patients under 18.

Figure 3: Awareness of Services among most common age categories



Patient under 18 (carer/guardian respondents)

It is notable that there was more significantly higher awareness of Shropdoc than of NHS 111 and that there was low awareness of all the MIUs.

Of the 21 respondents, only 5 had contacted/used another service prior to attending A&E: Whitchurch MIU (2), GP Practice (2) and Shropdoc (1). The most common reason for not contacting the GP Practice, Pharmacists, Opticians and Shropdoc despite high awareness of them was ‘not applicable (in my opinion)’ in each case.

Patient under 18 (patient respondents)

For the 7 respondents who were the patient, rather than their carer/guardian, the same services were the ones with greater awareness as for the carers / guardians.

It is recognised that the number of respondents who were the patient was small; therefore it is difficult to draw conclusions. However, it is notable that there was

such low awareness of the NHS Choices website and Sexual Health Centres among this age group. What also stands out is that Shropdoc has a higher awareness among this age group than NHS 111, of which none had heard, and there was no awareness of the MIUs with the exception of Whitchurch.

Patient aged 41-65

It is notable that there was four times the awareness of Shropdoc than NHS 111 and that there was low awareness of all the MIUs.

Only 5 respondents had contacted/used another service prior to attending A&E: GP Practice (3), Shropshire Walk-In Centre (1) and the NHS Choices website (1).

The most common reason for not contacting/using the GP Practice, Pharmacists, Opticians and Shropdoc despite fairly high awareness of them was ‘not applicable (in my opinion)’ in each case.

Patient aged 19-25

It is notable that there was almost double the awareness of Shropdoc than of NHS111, and that there was low awareness of all the MIUs.

Only 3 respondents had contacted another service prior to attending A&E: the NHS Choices website (2) and GP Practice (1).

The most common reason for not contacting the GP Practice, Pharmacists, Shropdoc and Opticians despite fairly high awareness of them was ‘not applicable (in my opinion)’.

Gender

There was no noticeable difference in the awareness of MIU Bridgnorth, the Shropshire Walk-In Centre, GP Practices or Shropdoc based on gender (Table 22). However, females had higher awareness of other services as is clearly shown in Figure 4.

Figure 4. Awareness of services by gender at RSH

Service	Female Awareness	Male Awareness
MIU Ludlow	5 (16%)	1 (2%)
MIU Oswestry	5 (16%)	5 (11%)
MIU Whitchurch	8 (25%)	3 (7%)
NHS 111	17 (53%)	13 (30%)
NHS Choices website	17 (53%)	16 (36%)
Sexual Health Centres	17 (53%)	15 (34%)
Pharmacists	29 (91%)	37 (84%)
Opticians	29 (91%)	36 (82%)

There were no notable differences between males and females in the instances of contacting/using another service before going to A&E, with the exception of their GP Practice (25% of females; 11% of males) and the NHS Choices website (9% of females; 0% of males). Despite this, males and females gave the same reasons for not contacting/using their GP Practice: the most common reasons being ‘not applicable (in my opinion)’, ‘thought the issue needed immediate treatment’, ‘A&E are the experts in accidents and emergencies’, and ‘opening hours of GP’. Males and females also reported the same reasons for not using the NHS Choices website; the most common given by both was ‘not applicable (in my opinion)’.

There was also no notable difference in the reasons given by males and females for going to A&E subsequent to contacting/using their GP Practice; the most common reason given by both was ‘advised to go to A&E by the Practice’. Since no males used the NHS Choices website, a comparison with females of the reasons for subsequently going to A&E is not possible; the most common reason given by females was ‘advised to go to A&E by NHS Choices’.

Ethnic origin

Considering ethnic origin of the patient (Table 21), the majority of patients were White: English/Welsh/Scottish/Northern Irish/British (95%) and two patients were of two other ethnic origins. Given the lack of ethnic diversity among participants, it is not possible to draw any conclusions about whether ethnic origin was a factor influencing decision making.

Additional findings

10 participants mentioned that they had gone to A&E because they thought, or had been advised by a healthcare professional, that they needed an x-ray. One participant said they had gone to A&E because the service has crutches.

One participant said they had first gone to Wrexham A&E who had advised them to go to Shrewsbury A&E as they were from the Shrewsbury area and Wrexham A&E was “up to the maximum”. Another participant said that one of the reasons for their decision to attend A&E was that Newtown Hospital had lost its Minor Injuries Unit. Newtown Medical Practice now provides the Minor Injuries Unit but the incident occurred outside their opening hours.

Eight participants (10%) mentioned among their reasons for not contacting/using another service before going to A&E that they had received previous good service from A&E, therefore they must have been repeat attenders at A&E. However, it is not known how many previous attendances each participant had made or within what timescale they had occurred.

Following two shifts two of the volunteers stressed how they had observed positive staff behaviour and interactions with patients, patients being seen promptly and a positive, calm atmosphere.

Findings: Princess Royal Hospital (PRH)

The answers to each question are given in detail in tables 1 - 23 of Appendix 7.

Day of week and time of day

There was a fairly even spread over the type of day the questionnaires were completed (Table 2). 31 (36%) were completed during a weekday in school term time, 29 (33%) were completed during a weekday in the school holiday, and 24 (28%) were completed during a Saturday, Sunday or Bank Holiday.

The spread of when in the day questionnaires were completed was also fairly even: morning (28; 32%), lunchtime (21; 24%) and afternoon (26; 30%), with slightly fewer completed in the evening (10; 11%) (Table 3). At all times of the day there was a wide range of health problems which brought the participants to A&E, although the majority were there because of an accident at home, work or another location (total 46; 51%).

Postcode and reason for attendance

From the postcode data (Table 4), the nearest postcode areas to PRH, *TF1 and TF5* accounted for 15 participants in total (17%). Cross-analysing the postcode areas with the reason for attendance, it was found that from these areas the majority of participants had attended due to a health problem of sports injury (4) or new symptom/condition (5).

The next nearest areas, *TF2, TF3, TF4 and TF6* accounted for 28 participants in total (32%). From these areas the most common health problems were accident at home (6), accident at other (non-home/work) location (5) and change in existing condition/symptom (5).

The next nearest areas, *TF7, TF8, TF10, TF11 and TF12* accounted for 24 participants in total (28%). From these areas the majority of participants had attended due to the health problem of an accident at home (13). It is notable that there were a higher number from *TF7* (10) than from the other postcode in this group.

The furthest areas, *TF9, TF13, WV7 and WV16* accounted for 12 participants in total (14%). From these areas the most common health problem was accident at home (4) and accident at other (non-home/work) location (3).

The remaining participants (8) had postcodes from SY2, SY4, TF not specified, various other *out of area*, or were *unknown*. For this group the most common health problem was accident at home (2) or other (non-home/work) location (2).

Postcode and usage of other services

The further away the participants lived from A&E, the more likely they were to contact or use another service before going to A&E (see Figure 5), with the exception of the final cluster which included people with out of area postcodes who presumably did not travel from home. It is recognised that other participants may not necessarily have travelled from home to attend A&E, for example if they had an accident while away from home.

Figure 5: Contact/use of another service by postcode at PRH

Service	TF1 & TF5	TF2, TF3, TF4 & TF6	TF7, TF8, TF10, TF11 & TF12	TF9, TF13, WV7 & WV16	SY2, SY4, TF (not specified), various other out of area & unknown	Total
Bridgnorth MIU	0	0	0	0	0	0
Whitchurch MIU	0	0	0	0	0	0
Walk-In Centre (PRH)	2	0	1	1	0	4
Walk-In Centre (Telford Town Centre)	0	0	0	0	1	1
GP Practice	0	4	7	7	3	21
NHS 111	0	1	1	0	0	2
Shropdoc	1	2	0	0	0	3
NHS Choices website	0	0	0	0	0	0
Sexual Health Centre	0	0	0	0	0	0
Pharmacists	0	0	0	0	0	0
Opticians	0	0	0	0	0	0
Total no. of people	3	6 (1 person used 2 services)	8 (1 person used 2 services)	7 (1 person used 2 services)	4	28
% of that postcode cluster	20%	21%	33%	58%	50%	32%

GP Practice findings

From the GP Practice data (Table 5), the Practices with the greatest number of participants were:

- *Oakengates Medical Practice* (9)
- *Stirchley Medical Practice* (6)

- *Malling Health (not clear which Practice)* (5)
- *Shifnal & Priorslee Medical Practice: Shifnal* (5)
- *Sutton Hill Medical Practice* (5)
- *Wellington Medical Practice* (5)

For the participants from *Oakengates Medical Practice* (9) the medical problem was accident at home (3), sports injury (3), new symptom/condition (1), change in existing condition/symptom (1) or medication problem (1). Six of these participants had visited A&E when the Practice was open. Five of these six had not contacted/used the Practice before going to A&E. The reasons given were 'not applicable (in my opinion)' (2) and 'previous unsatisfactory experience from the Practice' (2). One of the six participants had contacted/used the Practice before going to A&E and had been advised by the Practice to go to A&E.

For the participants from *Stirchley Medical Practice* (6) the medical problem was accident at home (1), accident at other (non-home/work) location (1), sports injury (1), new symptom/condition (2) or change in existing condition/symptom (1). One of these participants visited A&E when the Practice was open. They had not contacted/used the Practice before going to A&E and did not give a reason for not doing so.

For the participants from *Malling Health* (5) the medical problem was new symptom/condition (3), change in existing condition/symptom (1) or other (not given; 1). It was not clear whether participants were registered at the Telford Surgery or the Wrekin Surgery. Three of these participants had visited A&E when the Practice was open. It is not known whether any of them had contacted/used the Practice before going to A&E.

For the participants from *Shifnal & Priorslee Medical Practice: Shifnal* (5) the medical problem was accident at home (2), accident at other (non-home/work) location (1) or new symptom/condition (2). Two of these participants had visited A&E when the Practice was open. Neither had contacted/used the Practice before going to A&E. One of the two gave the reason that they thought the issue needed immediate treatment.

For the participants from *Sutton Hill Medical Practice* (5) the medical problem was accident at home (4, one of whom also selected accident at work) or other reason (1, not specified). Four of these participants had visited A&E when the Practice was open. Three of these four had not contacted/used the Practice before going to A&E. The reasons given were 'not applicable (in my opinion)' (1), opening hours of the GP Practice (1) [the Practice was open for approximately another hour and a half at the time of the visit] and 'A&E are the experts in accidents and emergencies' (1). One of the four had contacted/used the Practice before going

to A&E and gave the reason of shorter waiting time (the Practice had no appointment available until the next day) for subsequently going to A&E.

For the participants from *Wellington Medical Practice* (5) the medical problem was accident at work (1), accident at other (non-home/work) location (2), new symptom/condition (1) or medication problem (1). Four of these participants had visited A&E when the Practice was open. Two of these four had not contacted/used the Practice before going to A&E; one gave the reason that someone (non-health) recommended they go to A&E. One of the four had contacted/used the Practice before going to A&E and had then gone to A&E because the participant thought the issue needed immediate treatment.

Awareness and usage of other local urgent care services

At PRH, 29 participants (33%) had contacted/used at least one other service before going to A&E, while 58 (67%) hadn't contacted/used any other service. Two of these 29 participants had contacted two other services.

Figure 6: Awareness and usage of services at PRH

Service	Awareness	Contact/usage
GP Practice	80 (92%)	21 (24%)
Pharmacists	80 (92%)	0
Shropdoc	78 (90%)	3 (3%)
Opticians	73 (84%)	0
Walk-In Centre (PRH)	60 (69%)	4 (5%)
Walk-In Centre (Telford Town Centre)	56 (64%)	1 (1%)
NHS 111	56 (64%)	2 (2%)
NHS Choices website	52 (60%)	0
Sexual Health Centre	48 (55%)	0
MIU Bridgnorth	38 (43%)	0
MIU Whitchurch	30 (34%)	0

Minor Injuries Units

38 participants (43%) had heard of *Bridgnorth MIU* (Figure 6); two of them had a Bridgnorth postcode. There were no other participants with a Bridgnorth postcode from whom awareness levels could have been reported, however, there were three participants from the TF12 and TF13 areas which are close to Bridgnorth. Two of the three had heard of the service but neither had contacted/used it before going to A&E or given a reason for not doing so. 30 participants (34%) had heard of *Whitchurch MIU* (Table 10); none of whom had a Whitchurch postcode. There were no other participants with a Whitchurch postcode from whom awareness levels could have been reported, however, there were three participants from the TF9 area which is close to Whitchurch. One of these three had heard of the

service but had not contacted/used it before going to A&E nor given a reason for not doing so.

None of the participants had contacted/used either MIU before going to A&E. Of the participants who had awareness of the two MIUs but did not contact/use them before going to A&E, the most common reason was 'not applicable (in my opinion)' for both MIUs.

Walk-In Centre (PRH)

Awareness of the *Walk-In Centre (PRH)* (Figure 6) was 60 participants (69%). Four participants had contacted/used the service before going to A&E. All said that they subsequently went to A&E because they were advised to go by the Walk-In Centre. Of the participants who had awareness of the service but did not contact/use it before going to A&E, the most common reasons given were 'not applicable (in my opinion)' (15), 'opening hours of the Walk-In Centre' (2) [although in both cases the visit was while the Walk-In Centre was open], shorter waiting time at A&E (2), 'A&E are the experts in accidents and emergencies' (2) and 'thought the issue needed immediate treatment' (2).

Walk-In Centre (Telford Town Centre)

Awareness of the *Walk-In Centre (Telford Town Centre)* (Figure 6) was 56 participants (64%). Only one participant had contacted/used the service before going to A&E and said that the reason for subsequently going to A&E was that they were 'advised to go by the Walk-In Centre'. Of the participants who had awareness of the service but did not contact/use it before going to A&E, the most common reasons given were 'not applicable (in my opinion)' (14), 'opening hours of the Walk-In Centre' (2) [in one of these cases the visit was while the Walk-In Centre was open], and 'A&E are the experts in accidents and emergencies' (2).

GP Practices

GP Practices were the service the highest number of people had awareness of (Figure 6) (80; 92%), and the service most contacted / used by people before going to A&E (21; 24%). The most common reason for subsequently going to A&E was 'advised to go to A&E by the Practice' (14). Of the participants who had awareness of the service but did not contact/use them before going to A&E, the most common reasons given were 'not applicable (in my opinion)' (12) and opening hours of the Practice (10) [in one case the visit was while their Practice was open].

NHS 111

Awareness of *NHS 111* (Table 15) was 56 participants (64%). Two participants had contacted/used the service before going to A&E. Both said that the reason for subsequently going to A&E was that they were advised to go by NHS 111. Of the participants who had awareness of the service but did not contact/use it before

going to A&E, the most common reason given was ‘not applicable (in my opinion)’ (13).

Shropdoc

Awareness of *Shropdoc* (Table 16) was 78 participants (90%). Three participants had contacted/used the service before going to A&E. The reasons given for subsequently going to A&E were ‘advised to go to A&E by Shropdoc’ (2) and ‘wanted a second opinion’ (1). Of the participants who had awareness of the service but did not contact/use it before going to A&E, the most common reasons given were ‘not applicable (in my opinion)’ (20) and ‘A&E are the expert in accidents and emergencies’ (3).

NHS Choices website

Awareness of the *NHS Choices website* (Table 17) was 52 participants (60%). None of the participants had used the service before going to A&E. The most common reason given for not doing so was ‘not applicable (in my opinion)’ (15).

Sexual Health Centres

Awareness of the *Sexual Health Centres* (Table 18) was 48 participants (55%). None of the participants had contacted/used the service before going to A&E. The most common reason given for not doing so was ‘not applicable (in my opinion)’ (15).

Pharmacists

Awareness of *pharmacists* (Table 19) was 80 participants (92%). None of the participants had contacted/used a pharmacist before going to A&E. The most common reason given for not doing so was ‘not applicable (in my opinion)’ (22).

Opticians

Awareness of *opticians* (Table 20) was 73 participants (84%). None of the participants had contacted/used an optician before going to A&E. The most common reason given for not doing so was ‘not applicable (in my opinion)’ (23).

Age, Gender and Ethnic Origin

Unfortunately, the participants’ age (Table 21), gender (Table 22) and ethnic origin (Table 23) answers were separated from the rest of their answers, therefore it was not possible to analyse this information against the reasons behind people’s decision to attend A&E or their awareness and usage of other local urgent care services.

Additional findings

15 participants mentioned that they had gone to A&E because they thought, or had been advised by a healthcare professional, that they needed an x-ray.

RSH and PRH findings compared and contrasted

There was a lower awareness of Bridgnorth and Whitchurch MIUs among participants at RSH than at PRH. However, more of the participants at RSH than at PRH had contacted/used one of the MIUs before going to A&E. See Figure 7 for awareness and contact with/usage of the MIUs.

Figure 7: Awareness and contact/usage for MIUs

Service	Awareness (RSH)	Awareness (PRH)	Contact/usage (RSH)	Contact/usage (PRH)
Bridgnorth MIU	4 (5%)	38 (43%)	0	0
Whitchurch MIU	12 (15%)	30 (34%)	3 (4%)	0

There was a higher awareness among participants at PRH of the two Walk-In Centres in Telford than there was awareness of the Walk-In Centre in Shrewsbury among participants at RSH. Slightly more of the participants at PRH had contacted/used a Walk-In Centre than at RSH. See Figure 8 for awareness and contact with/usage of the Walk-In Centres.

Figure 8: Awareness and contact/usage for Walk-In Centres

Service	Awareness (RSH)	Awareness (PRH)	Contact/usage (RSH)	Contact/usage (PRH)
Shropshire Walk-In Centre	41 (52%)		1 (1%)	
Walk-In Centre (PRH)		60 (69%)		4 (5%)
Walk-In Centre (Telford Town Centre)		56 (64%)		1 (1%)

There was a similar awareness of GP Practices among participants at RSH (76; 96%) and PRH (80; 92%). More participants at PRH (21; 24%) had contacted their GP Practice before going to A&E than at RSH (13; 16%). However, they gave similar reasons for subsequently going to A&E as did participants at RSH, the most common of which was 'advised to go to A&E by the GP Practice'. At both RSH and PRH, GP Practices were the service with most awareness as well as the service most likely to be contacted/used before going to A&E.

There was a higher awareness of both NHS 111 and Shropdoc among participants at PRH than at RSH, with awareness of Shropdoc being higher than NHS 111 at both PRH and RSH. More participants at PRH had contacted/used both of these services than at RSH. See Figure 8 for awareness and contact with/usage of these two services.

Figure 9: Awareness and contact/usage for NHS 111 and Shropdoc

Service	Awareness (RSH)	Awareness (PRH)	Contact/usage (RSH)	Contact/usage (PRH)
NHS 111	32 (41%)	56 (64%)	0	2 (2%)
Shropdoc	63 (80%)	78 (90%)	1 (1%)	3 (3%)

There was a higher awareness of the NHS Choices website among participants at PRH (53; 60%) than at RSH (34; 43%). However, more participants at RSH (3) had used the service before going to A&E than at PRH (0).

There was a slightly higher awareness of sexual health centres among participants at PRH (48; 55%) than at RSH (33; 42%). There was a similar awareness among participants at RSH (69; 87% and 68; 86%) and PRH (80; 92% and 73; 84%) of both pharmacists and opticians.

Discussion and recommendations

By looking at people's awareness and usage of urgent care services this survey has revealed a number of findings that impact on these services and their delivery in Shropshire and Telford & Wrekin. By addressing some of the issues the survey highlights, with appropriate education and awareness raising, these areas could potentially help individuals seek treatment somewhere other than A&E by increasing their understanding of the other options available to them.

Awareness of local urgent care services

The findings of this survey indicate that there is currently a middling to low awareness, and very poor usage levels, of other local urgent care services in both Shropshire and Telford & Wrekin. These findings echo the local Unscheduled Care Strategy's (Gowans, 2011) priority for education and publicity, and the commissioners' priority of improving patients' understanding of available services, as well as the Shropshire Patients' Group's (2011) finding that there was a wide variation in the public's knowledge and understanding about urgent care services (in hypothetical situations). This shows a need for increased education of the public to raise awareness of these services. In Shropshire this need especially applies to the Minor Injuries Units, NHS 111, the NHS Choices website, and Sexual Health Centres. Shropshire would also benefit from some education specifically targeted at men, since they had lower awareness of the majority of services than females. In Telford & Wrekin this need especially applies to the Minor Injuries Units at Bridgnorth and Whitchurch.

Recommendations

- Shropshire Clinical Commissioning Group and the wider local health economy to increase education to raise awareness, including targeted at

males, of other local urgent care services especially MIUs, NHS 111, the NHS Choices website and Sexual Health Centres.

- Telford & Wrekin Clinical Commissioning Group and the wider local health economy to increase education to raise awareness of other local urgent care services especially Bridgnorth and Whitchurch MIUs.

Minor Injuries Units

Overall the awareness level of MIUs at RSH was low: they made up the four services fewest participants had heard of (*Figure 2*). Although a higher proportion of people had heard of the Whitchurch and Bridgnorth MIUs at PRH they still made up the two services the least number of participants had heard of (*Figure 6*). However the impact of geography on knowledge must be taken in to account here.

Out of all the urgent care services this one is the most geography dependent: it is not to be expected that people living elsewhere in the county would know about the service available at Ludlow for example. The findings of this survey indicate that more people from the areas local to the MIUs know about their nearest one. Despite this, MIUs had relatively low usage levels, especially at PRH where no one had used Whitchurch or Bridgnorth MIU before attending A&E.

As is noted in the findings, a number of participants expressed it was the need for X-ray facilities which had brought them to either RSH or PRH. An examination of the Shropshire Community Health NHS Trust's website page on 'Minor Injury Units'¹ showed that there was no information on the availability of x-ray facilities. The 'Diagnostic test, X-rays & Scans' page² did provide information on x-ray facilities at Bridgnorth, Oswestry and Whitchurch MIUs, however there was no mention of Oswestry MIU facilities only being available at certain times: users had to visit an unrelated page ('Oswestry Health Centre'³) to find that information.

Recommendation

- Shropshire Community Health NHS Trust to review their website to ensure that comprehensive and clear information about x-ray facilities and their opening times (which don't always match the general opening times of the MIU) for each individual MIU is on the 'Minor Injuries Unit' page. The Trust should also review the pages on Bridgnorth, Ludlow and Whitchurch Community Hospitals as it is not always clear from these pages whether x-ray facilities can be accessed as part of the MIU and if so, during which times.

¹ <http://www.shropscommunityhealth.nhs.uk/rte.asp?id=10004>

² <http://www.shropscommunityhealth.nhs.uk/rte.asp?id=10042>

³ <http://www.shropscommunityhealth.nhs.uk/rte.asp?id=10445>

Awareness of GP Practice and Walk-In Centre opening hours

Out of the participants who said that opening hours of their GP Practice was a reason they had not contacted/used their GP Practice before going to A&E, seven participants at RSH and one at PRH said this at a time when their GP Practice was actually open. The practices were: Marden Medical Practice, Clive Medical Practice, Willow Street Medical Centre, Church Stretton Medical Practice, Marysville Medical Practice, Claremont Bank Surgery, Knockin Medical Centre and Sutton Hill Medical Practice. This indicates a need for these GP Practices to increase education among their patients about their opening times.

The two participants at PRH who said that opening hours of the Walk-In Centre (PRH) was a reason they had not contacted/used the service before going to A&E said this at a time when the service was open. Out of the participants at PRH who said that opening hours of the Walk-In Centre (Telford Town Centre) was a reason they had not contacted/used the service before going to A&E, one said this at a time when the service was open. There is scope for increased education to raise awareness of opening hours at these two Walk-In Centres.

Recommendations

- The GP Practices named above to increase education among their patients about their opening times.
- The Walk-In Centres at PRH and Telford Town Centre, as well as the wider local health economy in Telford, to increase publicity about their opening hours.

Usage and distance decay

A key factor affecting participants' usage of services is postcode, or put otherwise the area they live. At both RSH and PRH, the further away from A&E the participants' postcodes, the more likely they were to contact or use other local urgent care services before going to A&E. This phenomenon, known as distance decay, is not unexpected as it reflects the increased time commitment and effort involved in attending A&E as the distance between one's start point and the hospital increases. Correlation between distance from a service and usage is highlighted in relation to rural areas by the Institute for Rural Health and Department for Environment Food & Rural Affairs (<http://www.ruralproofingforhealth.org.uk/policy-background>). Although not unexpected it does illustrate the continued need for targeting some strands of awareness raising activities to the areas closest to the hospitals, for example the Walk-In Centres which show a high awareness but low usage.

Recommendations

- Shropshire Clinical Commissioning Group and the wider local health economy to have targeted education encouraging the usage of other local urgent care services in the Shrewsbury area.
- Telford & Wrekin Clinical Commissioning group and the wider local health economy to have targeted education encouraging the usage of other local urgent care services in the postcodes closest to PRH.

Usage of GP Practices

At both RSH and PRH, GP Practices were the service with most awareness (76; 96% and 80; 92%) as well as the service most likely to be contacted/used before going to A&E (13; 16% and 21; 24%). The majority of people who had contacted/used their GP Practice before going to A&E said that they were advised to then go to A&E by the GP Practice (77% of people who contacted/used the GP Practice at RSH and 67% at PRH).

Carer/guardian of under 18s and usage of urgent care services

At RSH, out of the 21 respondents in the 'patient under 18' category who were the carer or guardian rather than the patient, 16 of these went straight to A&E without contacting or using any other service first. This highlights the scope for education focused particularly at carers or guardians of under 18s about usage of other services.

Recommendation

- Shropshire Clinical Commissioning Group and the wider local health economy to have targeted education to carers/guardians of under 18s about other local urgent care services available.

Awareness of Shropdoc and NHS 111

It is significant that there was a high awareness of Shropdoc among participants at both RSH and PRH, and that this was much higher than awareness of NHS 111 (nearly twice as high at RSH). Awareness of Shropdoc at RSH (80%) and PRH (90%) was higher than the national figure (National Audit Office, 2014) for awareness of out-of-hours GP services which is three in four people. Awareness of NHS 111 at RSH (41%) and PRH (69%) was lower than the national figure (National Audit Office, 2014) of four in five people. In addition to higher awareness of Shropdoc than NHS 111, twice the number of participants had contacted/used Shropdoc before going to A&E than had contacted NHS 111. These findings indicate that Shropdoc has built up a prominent position in the network of local urgent care provision. It would be likely that it would take time for an alternative provider to build up such brand awareness and that such a lack of awareness would almost certainly have an impact on A&E attendances.

Recommendations

- Shropshire and Telford & Wrekin Clinical Commissioning Groups to increase promotion of NHS 111.
- Shropshire and Telford & Wrekin Clinical Commissioning Groups to take into consideration Shropdoc's prominent position when making decisions regarding commissioning of out of hours GP services.

Experience Impacting on Usage: Oakengates Medical Practice

It is notable that Oakengates Medical Practice was the GP Practice with the highest number of participants (9; 10%), five of whom visited A&E while the Practice was open and without contacting the Practice first. Two of these five said that they had not contacted the Practice because of previous unsatisfactory service. No other participants at either PRH or RSH had expressed dissatisfaction with previous service at their GP Practice. The NHS England 2013 GP Patient Survey (<http://www.gp-patient.co.uk/>) results for Oakengates Medical Practice showed that the number of patients who would recommend the Practice to someone (59%) was lower than both the average for Telford & Wrekin (76%) and the national average (79%).

Recommendation

- Oakengates Medical Practice to review patient satisfaction and implement measures to improve current levels.

Repeat attendance at A&E

Given that 8 participants (10%) at RSH said they had previously attended A&E; there is scope for local healthcare commissioners and providers to focus on strategies to target frequent attenders such as individual care plans (e.g. Newton et al., 2011) or case management strategies (e.g. Dent, Hunter & Webster, 2010). However, it is not known how many previous attendances each of the participants had made or within what timescale they had occurred.

Recommendation

- Shrewsbury and Telford Hospital NHS Trust and Shropshire Clinical Commissioning Group to look at strategies to target frequent attenders.

Perception of severity of accident/injury

The majority of participants attended A&E because of an accident at home, work or another location (89; 54%), with sports injury (32; 19%) as the next most common. These findings indicate that participants perceive A&E to be the appropriate service to deal with accidents and/or sports injuries. In the context of increased pressures on A&E departments, and studies indicating a proportion of A&E attendances could be handled elsewhere (NHS England 2013; Mann & Tempest, 2014), this finding indicates the scope for increased education around

the suitability of A&E in relation to the severity of the accident and/or sports injury, especially given that 30% of participants had not contacted any service before attending A&E.

It is also worth noting that the usage of a service does not always correlate to the levels of awareness of a service. For example, although pharmacists had the second highest awareness levels at both RSH and PRH, in total only one person had used one before attending A&E. This implies that people are making decisions about the appropriateness of a service to their needs.

Further research could investigate A&E attendees' perception of severity of their injury following an accident or sports injury.

Recommendation

- Shrewsbury & Telford Hospital NHS Trust and the wider local health economy to increase education of the suitability of A&E dependent on the severity of the accident or injury.

Learning for Healthwatch Shropshire

The process has been a valuable learning experience and will inform how we approach further research. There was a small sample size of 79 participants at RSH and 87 participants at PRH, therefore caution should be applied when seeking to generalise any of the findings. Some of the volunteers carrying out the questionnaire reported that it was too complex; this could have accounted for the small number of questionnaires which were not able to be included in the analysis due to the quality of the data. In addition, the repetitive nature of questions 9, 10 and 11 could have caused some instances of questions not being asked thoroughly of all the urgent care services listed on page 2, resulting in incomplete or unusable data. It was also unfortunate that for the PRH data the participants' demographic data were separated from the rest of their answers, therefore it was not possible to analyse this information against the reasons behind people's decision to attend A&E or their awareness and usage of other local urgent care services.

Suggestions for further research

At RSH, despite similar awareness levels of GP Practices, females were more likely than males to have contacted/used their Practice prior to going to A&E. However, there were no notable differences in the reasons given by those who did not contact/use their GP Practice. Further research could investigate further males' and females' reasons for not contacting their GP Practice in the first instance. As mentioned above, further research could also investigate A&E attendees' perception of severity of their injury following an accident or sports injury.

Conclusion

The findings of this survey repeatedly show gaps in people's knowledge of what services are available and when, and their knowledge of the facilities provided within services. It is possible to postulate that these gaps are having an impact, if only to a degree, on the usage of services, because people cannot use what they do not know is available. Services and commissioners can attempt to tackle these gaps with awareness raising campaigns targeted at certain audiences, especially where there appear to be specific factors impacting on people's existing awareness, for example gender.

It is, of course, not as straight forward as that because there is not a direct correlation between awareness of services and the usage of services. Clearly there are other factors playing a part. This survey has sought to explore what these factors are and in a few areas it has been successful in this, for example the impact of a previous bad service leading to patients of one GP practice reporting it as a factor influencing their decision not to contact or use the Practice before going to A&E.

Some distinct areas that would benefit from education came out of the survey. Specifically awareness raising is needed to address middling to poor awareness of certain urgent care services in Shropshire and Telford & Wrekin, including the Minor Injuries Units, NHS 111 and the NHS Choices website. Tackling issues around awareness would also hopefully increase people's usage of these services, which across our sample was very low.

It is not just this that has an impact on awareness and usage though. Women are more likely to know about and use other services before going to A&E, and the further distance a person lives from A&E seemingly encourages them to try and use other services before making the journey. The survey also found that carers and guardians of under 18s have a high rate of going straight to A&E before making use of any other service.

Unsurprisingly GP practices are the urgent care service with the greatest awareness and the one most commonly used before approaching A&E. Nonetheless there are issues around knowledge of their opening hours; an issue which affects the two Walk-In Centres in Telford & Wrekin as well.

An interesting additional finding is that Shropdoc is well known across Shropshire and Telford & Wrekin, seemingly with a large profile and higher usage rates than the newer service NHS 111.

Another key finding is that people perceive A&E as the right place to be with their care needs. With NHS England (2013) stating that 40% of attendees could be

treated somewhere other than A&E (although Mann & Tempest (2014) gave the figure as 15%) there is an open question around whether people are making appropriate judgments on the severity of accidents and/or injuries. However the limitations of this study make this question beyond its scope.

It is the need, or scope for, education and raising awareness amongst the public that the findings of this study repeatedly lead towards. The Shropshire Patients' Group's (2011) questionnaire on hypothetical scenarios illustrated that there was a wide range in people's knowledge and understanding of urgent care services. This is a finding that is echoed in this study, and we have isolated some factors that play a part in the variation. Recognition of these can help services and commissioners target groups and meet the educational needs of the public. The survey also highlights some quick fixes that will provide the public with more information on their choices.

Appendices (published separately)

- Appendix 1 Questionnaire (Healthwatch Shropshire version)
- Appendix 2 Show cards 1 and 2 (Healthwatch Shropshire version)
- Appendix 3 Questionnaire page 2 (Healthwatch Telford & Wrekin adaptation)
- Appendix 4 Show card 2 (Healthwatch Telford & Wrekin adaptation)
- Appendix 5 Withdrawal information slip (Shropshire version)
- Appendix 6 Withdrawal information slip (Telford & Wrekin version)
- Appendix 7 Responses to questions

Appendices are available as a separate document online at <http://www.healthwatchshropshire.co.uk/documents> or by request to enquiries@healthwatchshropshire.co.uk.

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