Urgent and Emergency Care: less well-heard groups

November 2021

healthwatch
Surrey C.I.C.

healthwatch Surrey

Urgent & Emergency Care Engagement: less well-heard groups

Project Rationale

The urgent and emergency care system in Surrey Heartlands plays a vital role in providing care for patients who need medical help quickly and unexpectedly. The Surrey Heartlands Urgent Care Strategy 2021 - 24 describes how commissioners will shape services over the next 3 years.

Healthwatch Surrey were commissioned by Surrey Heartlands to build on the results of the Surrey Heartlands Citizen Panel survey (April 2021) by reaching out to three groups of people whose views may not have been captured – homeless people, young people and people with English as a Second Language. The objective was to develop commissioners' understanding of a wider range of local people's experience of UEC services, and to assist commissioners in identifying what needs to be considered to support people in their use of urgent and emergency care services across Surrey Heartlands.

Executive Summary

Method and Sample

- Individual interviews with **65 people in less well-heard groups**:
    - 18 **homeless** people
    - 17 **young** people (16 – 25)
    - 30 people for whom **English is a second language**
- Structured interviews for consistency
- High proportion of open-ended questions to ensure people's perspective and language was fully captured
- Interviews undertaken in late October and early November 2021

People we spoke to were given appropriate information or signposted to health and social care services wherever our conversations with them indicated this was needed. For example, one person we spoke to was helped to sign up with a GP.

Conclusions

1. The term 'urgent care' is poorly understood – **the people we spoke to struggle to differentiate between 'urgent' and 'emergency' needs**

While commissioners and providers use the term 'Urgent Care' provision, the people we spoke to do not. The term is unfamiliar and unhelpful when communicating with potential service users.

2. Many of the people we spoke to have a very narrow 'consideration set' for urgent/emergency care with little knowledge beyond 999, A&E or calling 111:

Awareness of options other than A&E and 111 (by phone) is limited.

- Younger people were likely to turn to family and friends for advice
- The GP and pharmacy were more of a consideration for all our older respondents
- Walk-in centres and minor injury clinics were not well understood across all groups.

3. Getting care as quickly as possible was a priority for all our respondents

By their nature, 'urgent' and 'emergency' care needs are unexpected and people respond in the moment, looking for a quick fix. Respondents in all groups expressed they had experienced lengthy waiting times to speak with GPs or NHS 111 and preferred to head to a service where they could get help more quickly.

4. Prior experience is a key driver for individuals in deciding what service to use. Confidence to choose the 'right' service is also driven by experience.

If they have used a service before, and gained the outcome they needed, then that service will be their first thought, and they will be confident this is the right choice.

This mindset is a major barrier to behaviour change.

5. Ability to access information varied across our groups

The NHS is perceived as the most credible source of information – there is general mistrust of non-NHS information from online sources.

- Younger people are likely to ask family or friends for advice and use the NHS website to guide them towards services.
- Homeless people told us they prefer to consult a GP for advice or would consult staff at hostels/outreach and have more limited access on online resources.
- Our Second Language group would also seek help from their GP and used the internet to seek more information about their ailment.

6. The people we spoke to did not consider themselves at a disadvantage when accessing physical healthcare, however, access to urgent mental healthcare has been a problem for many.

Our younger respondents with mental conditions told us that they feel as though they are treated differently when accessing urgent care services for physical ailments.

The homeless participants felt confused at where they were supposed to go to get urgent mental health support.

Findings

About our samples

Young people

The respondents in this group fell between the ages of 16 and 24.

We conducted face-to-face engagements with Blossom, an LGBTQ youth support group and met with students at a volunteering event at the University of Surrey. We also distributed our survey digitally across our Young Healthwatch group, encouraging them to circulate amongst peers.

Homeless people

We engaged with homeless people at two charities – York Road, a Woking-based charity providing sheltered housing for people without a permanent address, and Renewed Hope a drop-in centre offering a place for the homeless and unemployed to have a hot meal, socialize and get support from volunteers.

The circumstances of the individuals we spoke with differed greatly, with some having homes, or access to facilities such as phones and the internet, whereas others had minimal possessions and relied on charity support. Their health needs were also diverse and complex. A number had mental health conditions, some had struggles with addiction.

Two members of this group also had English as a second language. We have included them in this group as this serves to better contextualise their experiences.

English as a Second Language

Our final group was those for whom English is not their first language. For the purposes of this report, we will refer to them as the ESL group. We distributed our survey amongst a faith group largely attended by the black African community, however this was conducted online as they do not currently meet in person due to the pandemic. We also attended Shifa, an organisation that supports women from South Asian migrant communities. This group was attended by volunteers who were able to act as translators if the need arose.

Analysis

The analysis presented here is structured into broad themes. We explore what our respondents understand as 'urgent care' and then how they access services or how they might access services should the need arise. We delve into our respondents' knowledge of how they would find out about services or further information on urgent care services. Finally, we explore the barriers that prevent our participants from accessing the care they might need.

All names have been changed to ensure anonymity.

What Our Respondents Understand by 'Urgent Care'

'Urgent Care' is poorly understood, and does not reflect how people think about their care needs

Respondents across all the groups had little knowledge of what was meant by 'Urgent Care' and the few who did, associated this with emergency care.

One reason for this was rooted in the experience itself. For respondents who had recently experienced an urgent medical need, their decision as to what to do next was made in a moment which very much felt like an emergency.

One of our second language respondents described an experience when their foot was pierced by glass, while moving furniture:

> *'On a scale of 1 to 10 for pain I would rate it a 10 – agony! I knew East Surrey [hospital] and I wanted to get there as soon as possible'*

For those experiencing an urgent medical need, thoughts are directed to how they can receive help quickly, and for many, they head straight to their nearest A&E. Another similar example was given by one of our homeless respondents, who fell off a chair and hurt his arm:

> *'I instinctively thought I'd broken my arm, so I took myself to A&E'*

He knew there was another hospital nearby with an urgent care centre, which he described as not having 'the right set up' to help him. A&E was the only thought in his mind to get the care he needed.

In each of these cases, the people were involved in making decisions during difficult circumstances. Those who made the decision themselves were experiencing severe pain. To each of these people, their circumstance was an emergency.

Experiencing an urgent medical need is often extremely frightening

The circumstances of an urgent medical need can strike at any time, in any place, which for our younger group was particularly traumatic. One our participants very vividly described a harrowing recent experience:

> *'I was in excruciating pain, having a panic attack, outside a Job Centre – I just called my mum'*

Or as in another case of a respondent who collapsed at her boyfriend's house in what seemed like a seizure:

> *'My boyfriend called 999. At that time, everything is so confusing'*

For the younger group, these moments of urgent medical need represented something challenging and scary, leaving them to act instinctively, reaching out to loved ones for help.

There were similar sentiments expressed case for those respondents who were parents, worrying about their children. We spoke with a few mothers at Shifa who told us that they had tried to get help through NHS 111 or the GP but had found themselves on hold for sometimes up to an hour. This then resulted in a visit to A&E to try and resolve the problem more quickly.

People struggle to differentiate between 'urgent' and 'emergency' needs

Our young respondents had more familiarity with Urgent Care, but they couldn't distinguish it from emergency services:

> *'[Urgent care] only brings to mind A&E or ambulances'*
> *'I have heard of [Urgent Care] but would associate it with A&E'*

Our homeless respondents almost universally stated that they were not aware of what was meant by 'urgent care', and those that did echoed the sentiment from our younger group, with little distinction.

For our ESL group, there were evidently some translation issues with regard to communicating what precisely constitutes urgent care and this affected the understandings of urgent care within this group. A large portion of those we spoke to in this group lived close to a walk-in centre, so were aware of this service, but did not understand this as 'Urgent Care'. This was simply the closest and easiest place to access.

There was an evident knowledge gap in differentiating between urgent and emergency need in our respondents which was reflected in the care they deemed appropriate to access.

The pressing and often frightening circumstances, such as those outlined above, often impacted how they acted when requiring urgent emergency attention, so the option to identify the most appropriate care was overridden by the need to seek the quickest help possible. Here we will reflect on how our respondents view various health services in regard to urgent care and how they might choose one service and not another.

In some of the cases, individuals were not in a position of being able to choose the care they received, whether being taken to hospital unconscious in an ambulance following an accident or a case such as that described by one of our homeless participants who was escorted to A&E by police following an attempted overdose.

Insights from a related Healthwatch Surrey project

We have seen a similar confusion over urgent and emergency need in research we conducted recently in partnership with Epsom and St Helier University Hospitals. We conducted a survey among people attending the Emergency Department, capturing patient feedback about pathways of care that led them to A&E. About half of the respondents to that survey informed us that they had contacted a GP or NHS 111 prior to arrival at A&E, but in many of these cases individuals also revealed that they were unable to get through to the GP or NHS or had not received a satisfactory outcome. Respondents were concerned with receiving care as quickly as possible and saw A&E as the place where this can happen.

We are continuing to support understanding of the emergency care pathway across the system by conducting a similar survey with Surrey and Sussex Hospitals.

How Participants Use Urgent Care Services

NHS 111 (phone) and A&E are well known: other options are much less familiar

We asked our participants to assess a range of service options in terms of their respective helpfulness in times of urgent medical need. The two services commonly identified as able to help during an urgent medical situation were NHS 111 and A&E.

NHS 111 phone service was cited by many our respondents, across all the groups, as an important point of contact and in many cases the first port of call to direct you

further. Our younger respondents, in particular, were familiar with the service and a few had direct experience of using it.

However, this was almost exclusively with regard to the telephone service rather than 111 online. The majority of our respondents had not used the NHS 111 online service and those who had used it found it confusing and less helpful.

For our respondents among the homeless and second language groups the GP was a more important first point of contact and someone who could signpost where to go further in an urgent situation.

There was a similar split with attitudes to the pharmacy, as our younger respondents did not see these as viable places to turn to with urgent problems, whereas older respondents did.

Walk-in centres or minor injury clinics were less well understood by all groups and there was general lack of familiarity as to what these were or what services they offered. Walk-in centres were well known to those who lived close to one. Woking Community Hospital was well known among the women at Shifa and the homeless at York Road. However, the homeless or Faith group in Redhill had no knowledge as there was nothing like that nearby.

Prior experience and proximity were key drivers for individuals in deciding what service to use

Positive experiences with a hospital gave the confidence for individuals to return there should the need arise. However, this also meant that negative experiences encouraged people to look elsewhere. For one of our younger respondents, traumatic past experiences with psychiatric evaluation at St Peter's left them never wanting to use the hospital again and they said they would happily travel a further distance to access care.

Most of the members of our homeless group had long medical histories and used this knowledge to determine where to go. They would often seek the closest help they could find as travelling significant distances was a challenge. Many of this group were also limited by a lack of transport or funds to use public transport or hire taxis.

Another of our younger correspondents, offered a more nuanced insight based on different experiences with different providers. They had a long-term lung condition which they told us meant that they preferred St Peter's as the Covid rules were stricter, however they also told us that in their experience physical injuries were seen quicker at Royal Surrey.

How Respondents Find Information Regarding Services

Confidence to choose the right service is also driven by experience

We asked each of our groups about their confidence in identifying the most appropriate service for their need and also how they might go about finding further information if they should need to.

The majority of those we spoke with told us that they were confident in their ability to access the right services to meet their need and were confident in finding out new information where necessary. The majority of those who participated in our research had personal experiences of health services so were able to draw on this when the need arose.

Notably, our young participants were more mixed in their response, with around a third saying they were not confident, predominantly because they didn't have a good enough understanding of services available to them, or the confidence to know what service was appropriate for which situation.

Ability to access information varied across our groups

The young respondents were more confident with seeking out help, either by looking it up themselves online or by asking family for advice. Advice was more important for this group and they would generally look to be guided where to go by a source they saw as reliable. For example, many of them referenced that they do not trust information online unless it is on the NHS website.

Our homeless respondents were very much the reverse of this, with a high confidence in their own ability to make decisions about seeking out appropriate services, but less certain about how to find information. All of those in the homeless group had had an encounter with health care services so felt familiar with a range of services and had experiences to lean on with regards to where they could seek help. However, they were more limited in their capacity to seek support, either having minimal networks to call upon or not having access to services such as the internet or phones. Peer support was more or less non-existent, so the first port of call for many would be a GP. Some of them did acknowledge that they would seek advice from the support workers and volunteers at their respective organizations.

A reason for this could lie in their life experiences which had left them more cautious of trusting of others. It was apparent that a few of those we spoke with had experienced physical violence recently, where the majority also had a history of substance or alcohol abuse and led lives that brought them into violent conflict with others on a frequent basis. One homeless respondent told us how he wouldn't trust

any source other than speaking to someone at a hospital or GP surgery. He recalled times when he had asked for directions or help from others and been given incorrect information which in his words was 'just to make [him] go away'. He knew that if he needed help, he should head to a hospital or GP surgery and talk with someone there.

The internet proved a popular place to turn to across all our groups, although this was less common among the homeless participants as their access was more limited. Those in the homeless group who had access to the internet, such as those at York Road, mostly accessed user reviews to gain insights about the services available to them. However, they were guided by a sense of pragmatism as to how to interpret these reviews:

> *'Most of them just say the receptionist is rubbish but I'm not there to see the receptionist'*

This approach was consistent with individuals who had been without a permanent base for large parts of their life and frequently had to re-establish themselves in new places. As the quote above indicated, they were accustomed to some areas of services being poor, as long as the part of the service they saw as important, in this case a GP, was good then they were content.

While both our young group and the homeless people saw the internet as a guide towards services, our ESL group used online searches more generally, to find out information about their ailment or, in some cases, how they might resolve their situation themselves. For example, a couple of the mothers at Shifa informed us that they had watched healthcare videos on YouTube, which had helped them to resolve health problems with their children during lockdown when they felt that either they didn't want to access services or that appointments were harder to get.

What were the Barriers to Urgent and Emergency Healthcare for our Respondents?

The people we spoke to did not consider themselves at a disadvantage when accessing physical healthcare.

We found that, overall, our participants did not consider themselves at any significant disadvantage in terms of their ability to access urgent care services. Generally, access to health care was perceived to be good, particularly by those who had experienced healthcare outside of Surrey, who felt that quality of care in Surrey is generally better than elsewhere.

There were some references to delays in care, such as a couple of circumstances – one from the Young Respondents, one from the ESL group – where individuals had opted for private treatment as they were not content with waiting for NHS care. However, in both these cases, the individuals saw this as a wider NHS problem and not distinct to their situation.

Our ESL group did not see language as a barrier to accessing urgent care. Those who needed language support were frequently offered it through NHS 111 or at hospital, however this was more of challenge with GPs, who couldn't offer translators so readily. However, it was noted that sometimes instructions from doctors could be confusing and some of our participants said they went away from hospital feeling confused or uncertain about the outcome provided to them or what they should do next.

Knowledge gaps proved a significant challenge.

The young respondents were generally less knowledgeable about NHS services. While they were the most knowledgeable of NHS 111, they were not confident in what other services could help in times of need. If they would not be able to get through over the phone they would most likely head to A&E.

Our ESL group, most notably the women we spoke with at Shifa, highlighted that those newly arrived in the UK and seeking asylum, were not aware of services other than 999 and in one case they referred to this as 'the number for the hospital'. The support officers at Shifa were helping to educate them on services and where they can find help if they need it. It is fair to say that they were confused at the range of options.

Both our ESL and our homeless groups were largely comprised of lower income individuals, so relied on being able to reach medical services by public transport, by walking or having to find money for taxis. A few were fortunate to have family or friends with cars, but that proved restrictive as to when people were able to attend services.

Mental health has proven an obstacle for many

One of the most prevalent obstacles, referenced across both our homeless participants and the young person group was the subject of mental health. This ranged from those **experiencing an urgent mental health need and not knowing where to go for support,** to **those who struggled to access health services because of their mental health challenges.**

> *Dave suffers from Chronic Insomnia and has received CBT and prescribed BenzoDiazapene. However, his condition has left him with poor memory,*

something he describes as 'brain fog', leading to substantial challenges when accessing care. He struggled to focus on information that is given to him and then couldn't remember it after the event. He has now developed a pronounced tic, which he feels is a result of his medication. Dave feels his support doesn't fit his needs but his particular case and history is not taken into account when he was being spoken to by health care professionals and as he struggled to focus on details or remember information, this hindered his ability to seek help.

These experiences with urgent care left him with anxiety and now presents a substantial barrier when requiring treatment. He told us that 'doctors solve everything with drugs' and they don't see an individual with specific needs.

Another case highlighted confusion over where to go in case of urgent mental health need. Similarly to the case above, this person felt they were met with a lack of understanding:

'If I require urgent care for mental health reasons many services aren't equipped, and my only option is A&E where I have not always been treated with respect and put in dangerous situations by staff'

This case also highlighted that those with mental health problems did not feel as though they were treated appropriately. While seeking treatment for a physical ailment, some referenced how a prevailing mental health condition, prevented staff from treating the individual suitably.

This was particularly evident with one of younger respondents who has recently been diagnosed with a chronic lung condition, which caused them to seek urgent medical care numerous times. For many years, their condition was not diagnosed and as they also suffered from anxiety and panic attacks, they felt as though their communications to staff were not taken seriously. They recalled a particularly traumatic example of being called a 'dramatic teenager' by a healthcare professional.

'For years I felt ignored and not listened to'

There were examples in two other conversations with the younger group which had left them with poor experiences of care and led them to seek help elsewhere. In one case, an individual with a learning disability felt forced to turn to private healthcare. In the other circumstance, an individual was so significantly affected by their treatment at St Peter's that they opted to avoid the hospital at all costs.

The homeless experienced challenges getting access to primary care….

The homeless respondents we spoke with at the housing project were fortunate to receive the help of the support workers and staff there. They were cited as helpful sources of information when looking for health or care support. However, at the drop-in centre we saw a more mixed group with a wider range of circumstances. One case, a frequent visitor to the centre, revealed that she had been prevented from registering with her local GP as the receptionist insisted that she should have a photo ID. The encounter was so hostile that our respondent feared returning in case she was barred from using the service in the future.

In this case we were able to contact the surgery involved and the individual involved is now successfully registered.

… and for some, there were deeper challenges in receiving the care they needed.

Speaking with the staff at the Temporary Housing charity revealed more insight to some of the challenges faced by their residents. One staff member told us:

> *"Peter refused to be admitted to hospital when we had to call an ambulance late at night a few days ago. He was badly beaten in a random attack and had extensive bruising and cuts. The ambulance crew wanted him checked over and monitored for concussion. He didn't go for several reasons; firstly, because he couldn't drink if he went and second, St Peter's would most likely release in middle of the night and we can't collect him as can't leave one person on night duty. Lastly, he can't afford the taxi fare. We are not trained to be checking every 2 hours for signs of deterioration, so we had to sadly ask him to sleep elsewhere for 2 nights until he was out of danger. Luckily, he could stay with a relative but not everyone can."*

Peter's story serves to highlight the complex situations confronted by our homeless respondents and that the barriers to them receiving care lie within the circumstances of their life rather than requirements of their care. The staff at the centre, and similar projects which offer shelter and support, are well intentioned but often underequipped and underqualified to accommodate medical needs and are often forced to make difficult decisions such as the one above as they must also consider the safety of their own staff as well as the other residents.

Further Recommendations

The findings presented here illustrate that young people, homeless people and people for whom English is not their first language have very different perspectives of urgent care and have different approaches to resolving their needs. It should be noted that, given the small sample size, these findings are only indicative, and we would strongly encourage more engagement to further explore the themes we have raised. We would

also suggest that further consultation other less well heard groups, such as the Gypsy Roma Traveller community or individuals with learning disabilities would also be beneficial.

We would particularly recommend that this form of engagement be conducted as part of formulating future strategies for urgent care to ensure that the diverse needs of the population of Surrey can be met.

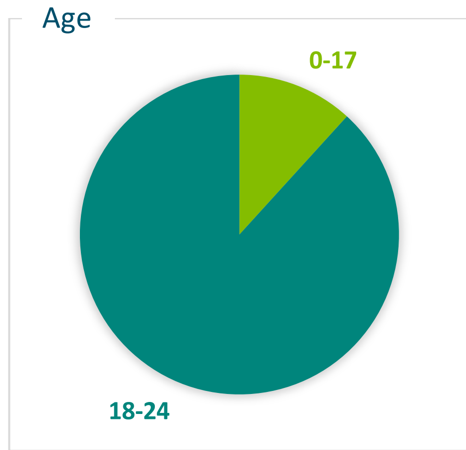
We are indebted to all those who so kindly offered the insights that are presented here. We are also grateful to the organisations and groups who welcomed us in and whose support was integral to this research.

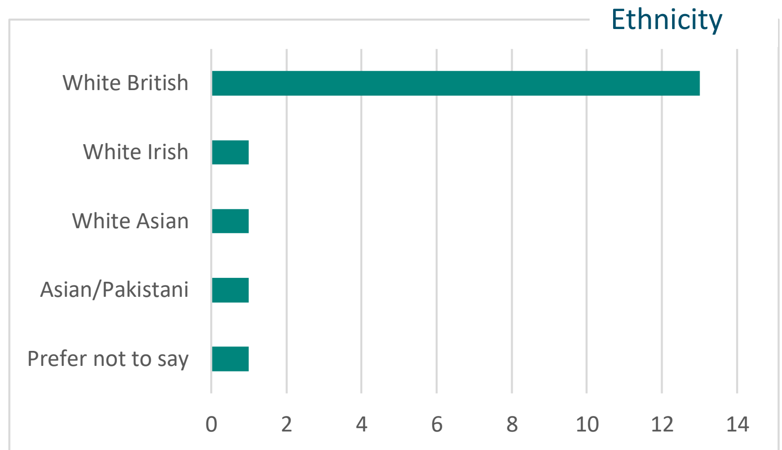
Thank you all.

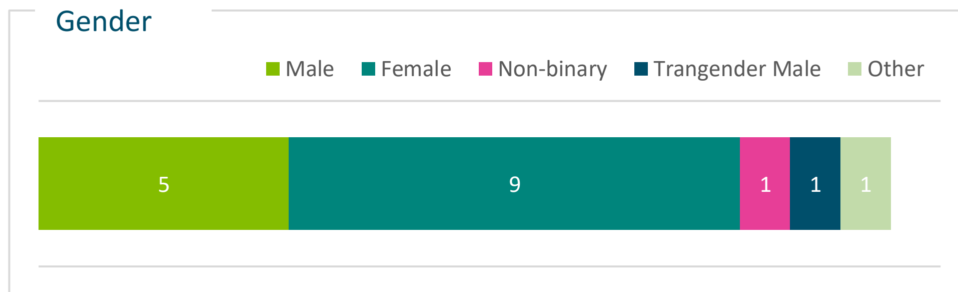
Appendix:

Demographic information

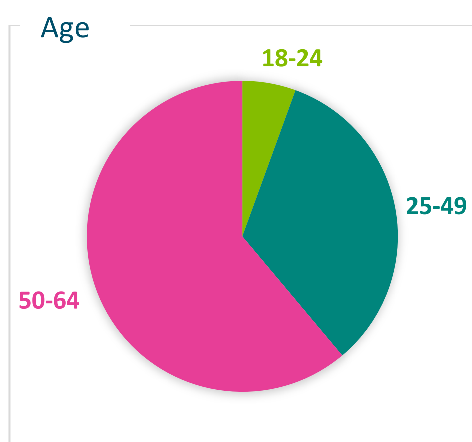
Young People

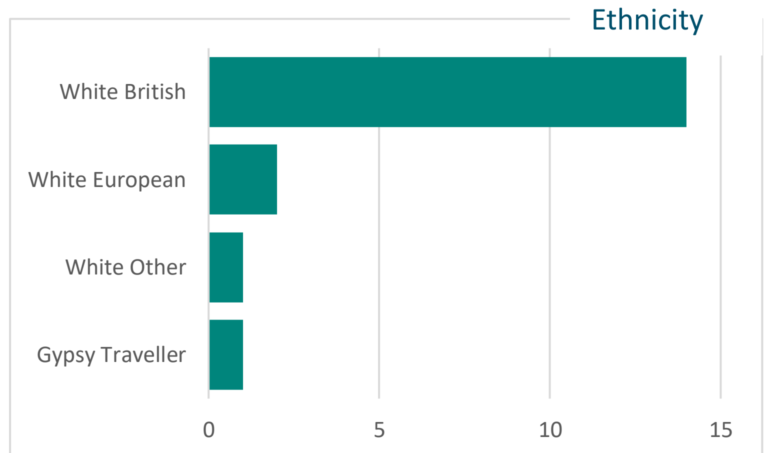


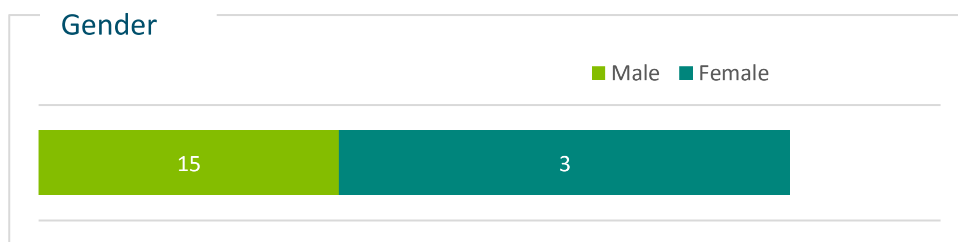




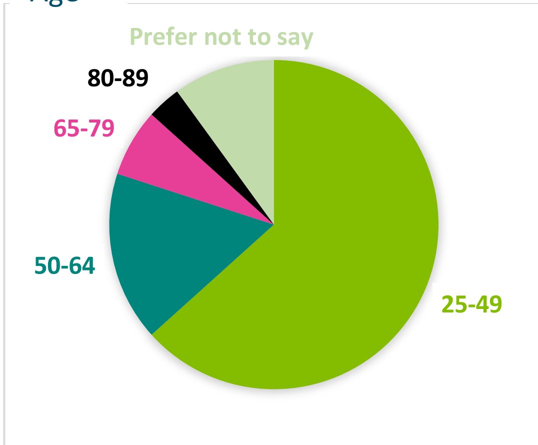
Homeless People

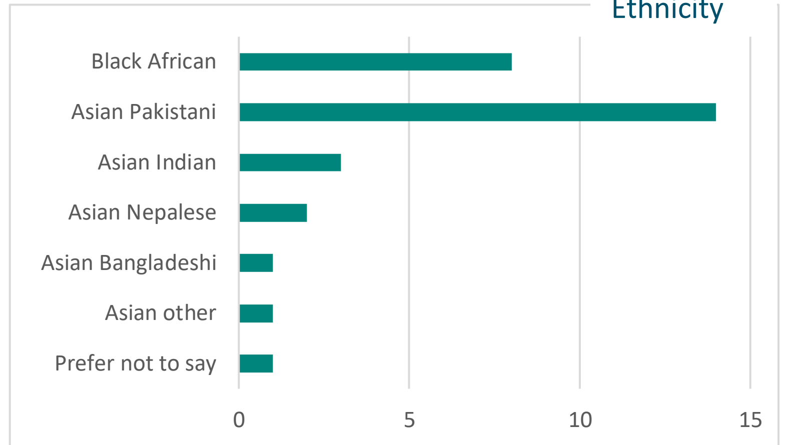


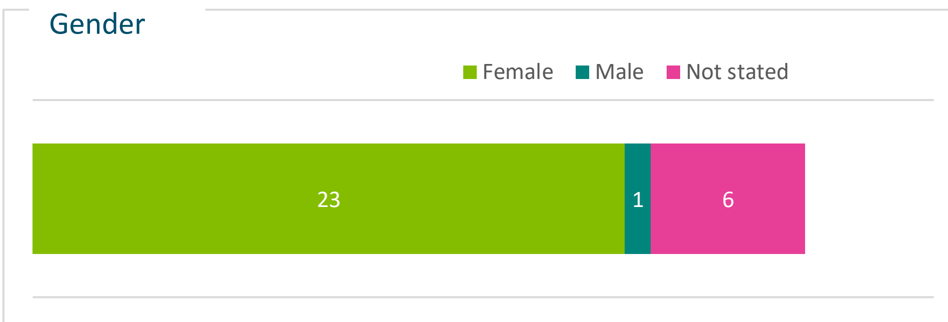




People for whom English is a second language







About Healthwatch Surrey

Healthwatch Surrey is an independent local champion that gives the people of Surrey a voice to improve, shape and get the best from health and social care services.

Contact us

Telephone:
0303 303 0023 (local rate number)

Website:
www.healthwatchsurrey.co.uk

Email:
enquiries@healthwatchsurrey.co.uk

Write to us (free):
Freepost RSYX-ETRE-CXBY
Healthwatch Surrey
Astolat, Coniers Way
Burpham, Surrey
GU4 7HL

Text (SMS):
07592 787533

Text Relay:
18001 0303 303 0023

Twitter:

@HW_Surrey

Facebook:

/HealthwatchSurrey

healthwatch Surrey

© Healthwatch Surrey 2021

Registered address: Healthwatch Surrey, GF21, Astolat, Coniers Way, Burpham, Guildford, GU4 7HL