



NHS South Sefton CCG

Review of urgent care services Summary engagement report 2019

Section 1:

Executive Summary

1.1 Background

NHS South Sefton Clinical Commissioning Group (SSCCG) began a review of its local urgent care services in December 2018 in order to improve the future provision of urgent care services. Urgent care services are those which people may need immediately or on the same day – such as GP services, NHS 111 and walk-in centres. This review covered general urgent care needs, as well as urgent care services for children and mental health. As elements of south Sefton urgent care services cover the north Mersey footprint, the review was undertaken in partnership with NHS Liverpool Clinical Commissioning Group (LCCG) and work has been undertaken collaboratively where possible.

The central ambition of the review is to provide the right care for patients in the right place, first time. The key objectives are to:

- Ensure that everyone has access to high quality urgent care services;
- Make it easier for people to access the right urgent care services;
- Reduce pressure on Accident and Emergency (A&E);
- Make the best use of our staff and financial resources; and
- Take new NHS guidance into account (e.g. urgent treatment centres).

An important element of the review is the engagement with residents and urgent care staff to capture their views and experiences of these services. This feedback, along with other insight gathered as part of the review, will be used to further develop the urgent care system and services across Liverpool and south Sefton.

This summary focuses on the most recent engagement exercise, which ran from 10 December 2018 to 31 January 2019, as well as insight from previous engagement with residents about these services. It includes a synopsis of the approach to engagement, as well as the key themes and issues for consideration.

1.2 Methodology

SSCCG's engagement exercise was designed to support the urgent care review and involved several elements:

- **Analysis of previous engagement exercises** – feedback from residents over recent years (since 2016) that falls under the umbrella of urgent care was reviewed and analysed;
- **Public and patient engagement** – a population-wide approach was taken, with a public survey made available online (and in other formats); this generated a total of 547 responses. Local groups and organisations were also invited to complete an 'organisational feedback form' on behalf of their stakeholders;

- **Staff engagement** – a staff survey was developed and promoted amongst all urgent care providers and their staff. 557 responses were received;
- **Working with partner CCGs** – as patients often use urgent care services outside of the area that they live, we worked with neighbouring CCGs to enable residents from the wider north Merseyside area to complete the public survey, notably those living in Southport and Formby and Liverpool areas.

In terms of identifying who to involve in the most recent engagement exercises, and to monitor who took part, the following was undertaken:

- An Equalities Impact Assessment to identify groups to engage with and any minority groups that may require specific consideration (e.g. homeless people, people with learning disabilities). The survey also included an Equality and Diversity monitoring form to capture respondents' profile;
- A stakeholder mapping exercise to determine who needed to be involved. From which, a list of local organisations and groups was identified, who were then invited to share their views in a number of different ways, including face-to-face at meetings and events;
- In developing the engagement plan and approach, advice and support were also sought from a number of expert bodies and individuals.

Public engagement promotion and activity included:

- Information shared on the SSCCG website and promotion of the review on social media;
- Engagement materials (such as leaflet and paper copies of the survey) were distributed to GP practices, Litherland Walk-in Centre, pharmacies and community venues;
- Healthwatch Sefton and local voluntary, community and faith organisations shared information about the review across their networks. SSCCG also hosted, alongside Healthwatch Sefton, an urgent care review event;
- Teams across the local NHS shared information with their patients during the engagement period and LCCG worked with volunteers at Aintree University Hospital to capture patient feedback;
- SSCCG's team attended 33 community meetings and events across Sefton, engaging with over 1000 people via a variety of qualitative¹ methods;
- Targeted engagement with minority groups and those who would not usually engage with the NHS at dedicated meetings and events;
- Representatives from local minority groups were invited to complete 'organisational feedback forms' on behalf of their stakeholders.

¹Please note that, where mentioned, quantitative data refers to numerical measures (i.e. numbers and percentages), whereas qualitative data are more descriptive measures that are in word (or narrative) form

As previously mentioned, a staff survey was hosted, in collaboration with LCCG, and promoted to all urgent care staff across Liverpool and south Sefton using various channels and networks (such as local hospital trusts, GP practices, mental health service providers and pharmacies). Both commissioning groups shared the survey on their internal intranet sites and in their GP and CCG staff bulletins.

The final numbers who engaged were small in relation to overall population size, which should be taken into account when interpreting the results presented.

1.3 Key findings

The key findings from all elements of the engagement presented in this report are discussed below. The key overall themes which emerged are discussed initially, followed by the service-specific findings from general urgent care, mental health care and care for children. Staff-specific summary findings are then summarised separately.

Awareness and usage of services

Responses to the public survey indicate that awareness and usage of GP practices, Litherland Walk-in Centre, Aintree University Hospital A&E and pharmacies was high amongst respondents. Those who indicated that they are carers of children were found to have the highest level of awareness of services. Awareness of certain services (i.e. NHS 111, GP Out-of-Hours and GP evening and weekend services) was lower amongst the older age groups.

In terms of services previously accessed for same-day care, the majority of public survey respondents had used their GP practice, walk-in centres and / or A&E. Again, NHS 111, GP Out-of-Hours and GP evening and weekend services were less frequently used, with carers of children being the most frequent users of certain services. A&E services were also most likely to have been accessed by this group.

With regard to where respondents stated they would access same-day care in the future, GP practices and walk-in centres were the most frequently stated services, with a combined total of 93% of respondents indicating one or both of these services. 43% of respondents stated that they would use NHS 111 for same-day care, with around one-third selecting care at A&E. As with levels of awareness, willingness to access care via GP Out-of-Hours and GP evening and weekend services was low.

In terms of demographic differences, men were found to be more likely to access A&E services than women; more female respondents stated that they would access care via their GP or pharmacy. Two-thirds of men indicated that they would seek care at a walk-in centre.

Reasons for care choices

Availability (73%) and speed and efficiency (59%) were the most commonly selected reasons for service choice in the public survey, as illustrated in Figure i on the page opposite.

While the survey didn't allow respondents to give reasons for each service choice they made, implied relationships between the two were drawn up. In most cases, respondents stated that care via their own GP practice was their preferred choice. Whilst responses showed

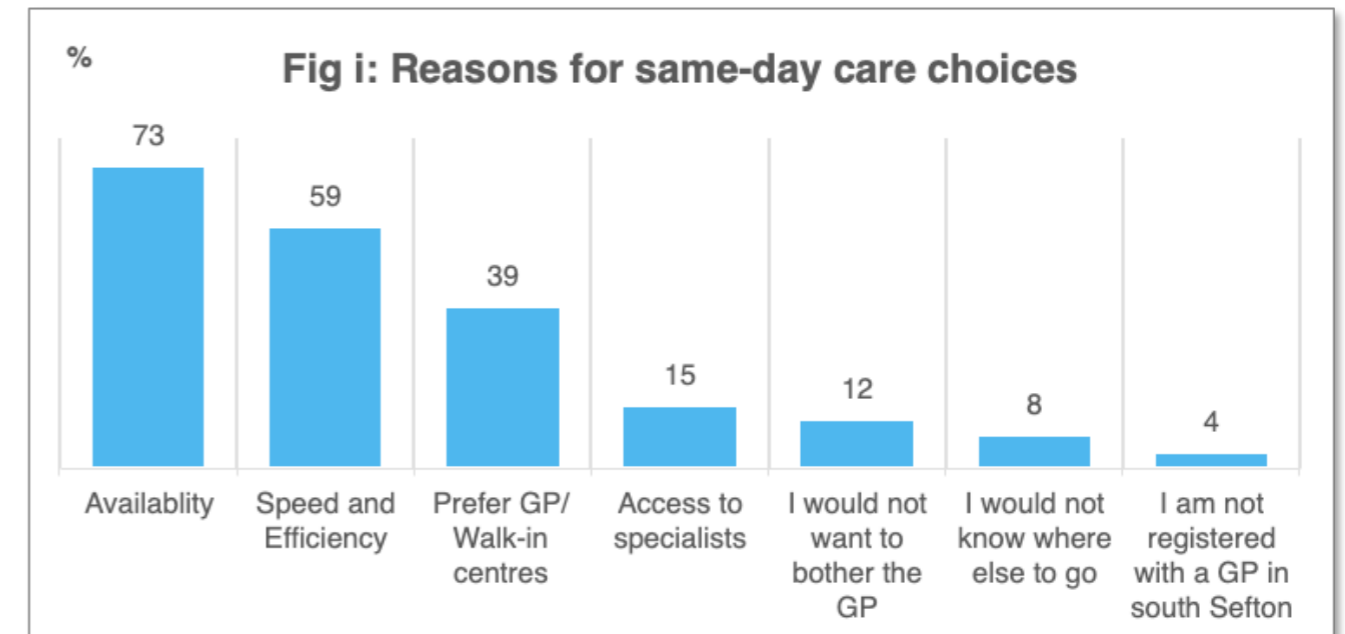


Fig i: Q4b: What are the reasons you would make those choices? (Coded under key reason themes)

that specialist care is less accessible at walk-in centres, respondents also stated that this service was chosen under the assumption that they wouldn't be able to access a GP appointment. A&E was also shown to be chosen for this reason, as well as for speed and efficiency and access to specialist care.

In terms of demographic differences regarding reasons for service choice, young people were least likely to select their GP practice for same-day care (and more likely to attend a walk-in centre). Those who indicated they had a long-term health condition were found to be more likely to prefer access at their GP practice, not a walk-in centre.

Qualitative responses to the public survey also gave insight into reasons for service choice. The most common responses given suggests that care choice for adults is dependent on:

- The time of day or circumstances;
- A preference for continuity of care (referring, namely, to GP services);
- Wanting to keep traffic away from A&E (although some did consider this the easier or default care choice);
- Not wanting to burden the NHS; and/or
- Needing to seek care elsewhere as a result of difficulty accessing GP appointments (leading to walk-in centres access) or walk-in centre services being limited.

Feedback from previous engagement exercises suggests that people are likely to choose the fastest route, rather than the correct one.

Experiences with the NHS 111 services referring inappropriately to A&E were also discussed, which respondents felt adds further pressure to the service. There were a number of suggestions as to reasons for care choice, namely seeking

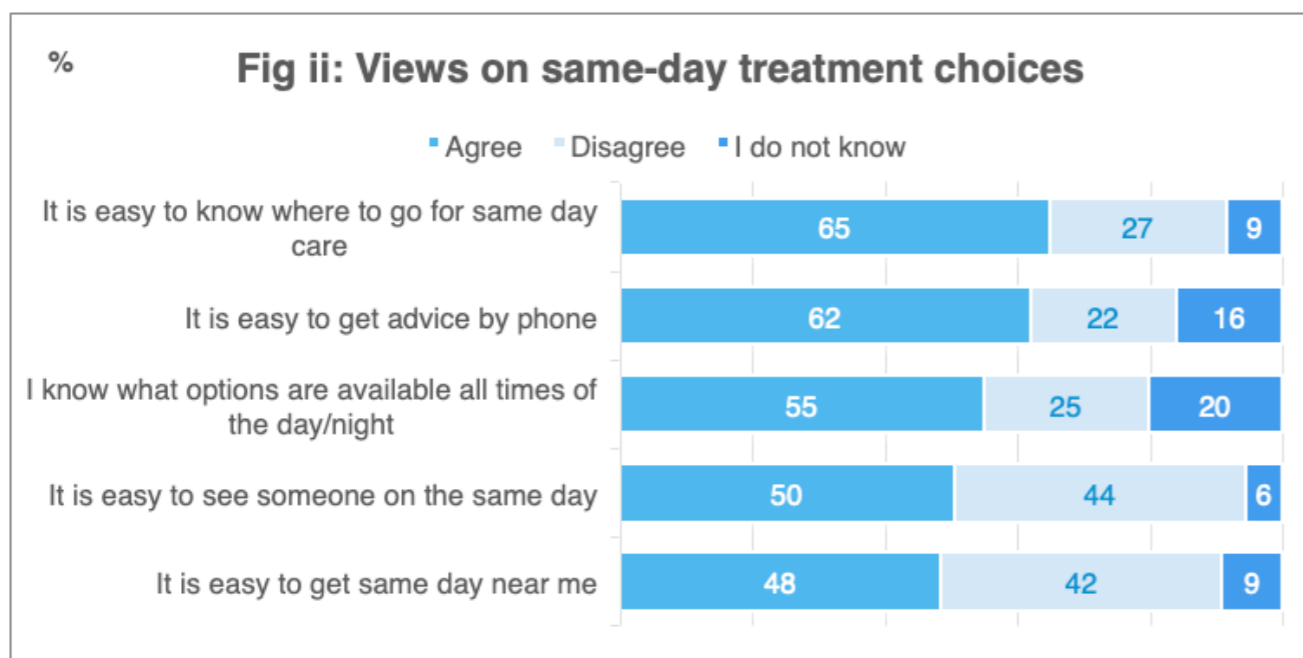


Fig ii: Q5: What do you think about the choices available for getting treatment on the same day? Please tell us how you feel about the following statements

GP care out of habit and accessing care at A&E / walk-in centres as a result of being unable to access a GP appointment. Some public survey respondents also called for quick and easy access to same-day care, as well as an alternative to A&E.

In terms of reasons for care choices for children, some survey respondents commented that access to specialists was appealing.

Respondents' perceptions of, and experience with, services

Responses to the question illustrated in Figure ii above suggests that a significant number of respondents do not consider access to same-day care easy.

As shown, almost half of respondents did not feel that it is currently easy to access care on the same day, or locally to them. Furthermore, over a quarter of respondents indicated a lack of awareness of the options available to them.

With regard to demographic differences, those who stated they were a carer of a child under 18 had better knowledge of service options than other groups, and both men and young people had negative perceptions of their ability to access care on the same day. This may go some way to explaining why these groups were more likely to state that they would use A&E for same-day care, as previously discussed.

Concerns regarding accessing services and experiences with long waiting times were discussed. Care and treatment received was, however, regarded positively in most of the comments received. Feedback regarding the range of services and available care choice was,

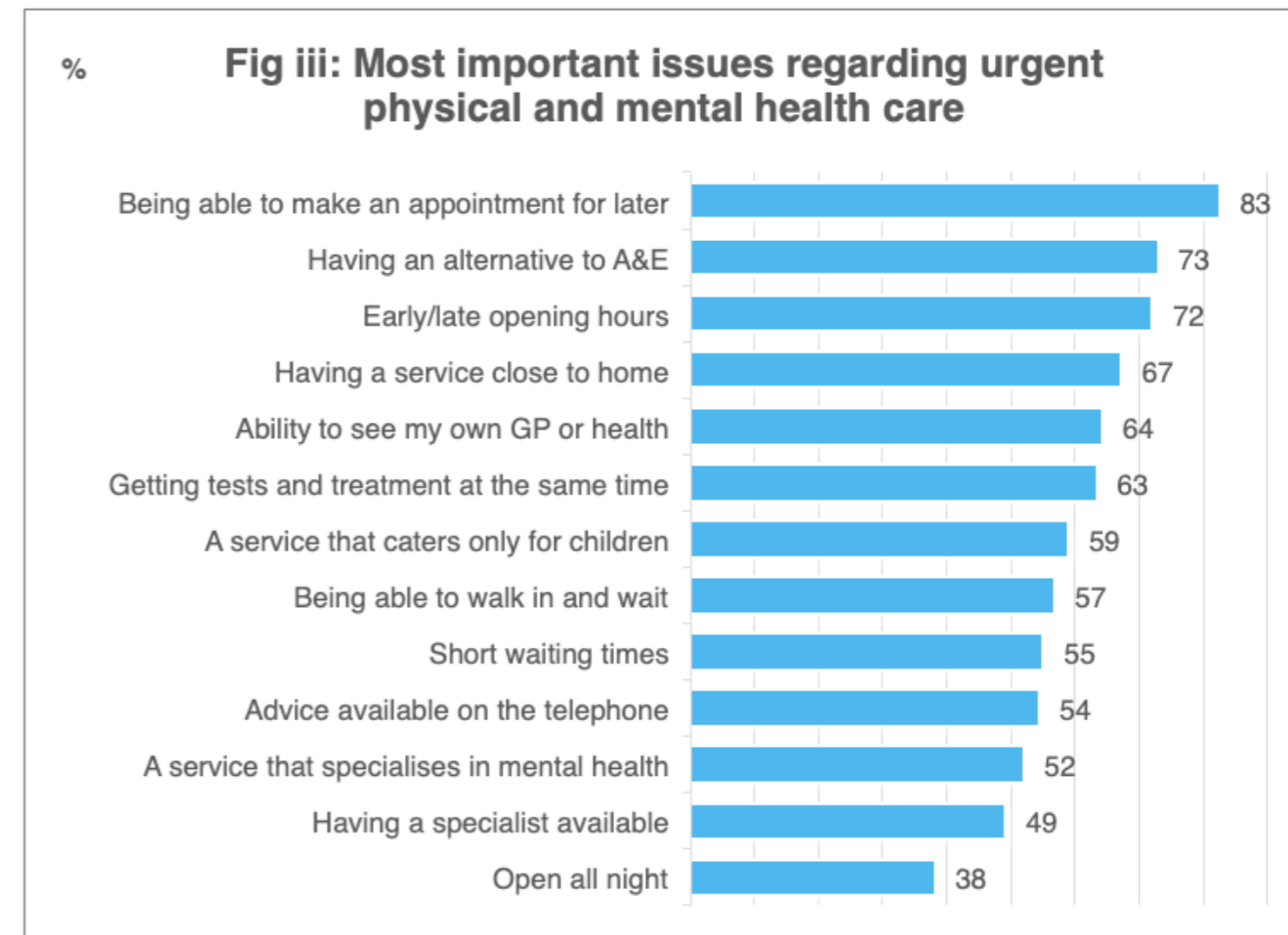


Figure iii: Q12: Thinking about your overall experience of urgent health services for physical and mental health, please tell us how important the following issues are to you: (Most Important only)

however, mixed. Some comments suggested that there are better services available in the LCCG area.

Priorities

Public survey respondents were also asked to indicate how important specific issues relating to the urgent care of physical and mental health were to them, as illustrated in Figure iii above.

As shown, being able to make an appointment for later that day/evening was the most frequently selected issue, followed by having

an alternative to A&E and early/late opening hours. Notably, waiting times were found to be less important by comparison to other factors of quick and easy access.

In terms of demographic differences, young people were much more likely to rate all issues as very/most important, when compared to the older age groups. Young people also put a notable emphasis on having access to a service that specialises in mental health.



In terms of qualitative responses regarding priorities from the public survey, responses emphasised being able to access care close to home, as well as not wanting to travel to services. Difficulty parking at urgent care services was also a common theme, especially in terms of disabled parking. Continuity of care, resources for minority groups and the elderly, as well as improvements to other services, were also commented on.

Staff survey respondents felt that staffing levels, training and people with protected characteristics should be considered when redesigning urgent care provision. A number of staff survey respondents felt that more GP home visits would improve urgent care provision for vulnerable individuals.

Confusion and the need for education

Whilst some comments suggested high levels of awareness, a number of other respondents expressed confusion regarding the choice of urgent care services available and where to go for help.

Some commented that their level of awareness was as a result of their experience with the various services. It was also acknowledged that confusion of what constitutes an emergency/life-

threatening situation can lead to overuse of A&E. Others felt that people access A&E as it is the easiest route and more accessible.

Participants felt that there is a lack of information regarding urgent care service choices, as well as in terms of which services are appropriate for different needs. It was felt that raising awareness would reduce the confusion experienced by some, as well as encouraging use of service such as NHS 111 and self-care, and that simplifying service choice was also needed to achieve this.

Minority group participants made consistent comments regarding the lack of staff knowledge regarding health conditions and services and called for education and training.

NHS resources

A concern for not wanting to burden the NHS unnecessarily, as well as a high regard for the NHS generally, was common. This concern was said to be a key driver when making urgent care choices. Respondents also acknowledged that the NHS is currently low on resources and expressed fear at its potential privatisation. More resources and funding were called for, particularly in terms of GP resources.

Other themes

Another common theme was the use of technology. Concern was expressed regarding the inappropriate use of technology for self-diagnosis, which it was felt results in further demand for urgent care appointments. The use of technology for self-care purposes was, however, considered more positively by participants. It was also suggested that promotion of self-care is needed.

1.3.2 Key findings by service

GP services

Care at their own GP practices was the most commonly accessed service by public survey respondents (36%). A statistically significant difference between the number of female respondents (78%) and male respondents (66%) who stated they would use their GP practice for same-day care was found.

Young people were the least likely to access care via their GP (66%). GP practices were found to be easy to access in terms of their location (62%), but staff helpfulness was reported as low (36% stated it was helpful) particularly in comparison to A&E departments. Those who participated in the event and minority group perceived staff more positively.

In terms of qualitative comments made regarding GP practices, some participants spoke of positive experiences (particularly those with good services available to them at their practice). Some event and minority group participants perceived the text service available to them positively and called for it to be introduced across GP practices.

Difficulty accessing GP appointments was discussed consistently. This was said to be a result of not being able to reach the practice by phone, as well as a perceived lack of appointments being available.

A number of participants also felt that GP receptionists act as gatekeepers to the service, which they felt exacerbates difficulties accessing appointments. Some also commented that GP receptionists can be rude. Limited opening hours and having to call at 8am for an

appointment were also thought to add to this, particularly for those who work. It was also suggested that some surgeries encourage their patients to queue outside for an appointment, which was felt is inappropriate, particularly for vulnerable groups. It was suggested by some that people are more likely to consider care at their GP if they could more easily access appointments.

The lack of GP appointments experienced was said to result in needing to access care via walk-in centres and/or A&E, as well as impacting on referrals to walk-in centres (sometimes by GPs). The continuity of care afforded by accessing care via a known GP was considered reassuring, which was said to be negatively impacted by being offered care by a locum doctor.

In terms of findings from minority groups, it was suggested that open waiting areas in GP practices were concerning as this was said to impact on patient confidentiality.

Physical accessibility was also thought to be an issue, as limited parking and a lack of ramps and automatic doors at GP practices were discussed. Concerns regarding the accessibility of electronic booking systems and the use of lights to call patients into their appointments were also shared, as it was felt that these are not suitable for those with physical and visual impairments.

Older participants in this engagement also shared that they have difficulty communicating with GPs who they feel treat them as a nuisance; those with learning difficulties also felt that they are often not spoken to directly. Experiences with feeling that GP staff being difficult to understand and not listening during consultations were also detailed in past



engagement, however staff were generally considered positively. Increased home visit availability was also called for.

Staff training in mental health and disabilities was suggested, as well as additional investment in GP services. It was suggested that utilising community services more would reduce pressure on GP services and that GPs should read patient notes properly during consultations.

Tools for self-care, video consultations, electronic patient notes and online booking systems were well received; however, the latter were felt to be prohibitive to certain user groups (e.g. the elderly and visually impaired).

In terms of mental health, difficulties accessing GP appointments were also frequently mentioned. Experiences of accessing mental health care at GP practices was mixed.

The availability of same-day GP appointments for the care of children was also said to require improvement.

GP Out-of-Hours services

As previously discussed, awareness and usage of the GP Out-of-Hours service by public survey respondents was low. Comments referring to the service were infrequent, and limited understanding as to what care is available out-of-hours was also expressed. It was also felt by some that the service is inaccessible in terms of its location at the Litherland Town Hall Surgery.

Whilst staff survey respondents called for improved access to GP appointments out-of-hours, it was felt by some that this service is successfully reducing pressure on other services (i.e. A&E and core GP services). Some also thought that out-of-hours should be provided by primary care.

GP evening and weekend services

Awareness and usage of the GP evening and weekend service by public survey participants was also low. Comments referring to the service were infrequent, and limited understanding was expressed by some. Those participants in the event and minority groups who indicated they

were aware of the GP evening and weekend service did consider it positively, but also called for improved publicity of the service.

In terms of the staff survey, comparatively low awareness of the extended hours GP service, particularly amongst hospital and Mersey Care staff, was demonstrated. Improved advertisement of this service was also called for.

Accident and Emergency services

One quarter of public survey respondents stated that they had used A&E services. Whilst young people were found most likely to have accessed care via Aintree University Hospital A&E (32%), they were also the group least likely to state they would seek care at any A&E for same-day care needs.

As previously noted, men were more likely to consider care at A&E than women, and those with children were far less likely. Whilst staff helpfulness at Aintree University Hospital A&E was reported as high by survey respondents (70%) long waits were also indicated (36%). Speed of treatment was not reported to be high (43%) but was similar to other services. These findings were similar for experiences at any A&E. As previously noted, availability and speed and efficiency were found to be key drivers of accessing care at A&E.

Long waiting times were frequently mentioned and lack of resources at A&E departments was also discussed. Some respondents spoke of positive experiences of the service, and others noted intentionally wanting to avoid care at A&E.

It was also acknowledged, however, that other services frequently refer into A&E unnecessarily, sometimes as a result of a lack of resources

within that service. It was also suggested that a lack of GP appointments leads to patients presenting at A&E; some stated that their GP had referred them there. Fear of an ailment being serious and confusion regarding service choice were also said to lead to care being accessed at A&E.

In terms of event and minority group findings, comments relating to A&E were limited. Some participants suggested that patients present at A&E as they know they will be seen, as well as perceiving that they will be able to access tests and treatment in one place. It was also suggested that A&E staff require training in dealing people with learning disabilities, as they were felt to currently lack the necessary skills.

Whilst some spoke positively of the service for mental health care, survey participants detailed long waiting times, poor treatment by staff and being turned away from the service. A&E was also thought to be inappropriate for accessing care for mental health as the environment can be very distressing.

Public survey respondents gave positive feedback regarding A&E at Alder Hey Hospital.

The 999 Ambulance Service

Public survey responses indicate that those aged 65-74 years (13%) were statistically more likely to state that they would use the 999 ambulance service for same-day care. Male respondents (10%) were also more likely to make the same choice. In terms of experiences with the service, staff helpfulness (73%) and receiving treatment quickly (64%) were rated highly.

In terms of accounts of experience, mixed feedback was received, with both positive and negative experiences discussed. The waste of ambulance resource in A&E as paramedics wait with patients in corridors was also mentioned. Some positive feedback was received regarding the 999 ambulance service for the care of children by public survey respondents.

Staff survey respondents believed improved mental health care options (so patients don't need to call 999 or go to A&E) and improved ambulatory pathways would improve urgent care and keep patients from A&E.

Themes from North West Ambulance staff were consistent with those illustrated later in this summary, with particular emphasis on staff retention, the joining up of services, improvement of IT systems (i.e. more computers) and better access to patient records in terms of improving their area of work.

Some staff also felt that paramedics should be trained to assess and treat.

Walk-in centres

Walk-in centre services were the second most commonly accessed service by public survey respondents (17%) and were found to be well accessed across respondent groups. Willingness to access the service was also high across respondent groups but was found to decrease with age. There was also a difference in the number of men (67%) who stated they would use the service compared to women (75%). Those with long-term health conditions were also more likely to state that they would prefer to access care via their GP.

In terms of experience, speed of treatment was low compared to other services (45%), whereas accessibility and staff helpfulness were relatively high. As previously noted, a key reason for accessing care at a walk-in centre was found to be not being able to access a GP appointment.

Long waits were reported, as well as experience with the service being busy. This was said to result in patients being referred to other services. It was also felt by some that walk-in centres are limited, namely in that they are not staffed by doctors. Litherland Walk-in Centre was also said to be difficult to access (in terms of location), with some detailing experiences with rude staff members.

Whilst some event and minority group participants spoke more positively about walk-in centres, a lack of staff understanding of learning difficulties was also mentioned and some felt that the service is limited in terms of their ability to refer out of the service. Limited opening times were also thought to be an issue. There was also a lack of understanding of what the service can offer, and some were concerned that the service inappropriately refers to A&E.

Comments were also made regarding the improvements needed to walk-in centre services. Survey participants called for expansion in terms of numbers, facilities, opening hours and diagnostics available (e.g. x-ray), as well as more resources generally. Event and minority group participants called for improved accessibility for those with additional needs.

Where mentioned, survey participants spoke positively of accessing mental health care via walk-in centres, although there were some suggestions that the service is limited in what it can offer for mental health treatment.

In terms of the staff survey, walk-in centres were the service most frequently thought to reduce A&E demand (38%). Qualitative responses were mixed, with some showing agreement to this and others considering limited diagnostic tools and long waits as increasing the number of A&E presentations in the city. Some staff survey respondents did comment that walk-in centres should be closed.

A number of respondents, however, considered the service essential, and stated that better diagnostic tools (e.g. x-ray, ECG) at walk-in centres would improve urgent care, as well as the addition of GPs to the service, full patient notes access, extended hours and more walk-in centres across the region. More children's walk-in centres for those unable to travel were also called for.

NHS 111

7% of public survey respondents stated that they had used NHS 111 for same-day care. Although awareness of the service was relatively high, only half of respondents stated that they would use the NHS 111. Willingness to access the service was also found to decline with age; as did awareness of the service. There was some evidence to suggest that 26-44 year olds and those with children were more likely to consider using the service, along with those with a long-term health condition or disability. Staff helpfulness was relatively high (56%) and was higher than for GP practices.

Qualitative feedback was mixed. Whilst some spoke of positive experiences with the service (such as helpful staff and an efficient service), other comments suggest that the process of accessing care via NHS 111 is long-winded, limited in what it can offer and based on algorithms. It was also suggested that NHS 111 is limited as it run by call handlers who are not medically qualified. There were calls for the



NHS 111 process to be simplified. Inappropriate referrals to other services, namely A&E and the 999 ambulance service, were also mentioned.

Awareness of the NHS 111 service was mixed amongst event and minority group participants, although some did feel that the service should be used more. It was also felt that the service is limited in its ability to treat those with complex needs. Past engagement participants said they lack clarity with regard to the purpose of NHS 111 (particularly young people). However, where feedback on experience was given, it was mostly positive.

Some survey comments suggest negative experiences with trying to access care for mental health issues via NHS 111. In terms of care for children, perceptions were mixed, with some discussing frequent referrals to A&E.

The NHS 111 service was thought by 22% of staff survey respondents to increase A&E demand. A further 37% felt it had little impact in reducing A&E demand. Wasteful protocols, unnecessary referrals (namely to A&E and the 999 ambulance service), lengthy phone calls and call handlers' lack of medical knowledge were discussed by many staff respondents and were believed to result in NHS 111 being a limited service.

Some staff also suggested terminating the NHS 111 service and redirecting funds elsewhere. It was thought that the issues detailed need addressing, particularly in terms of staffing by clinicians. Comments also suggested that patient education is needed in order to increase the use of the service. Some positive feedback was also received from staff but generally feedback regarding NHS 111 was more negative.



Pharmacy services

With regard to the public survey, female respondents and those who care for children were more likely to state that they would use pharmacy services for same-day care. 4% of respondents stated that they had used the service for a same-day medical need. Speed and efficiency, not wanting to bother their GP and knowing the service would be open at the time of need were key reasons for choice. Positive experiences were detailed, and some also commented that a key benefit of pharmacy services is that they are accessible. It was also suggested that those without a car find the service less accessible.

Pharmacy services were not discussed frequently in the event and minority group feedback; it was, however, suggested that their close proximity to GP practices is beneficial and willingness to access advice at the service was reported by some. Accessibility for wheelchair users was also thought to be an issue here and in the past engagement, as well as insufficient staff levels and limited opening hours. It was also suggested that there is a need for additional

private consultation rooms. Feedback regarding the Care at The Chemist¹ scheme was mixed, but it was suggested pharmacy schemes require further advertising.

Staff survey respondents commented that pharmacy services need to be enhanced and that better utilisation of community pharmacies would improve urgent care. Pharmacy staff commented that the gaps in knowledge between GP and pharmacies is problematic and that the 'transfer of care' requires improvement.

Mental health services

In terms of urgent care for mental health, same day GP appointments was the service the majority of respondents stated they would feel comfortable using (72%), followed by 24-hour dedicated phone lines (66%).

The Samaritans (17%) and the 999 ambulance service (17%) were the least frequently chosen services. Community Mental Health Teams, 24-hour safe drop-in centres, NHS 111 and A&E at Aintree University Hospital were also selected by a large number of respondents.

Respondents also indicated where they had previously accessed urgent mental health care; GP appointments on the same day (29%) and A&E at Aintree University Hospital (17%) were the most frequent answers given. As previously noted, young people were most likely to emphasise mental health in terms of priorities.

Perceptions of urgent mental health care, and being able to access that care, were poor. Comments suggest that services are difficult to access and involve long waiting times (particularly A&E), as well as long waiting times

for referrals (particularly Child and Adult Mental Health Services and counselling services) and have limited out-of-hours availability.

The long waiting times and lengthy referral times were said to have a negative impact on peoples' mental health (particularly, for some, whilst in crisis), with some stating that they sought treatment privately as a result of this difficulty. There were also perceptions that there is currently a lack of early intervention and proactive care for mental health.

It was suggested that more patient centred care is needed, particularly for those with carers. Continuity of care was also said to be key for mental health care.

More staff training in mental health was felt to be needed, as well as improvements in access to interpreters, the transition between child and adult services and for those who misuse alcohol.



¹ The Care at the Chemist scheme aims to support patients' same-day healthcare needs by providing free, fast and expert help advice on certain common or minor health problems at selected pharmacies across the south Sefton area. Please note that this service now operates in fewer pharmacies than before but is still available to those who need it most.

Confusion regarding service choice was also expressed, which was said by some to result in A&E presentations.

Community mental health teams were regarded positively by survey respondents, however, feedback regarding Child and Adult Mental Health Services and crisis teams was more mixed. Whilst some had positive experiences with counselling services once they had accessed the service, others commented that the services on offer aren't always appropriate (i.e. only online or group therapy being offered) or did not feel the care received was beneficial.

Positive comments were also made regarding a variety of other services used for mental health care (such as charity groups, peer support groups and Clock View Hospital).

Mental health related themes were also especially common amongst the data received from the staff survey. Responses to the staff survey indicated that an increased number

of community services are needed for mental health, as well as improved access to counselling services.

Many staff respondents discussed the current lack of resources in, and provision for, mental health services which, in their experience, result in patients experiencing long waits for referrals and being turned away from services.

A number also commented that they believe A&E is not appropriate for mental health care. It was felt that this requires urgent attention, with the following suggestions for improvement being the most common points raised:

- The need to prioritise mental health care and improve service provision (e.g. more specialist services) and the joining-up of services;
- The need for more investment in mental health services;
- The need for more preventative care; and
- The need for more community-based care options and an alternative to A&E.

Children's services

In terms of urgent care for children, A&E at Alder Hey Hospital (72%), same-day GP appointments (69%) and Litherland Walk-in Centre (63%) were the services most frequently cited by public survey respondents as those they would use for same-day care for children. A&E at Alder Hey Hospital was the most frequently selected of all the A&E options and could therefore be considered the default choice. The NHS 111 telephone service was also selected by a large number of respondents (57%).

Again, willingness to access GP evening and weekend and GP Out-of-Hours services was low. The most frequently used services for urgent care of children were A&E at Alder Hey Hospital (35%) and same-day GP appointments (24%). Whilst awareness of NHS 111 was high amongst carers of children, reported use of the service was low (9% for both the telephone and online services).

In terms of experience of services for children, staff helpfulness at A&E was reported as a positive by a significantly larger number of respondents (72%) than for GP practices (45%). Receiving quick treatment was also reported by significantly more respondents for A&E (64%) than GP practices (25%). Having a specialist available was also reported by a significantly larger number of respondents for A&E (36%) than GP practices (5%). However, GP practices were more frequently reported as being closer to home (75%) than A&E (21%).

In terms of staff responses relating to the urgent care of children, Alder Hey staff called for improved paediatric training for other staff (particularly for GPs) as they believed that this would aid in limiting referrals to the hospital.

A new paediatric GP career route was also suggested. It was also suggested that family confusion leads to a 'better safe than sorry' attitude to service choice. Walk-in centre staff called for the children-only service to continue. Sefton social care staff also felt that community paediatrician access and increased family support for those with learning disabilities (i.e. specialist training for parents and staff) is needed.

1.3.3 Key staff-specific themes

From staff survey respondents, the most frequently stated aspects for improvement across the system as a whole were developing more alternatives to hospital admissions (39%) and improved access to mental health specialists (33%). In terms of their own area of work, improvements to joined-up services (73%) was most frequently considered to be most important to improving urgent care.

The following themes emerged consistently across the data from the open-ended questions of the staff survey:

- IT systems require updating, expanding and standardising;
- Targets need to be reviewed;
- Staff retention, numbers, training and treatment are currently an issue for NHS staff and were felt to be impacting on staff's ability to care for patients;
- More resources and funding for services are needed;
- There is a lack of hospital beds;
- Duplication of services and unclear processes lead to patient confusion and are problematic for staff - a simplified, more easily navigable system is required;
- More alternatives to hospital admission (such as social prescribing) are needed;
- 24hour urgent care provision and longer referral hours would improve care;
- There is too much pressure on A&E - inappropriate A&E presentations need to be managed / an alternative to A&E is needed;



- All stakeholders should be involved in service design, which should be fully researched prior to its inception;
- Better care of elderly people (more specialist hospitals and staff) was also called for.

Staff survey respondents also called for better joined up services (as well as improved communication between services) and improved access to patient notes across the system.

For further information of the themes discussed in the summary, please refer to the full report which contains extensive analysis of all qualitative and quantitative responses.



On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.



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