



What does urgent care
mean to me?

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1. Healthwatch Newcastle and Healthwatch Gateshead

Healthwatch Newcastle and Healthwatch Gateshead are two of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations, gathering views at events, online through the feedback centre, through social media and from callers to our helpline. As part of the remit to gather views we also have the power to 'enter and view' services and conduct announced and unannounced visits.

2. Introduction

This report came about as a result of discussions between Healthwatch Newcastle and Newcastle Gateshead Clinical Commissioning Group (CCG) that followed the publication of the Healthwatch Newcastle report 'GP appointments: what do Newcastle patients want?'¹ During these discussions it became apparent that further work was required to better understand how the public define the term 'urgent' and whether they define it differently in different circumstances.

Healthwatch Newcastle (HWN) and Healthwatch Gateshead (HWG) agreed to collaborate on this piece of work and carried out a short survey with members of the public in their respective local authority areas during the summer and autumn of 2016. The intention was to collate the information into a brief report for Newcastle Gateshead CCG to further inform its urgent and emergency care review.

3. Methodology

A short survey (see appendix) was designed and trialled at the HWN 2016 conference. The survey asked people to state how quickly they expected to be seen by a health professional if:

1. They had an urgent health problem
2. Their young child (under 5) had a urgent health problem
3. Their vulnerable friend/relative had an urgent health problem

People were given four time slots as possible responses:

0 – 2 hours 2 – 6 hours 6 – 12 hours 12 – 24 hours

They were asked to indicate their expectations for each of the three patient groups listed above. People were encouraged to think about **their own** perceptions of what was an 'urgent' health problem.

¹ <http://tinyurl.com/h4lumvw>

They were reassured that there was no a right or wrong answer but that the results would help us identify how people define the term 'urgent'.

Both HWN and HWG collected demographic monitoring data but contractual monitoring differences (in both the questions asked and how they are categorised) meant that some of the data was not comparable. As a result we can only report on the overall totals and those by gender for the group as a whole. For age and ethnicity we split the data into Newcastle and Gateshead cohorts.

Surveys were distributed widely at Healthwatch events and other community events attended Healthwatch staff. People were also able to complete an online version available via a link on both websites. The surveys were also publicised in newsletters and via the social media platforms.

4. Findings

Three hundred and seven (307) people completed the survey; 170 in Gateshead and 137 in Newcastle. However, a significant number (55 people or 18% of the overall cohort) who completed the survey lived outside the Newcastle Gateshead area. We decided to include those people in the findings because the vast majority of them lived locally and it is feasible that they use Newcastle or Gateshead health services.

4.1. Overall findings

The overall survey findings (see figure 1) showed that almost 80% of people expected to be seen by a health professional within two hours if they, their child or a vulnerable relative or friend had what they felt was an urgent health problem. Unsurprisingly, the figure was highest for children under five (over 90%), slightly lower for vulnerable relatives or friends (just over 85%) and lower again for themselves.

However, even when it was their own urgent health problem, over 63% expected to be seen within two hours. In total, 15% of people expected to be seen within 2–6 hours; however, when it was their own urgent health problem the number rose to 26%. Interestingly, there were higher figures for vulnerable adults than for young children in the categories for 2–6 and 6–12 hours, however, the numbers were too low to be statistically significant.

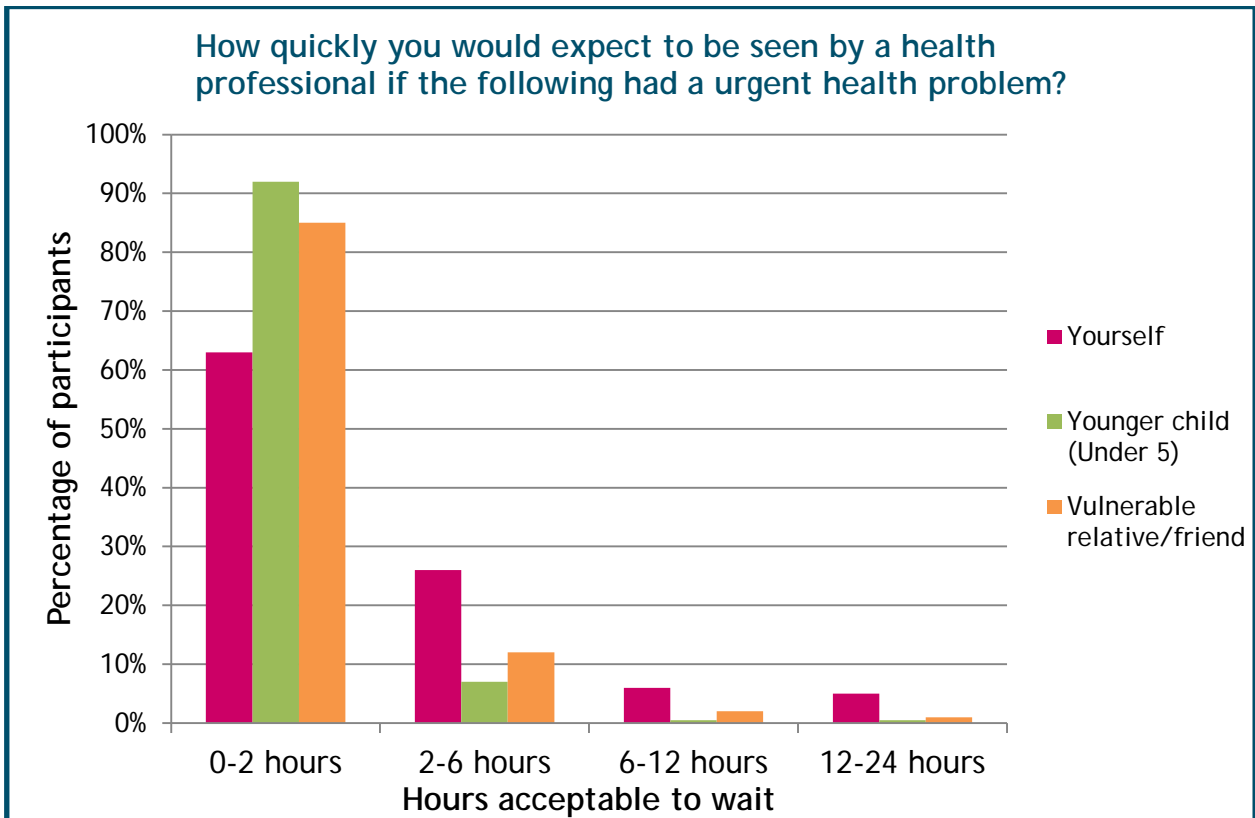


Figure 1

It is also interesting to consider the differences between Newcastle and Gateshead. Figures 2 and 3 show that people in Gateshead usually expected to be seen more quickly than people in Newcastle. In particular, over 90% of respondents from Gateshead expected their young child or vulnerable friend/relative to be seen within two hours.

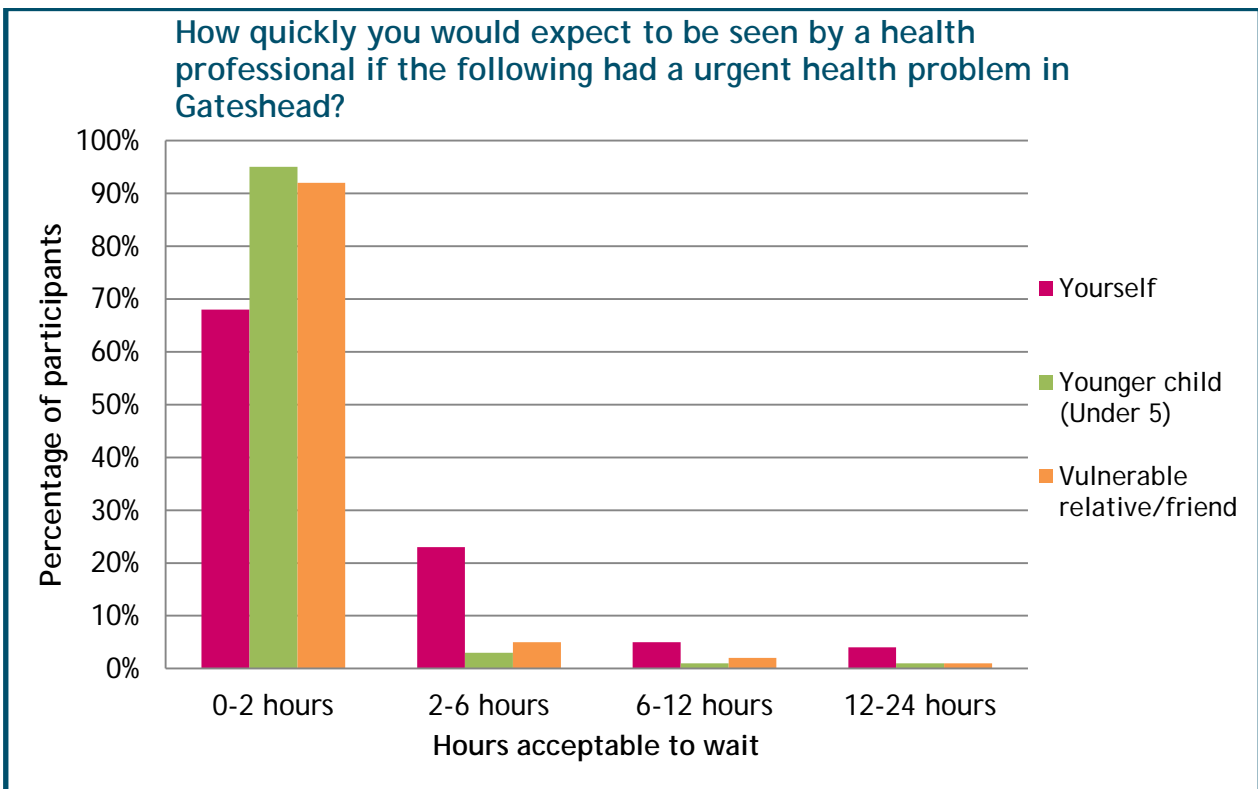


Figure 2

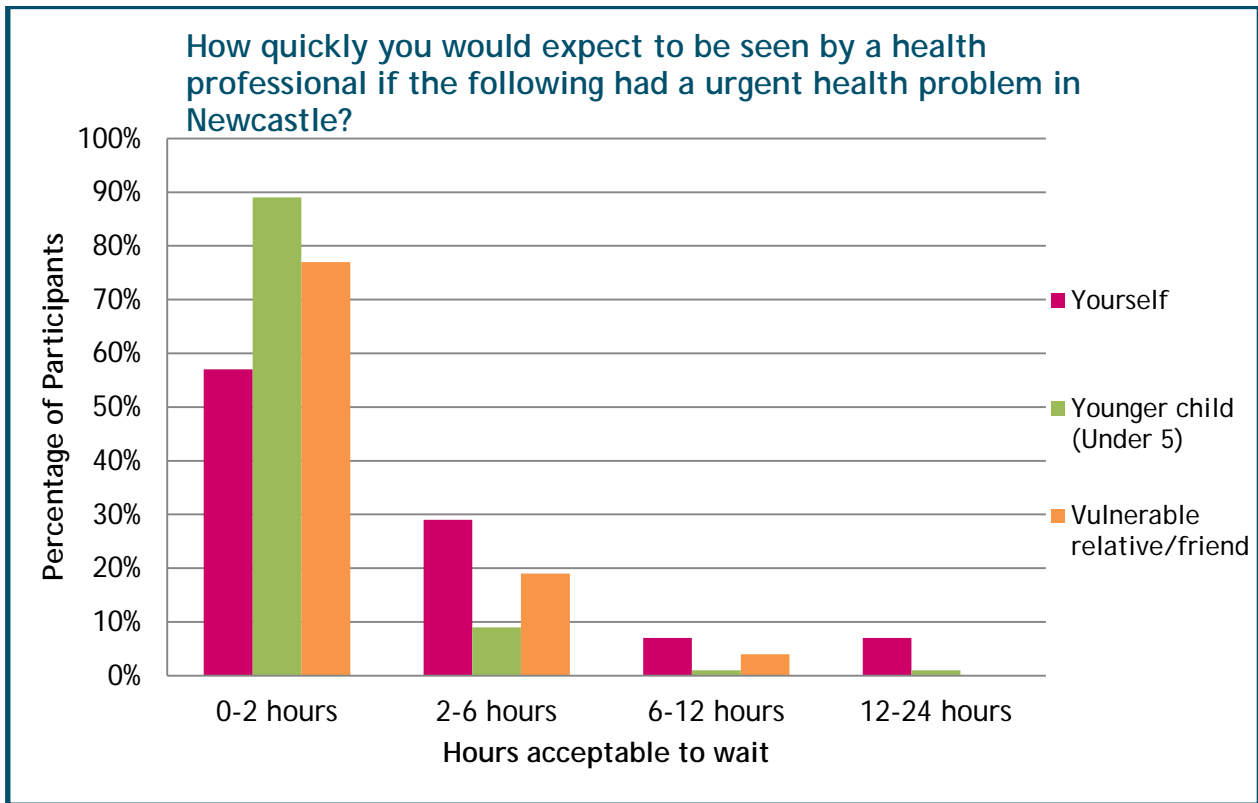


Figure 3

4.2 Findings by age

Again, the findings by age differ for the two cohorts of Newcastle and Gateshead. Figure 4 shows that in Newcastle age appeared to have little impact on when someone expected to be seen for an urgent health problem, with very similar percentages of each age band appearing in each of the time slots. However, in Gateshead (see figure 5) age did appear to have an effect, with older people generally expecting to be seen more quickly than younger people. The larger number of respondents from Gateshead may be one of the reasons for this difference.

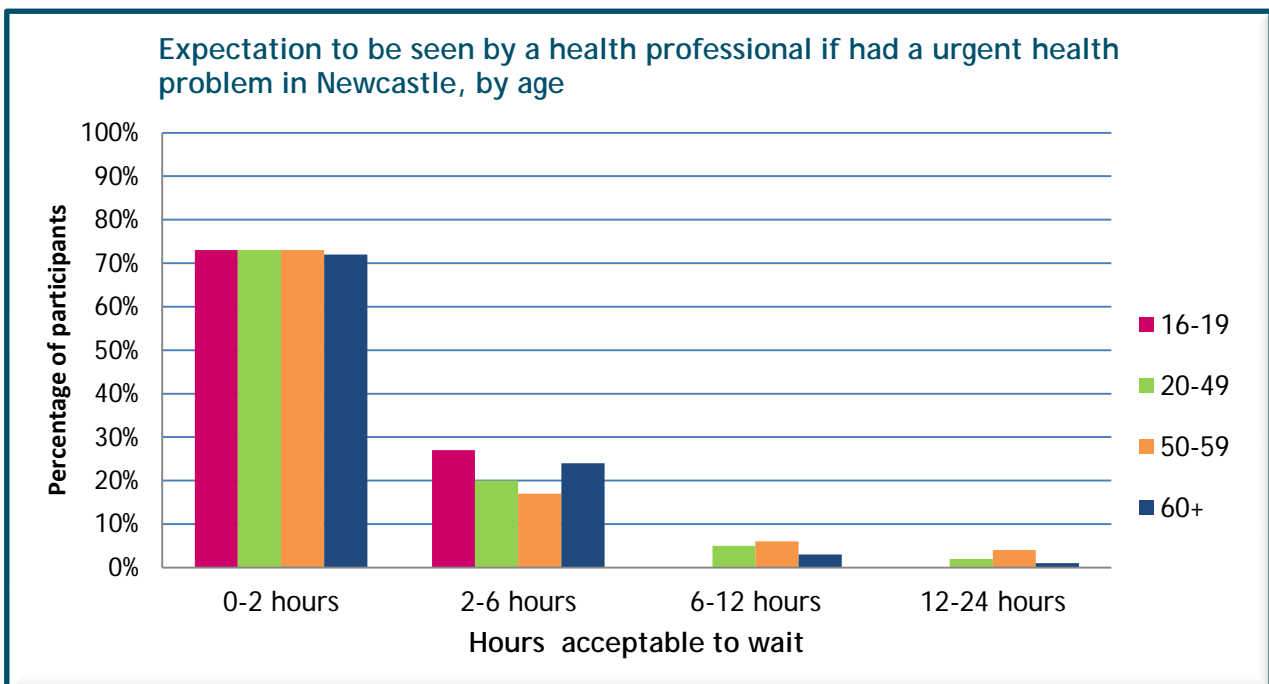


Figure 4

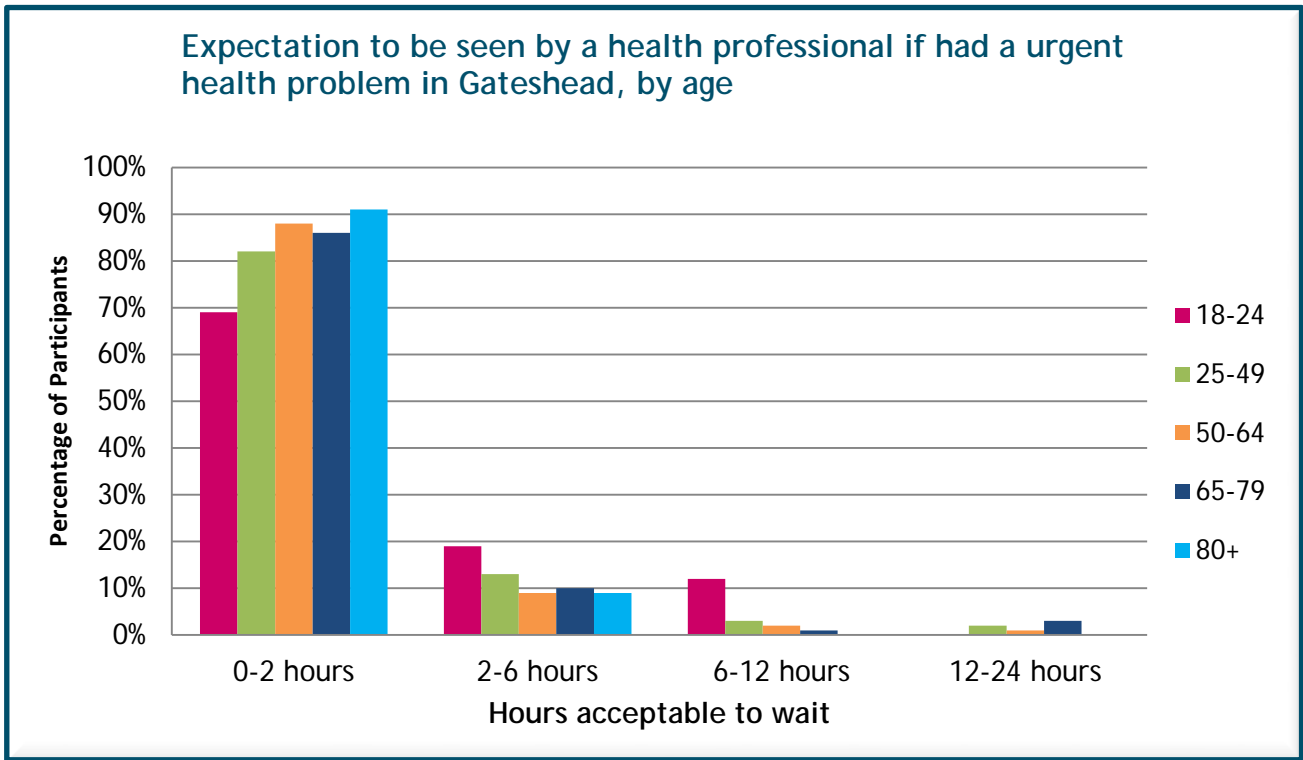


Figure 5

4.3 Findings by gender

The findings by gender (see figures 6 and 7) showed no significant difference between male and female expectations. The only noteworthy difference being that female respondents had the highest expectations for their young children while male respondents' highest expectations were for vulnerable relatives or friends.

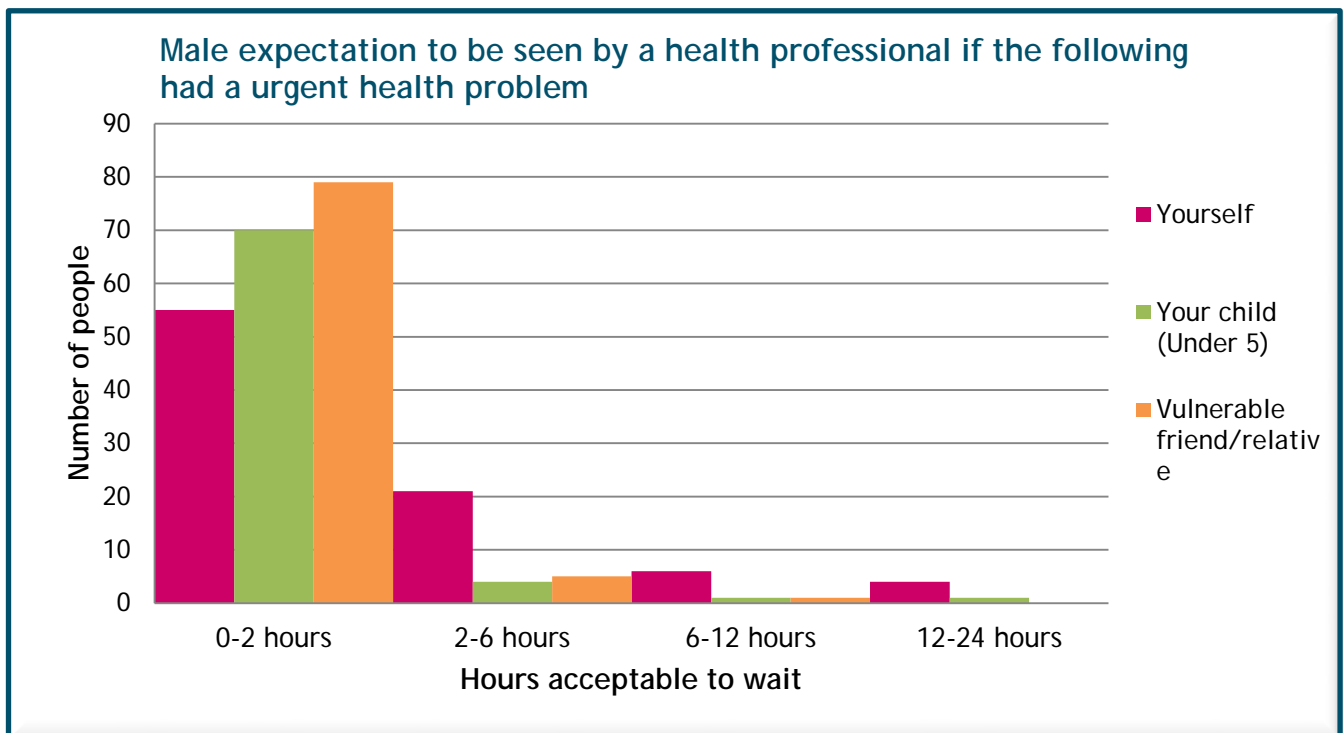


Figure 6

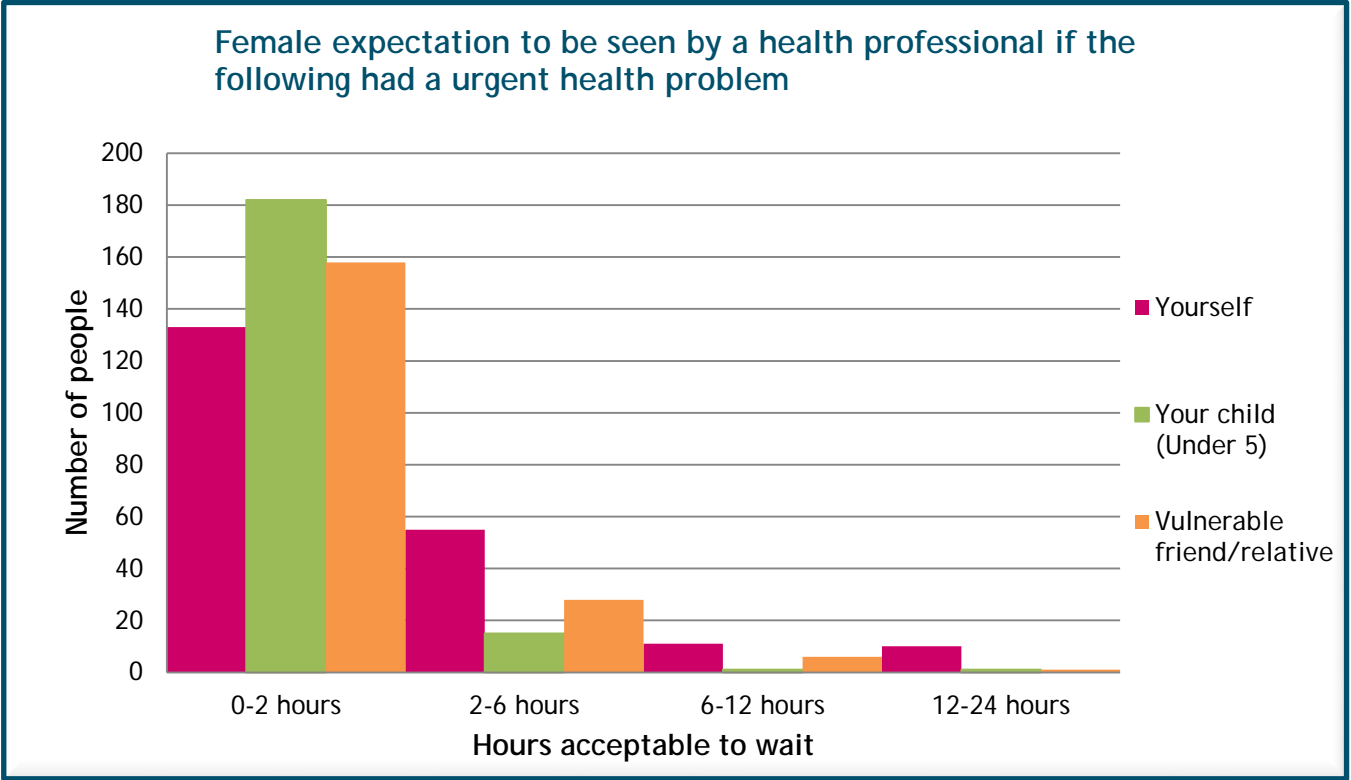


Figure 7

4.4 Finding by ethnicity

The findings by ethnicity (see figures 8 and 9) did not show any reliable patterns and were not consistent across Gateshead and Newcastle. Also, for most of the ethnicity categories the number of respondents was very small and as a consequence no meaningful conclusions can be drawn from these findings.

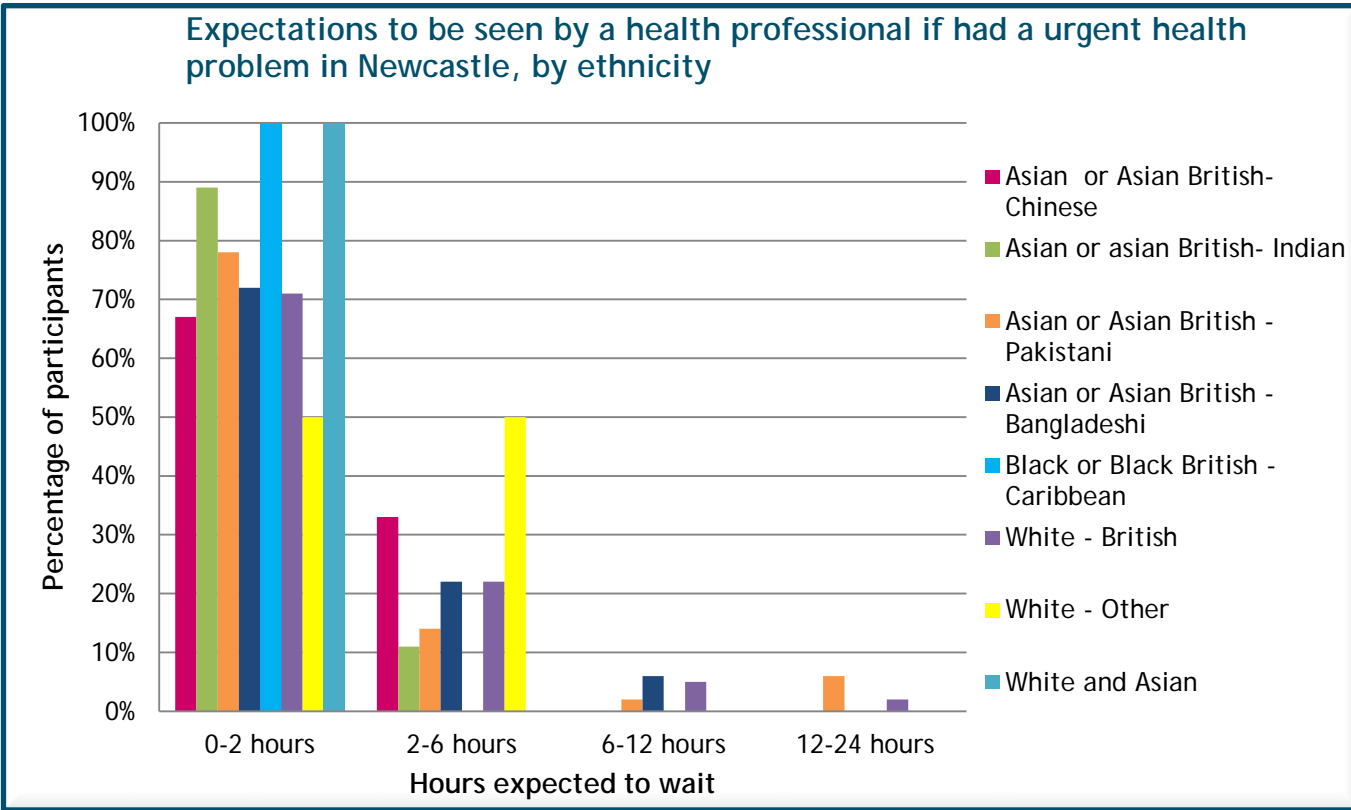


Figure 8

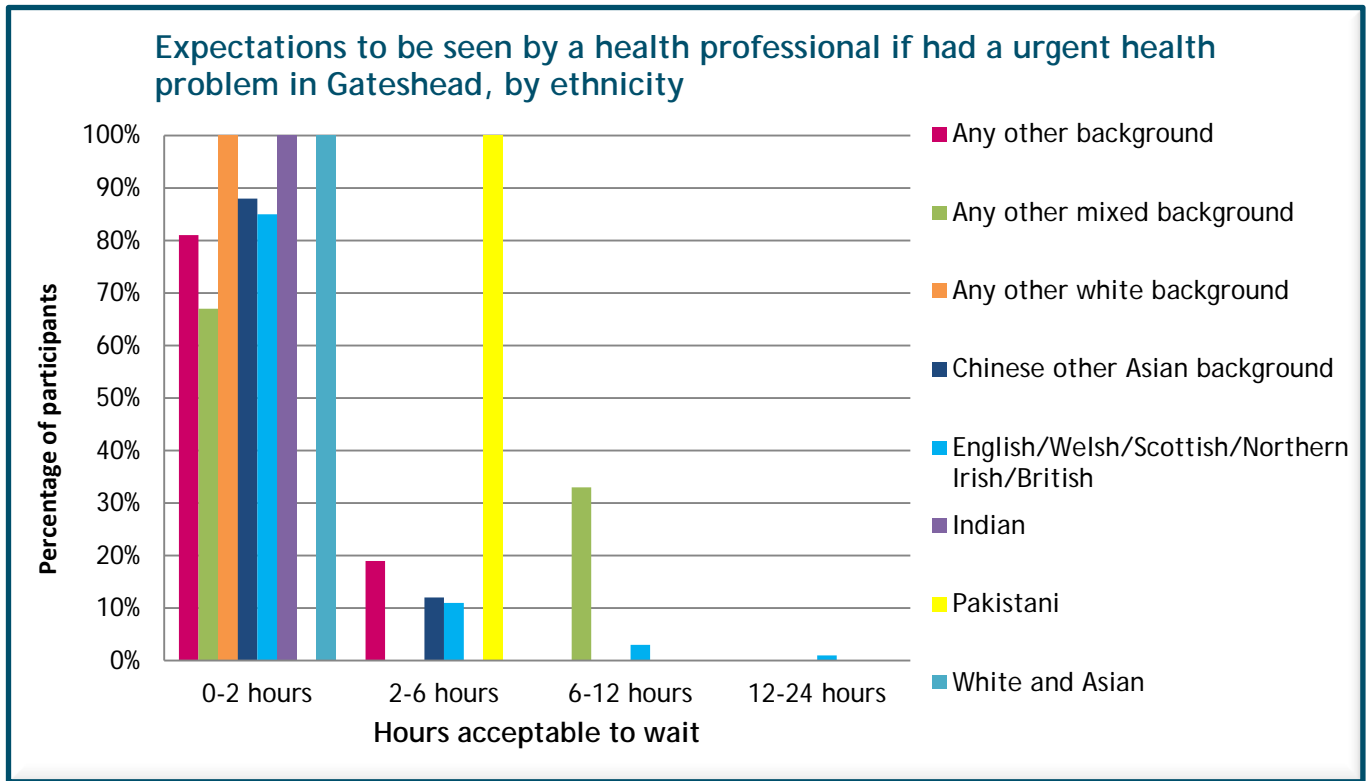


Figure 9

4.5 Finding by postcode

There were no discernible differences in the responses by postcode. We had thought that we might find different responses related to the different levels of affluence in particular postcode areas, or differences related to proximity to health services, however no such patterns emerged.

This may be because the sample sizes in most of the postcode areas was so small. The Newcastle Gateshead area covers 18 postcode areas and 306 people completed the survey. However, 55 respondents lived outside the area and a further 22 did not give their postcode reducing the number of eligible respondents to 229. If 229 is divided by the 18 postcode areas this comes to just under 13 respondents per postcode area, not large enough to find any discernible differences in the responses.

5. Summary of findings

The survey found that most people, most of the time, would expect to be seen by a health professional within two hours if they had an urgent health problem. If their young child or vulnerable relative or friend had an urgent health problem even more people expected to be seen within two hours. However, only minimal differences were found when we examined the data by age, gender, ethnicity and postcode. Where a difference emerged it was between the expectations of Gateshead residents when compared with Newcastle residents. In general, a higher percentage of Gateshead residents expected to be seen within two hours irrespective of whether they, their child or their vulnerable relative/friend had an urgent health problem. We also discovered, when completing the survey face to face, that there was confusion about what was considered to be an urgent health problem. Many people talked about serious conditions, which might be defined as emergencies. One participant commented

“You do not define ‘urgent care’. I took it to mean someone who had something as urgent as a stroke, and so opted for the shortest possible time. This issue of what is ‘urgent’ and ‘serious’ is already a problem for residents of North Tyneside, who have to decide whether to go to Rake Lane (easy access) or Cramlington A & E – difficult without a motor vehicle.”

6. Recommendations

In light of this information we recommend that:

1. The CCG uses this information to inform its review of urgent and emergency care pathways and give particular consideration to the differences that have emerged between expectations of Gateshead residents and Newcastle residents.
2. The local health community considers how it can clarify the meaning of the term urgent so that there is a common understanding between the public and service commissioners and providers.
3. The CCG continues to engage with the public on this issue, to deflect people away from emergency services, to educate the public on using the 111 service, and to promote choices, as outlined on the NHS Choices website at www.nhs.uk/NHSEngland/AboutNHSServices/Pages/NHSServices.aspx

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What does 'urgent' mean to you?

Please indicate with an X below how quickly you would expect to be seen by a health professional if:

4. You had an urgent health problem
5. Your young child (under 5) had a urgent health problem
6. Your vulnerable friend/relative had an urgent health problem

	0 – 2 hrs	2 – 6 hrs	6 – 12 hrs	12 – 24 hrs
Yourself				
Child				
Vulnerable relative				