

Staffordshire People's Panel Urgent Care Survey

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Research Report

January 2021



StepBeyond 

2021 Urgent Care Survey

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Research Objectives

Focus on Urgent Care

- Gauge usage of Staffordshire and Stoke-on-Trent's Urgent Care Services during the pandemic period
- Gain opinions of the quality of service received
- Introduce NHS 111 to residents and:
 - Determine existing awareness and usage
 - Identify the existence and nature of any concerns/barriers
 - Gauge future usage intentions
 - Identify motivations and barriers

Research Method

Online survey emailed to all 823 current members of the Staffordshire People's Panel

Emailed out invite:	823
Bounced back:	14
Unsubscribed:	10
Opened the survey but did not complete:	24
Completes:	176 (21% response rate)

Fieldwork dates: 26 – 31 January 2021

Two reminders sent to all who didn't respond to previous mailing.

Responses:

Initial Mail Out:	100
1 st Reminder:	35
2 nd Reminder:	41

NB: due to COVID-19 pandemic, it's been impossible to communicate and interact with members of the Panel post-recruitment – hence engagement has plummeted.

Plans are in place to try to address this and to also recruit new members.

Weighting

A rim weighting system has been applied which weights the survey data profile for age, in order to correct deviations in terms of the sample profile. Rim-weighting uses a mathematical algorithm to balance variables (age in this case) to pre-determined totals (the known age profile of the area). It weights the specified characteristics and disturbs each variable as little as possible. In this survey the range of weights applied was between 0.828-2.933.

Demographic Profiles

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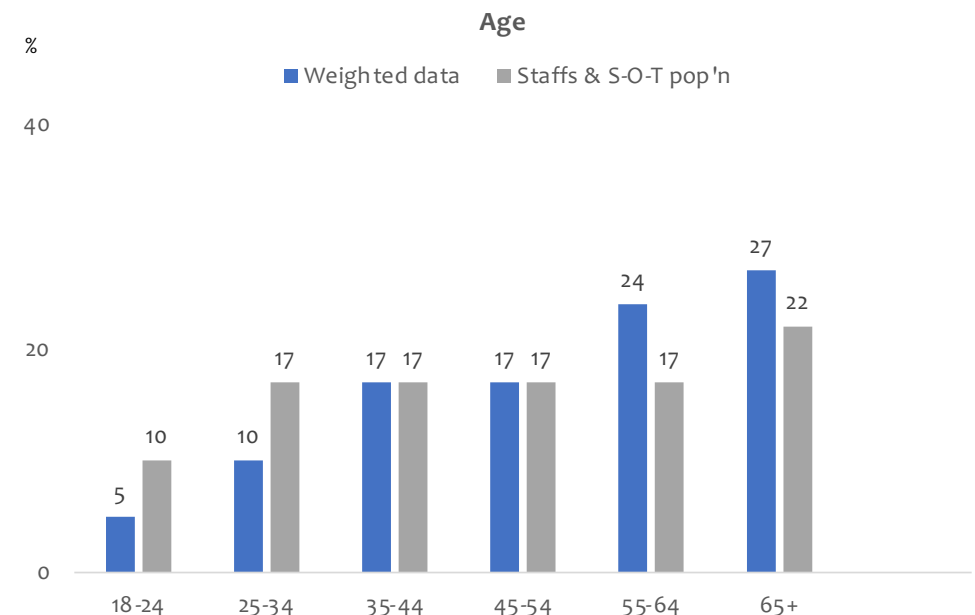
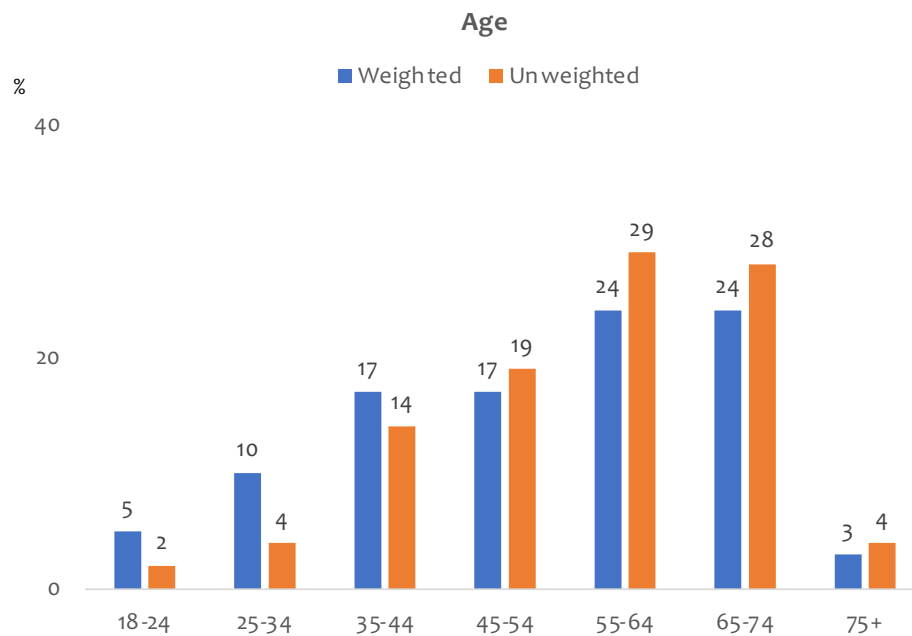


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Age group

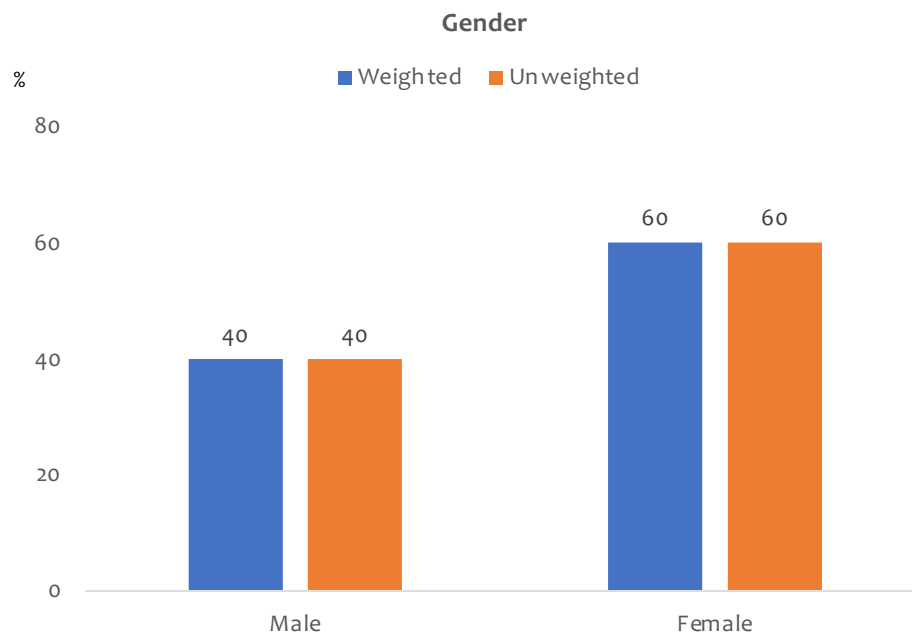
- The raw sample was skewed towards mid-older age groups
- And so has been weighted to make it more (but not completely) representative

- Making it completely representative would have made the data unreliable, as there were few respondents aged under 35

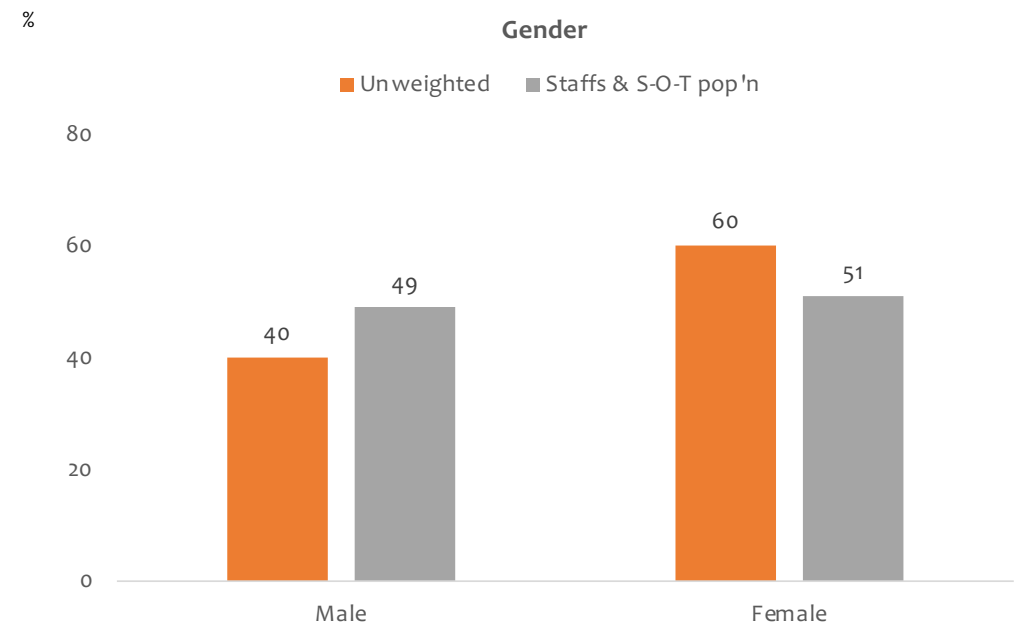


Gender

- We didn't weight the data by gender because it would have introduced too many inconsistencies into the data.
- And so there is no difference between the weighted and unweighted samples in terms of gender, with 40% being male

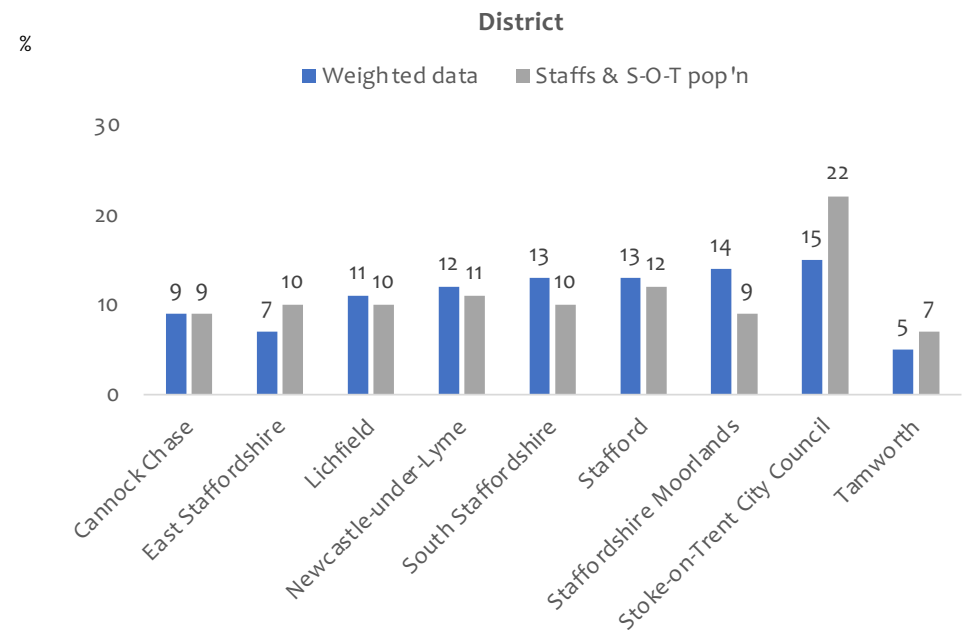
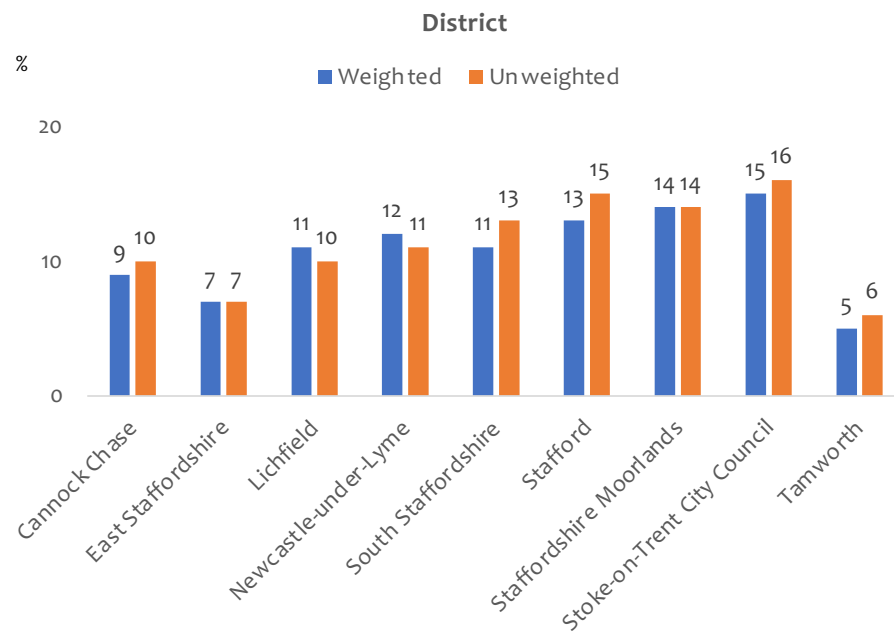


- This is in line with the composition of the People's Panel, but under-represents the % of males in the total Staffordshire and Stoke-on-Trent population



District Council area

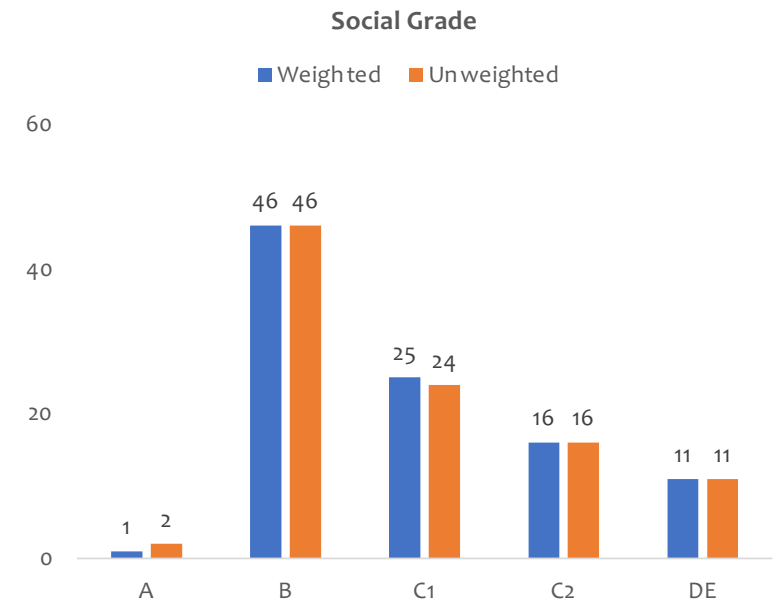
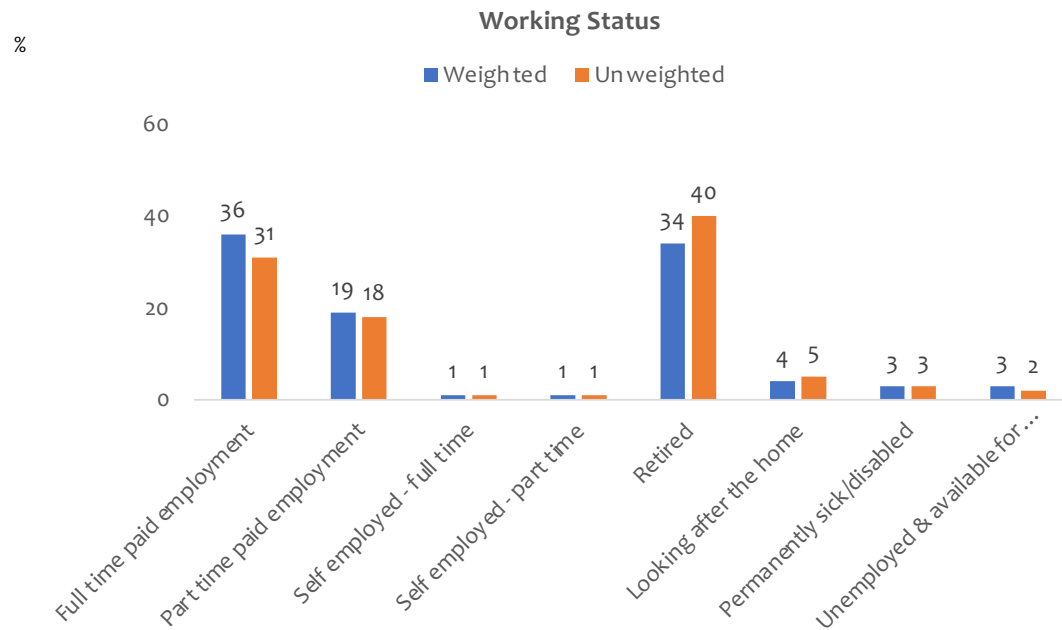
- The weighting of age group resulted in no changes to the sample distribution across district council areas
- Which is in line with the actual population distribution
- Other than Stoke-on-Trent being slightly under-represented and Staffordshire Moorlands being slightly over-represented



Working status

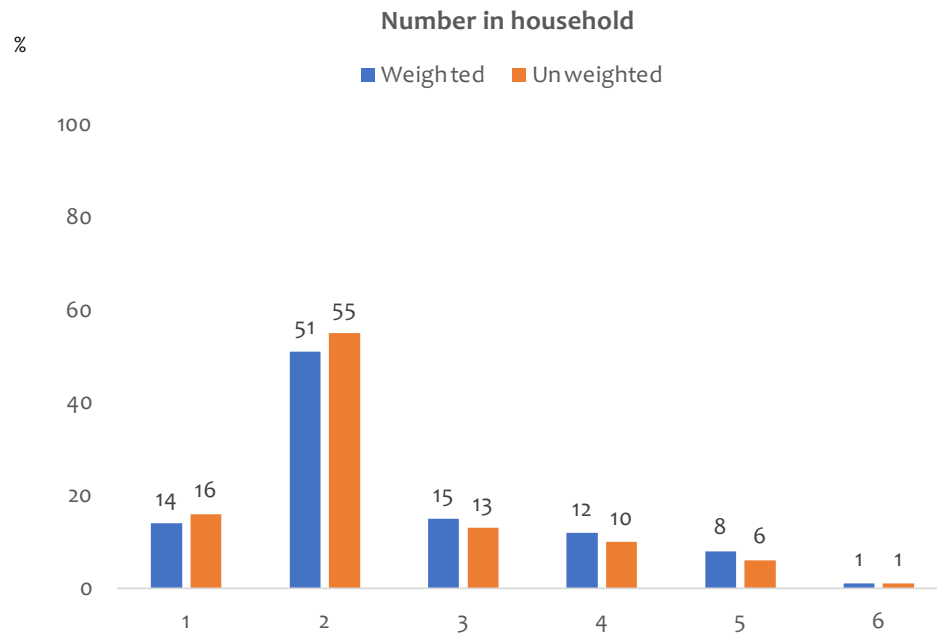
- Over half the sample were in paid employment – a third full-time
- With one-in-three (of the weighted sample) being retired

- The Panel, and this sample, are definitely skewed towards the higher social grades

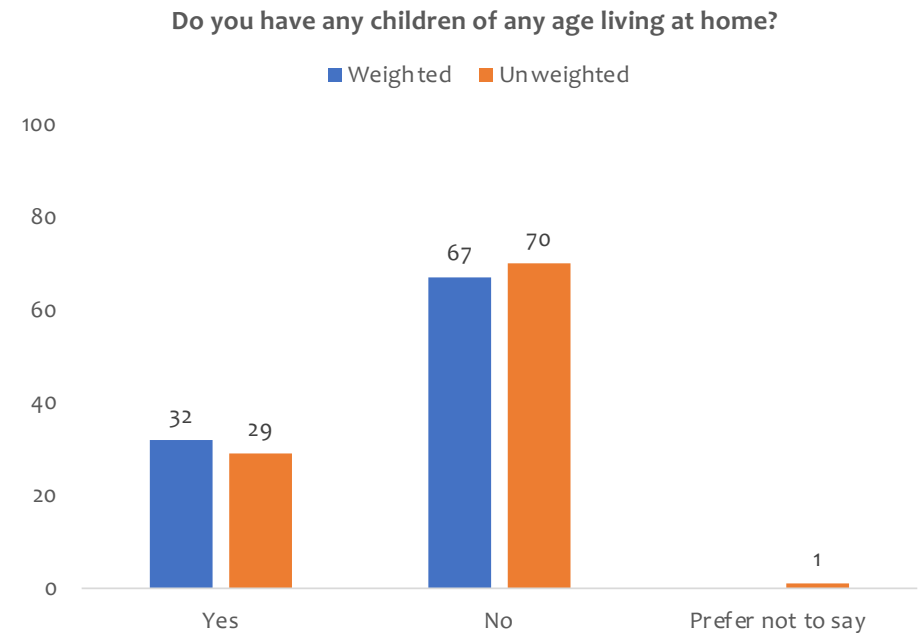


Number in household

- But both weighted and unweighted samples are representative in terms of household size



- And one-in-three (of the weighted sample) have children living at home



Detailed Findings

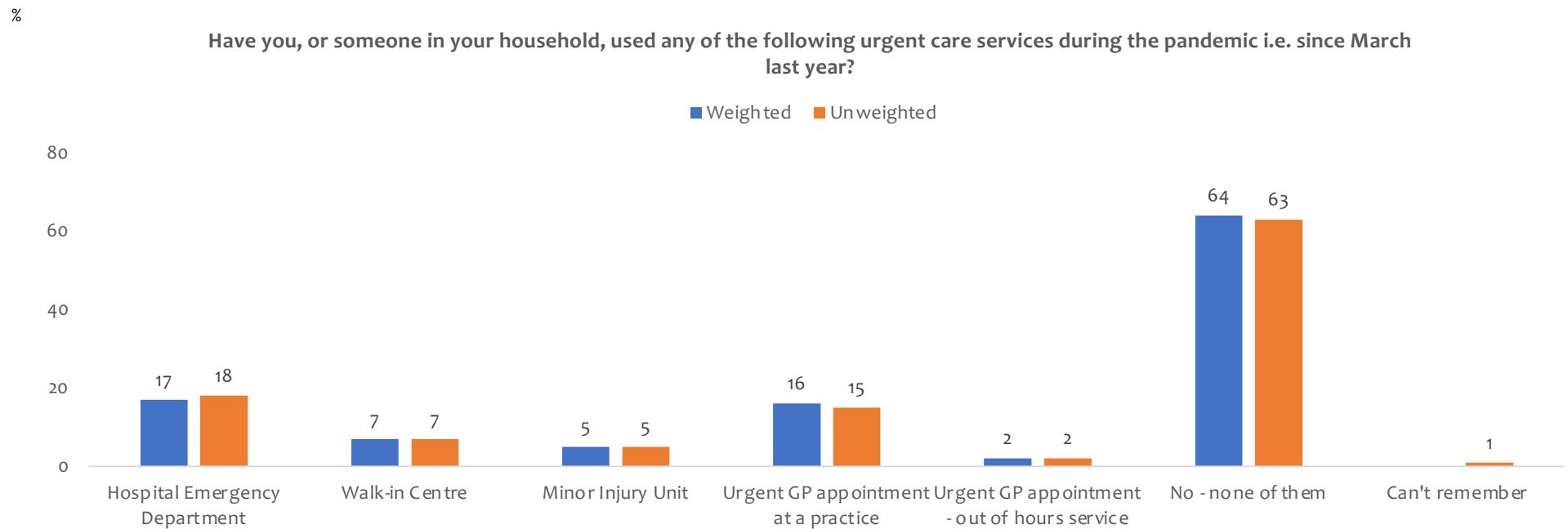
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Use of urgent care services

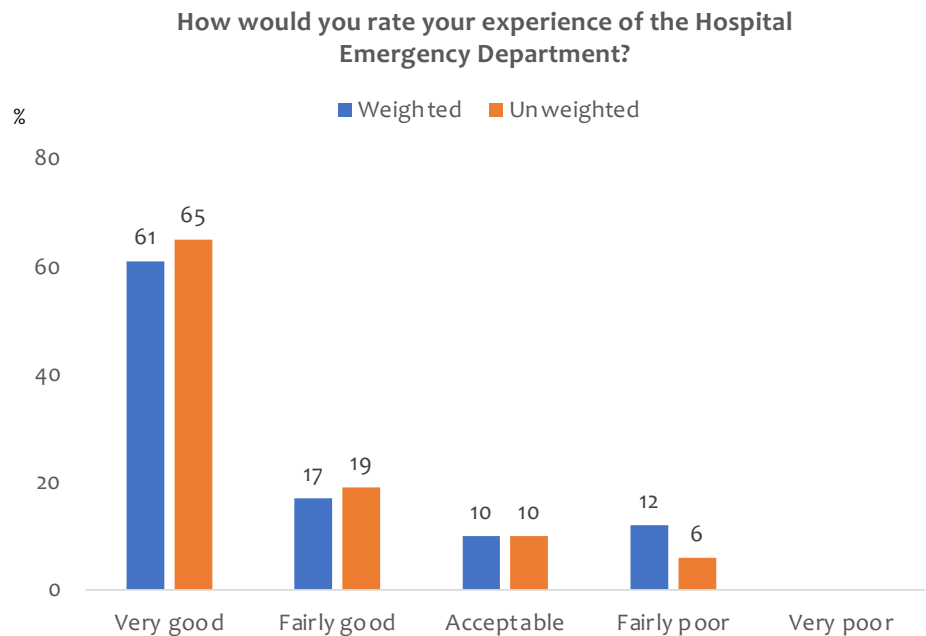
- Just over a third of respondents said they (or someone in their household) had used some form of urgent care service since the pandemic started.
- This was most likely to be A&E or an urgent GP appointment – both having been used by almost one-in-five people



Base: Total sample (176)

Experience of Hospital Accident & Emergency Department

- Two-thirds of people who'd used their Hospital A&E Department rated the experience as 'very good'
- Almost all the remainder said it was 'fairly good' or 'acceptable'



Base: All who've used A&E in the past year.

REASONS FOR GOOD RATINGS

Able to be seen within a reasonable time and medically sorted out

Very quick, very well organized

I was given my own room and people stayed 2 metres apart, it was clearly marked and I felt safe.

Very quick and constantly informed.

Staff really lovely but communication was poor

I received brilliant care and was very well looked after by ALL staff.

REASONS FOR POOR RATINGS

Long waiting times

Poor update of information on the patient. Departments did not seem to talk to each other

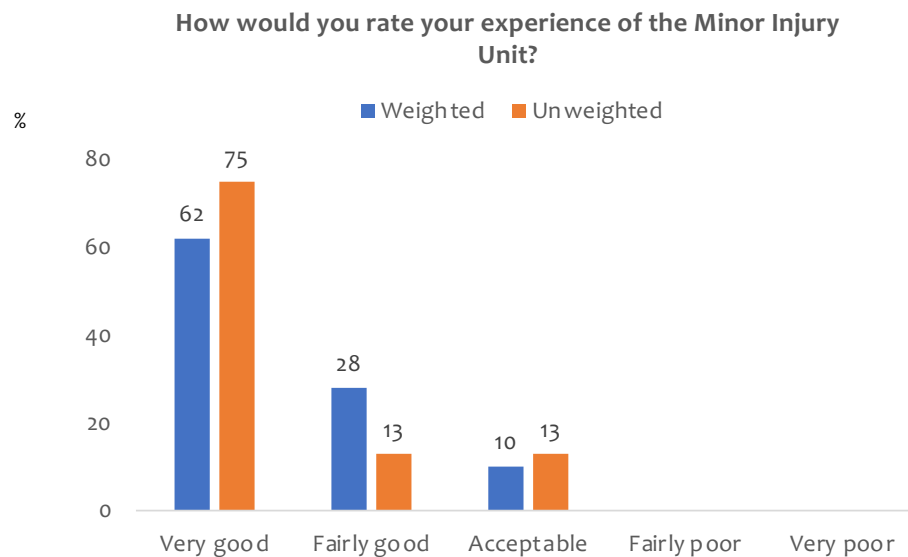
It was busy so it took 3 hours to be seen. My son was given some drugs that was all they did.

My husband spent two hours in A&E without anyone speaking to him or advising of any delay.

Weighted: 30
Unweighted: 31

Experience of Minor Injury Units

- People's experiences of Minor Injury Units were also generally very good.



Base: All who've used Minor Injury Unit in the past year.

Weighted: 9
Unweighted: 8

REASONS FOR GOOD RATINGS

Dealt with promptly and in a friendly way. Ironically much better because they were much less busy

Seen speedily, examined thoroughly, and recommended treatment and further action.

Chase hospital, superb in all areas. Covid awareness superb

Eye department- swift appointment very reassuring with Covid regulations

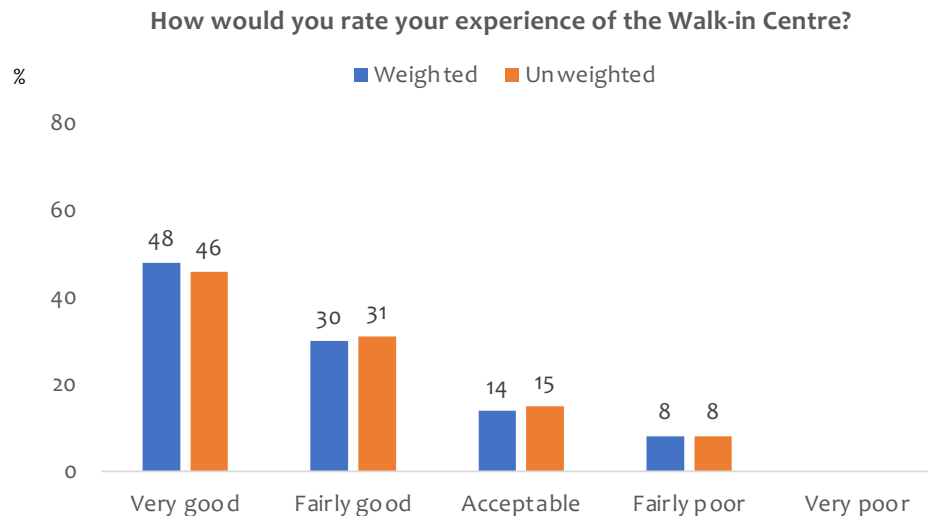
Good service, seen quick and sorted problem

REASONS FOR POOR RATINGS

The administration was farcical but I don't expect anything else from North Staffs.

Experience of Walk-in Centres

- Walk-in centres received fewer ‘top box’ ratings – although sample size is very small
- The verbatim responses give little indication of why this is – perhaps less emotive support? And/or because the centres sometimes have to refer on?



Base: All who've used Walk-in Centre in the past year.

Weighted: 11
Unweighted: 13

REASONS FOR GOOD RATINGS

We went early and got through in no time, pleasant staff efficient

Attending due to needing a COVID test for work, was clean and staff were good.

Appointment v close to time planned. Blood test

Seen promptly. Courteously treated

Quick, efficient and courteous

After entering I was seen to within 30 minutes.

REASONS FOR POOR RATINGS

Referred on to A & E

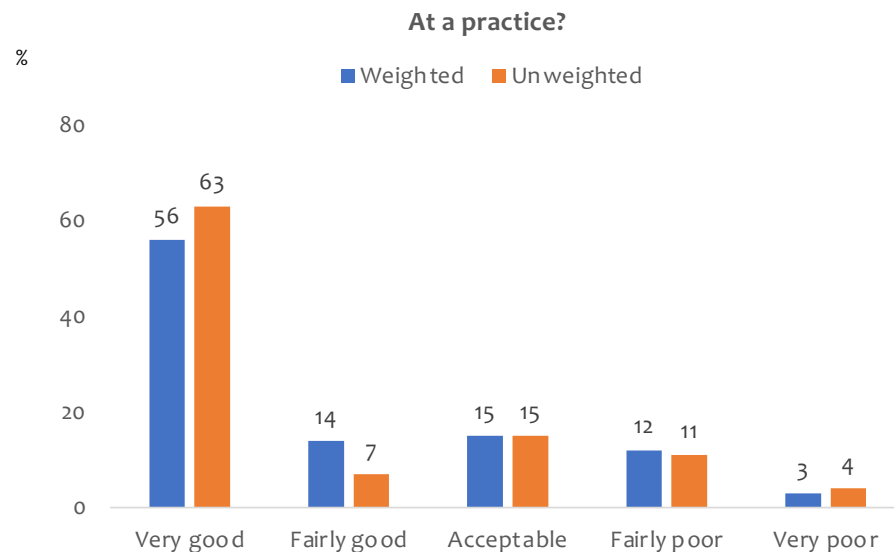
Incorrect diagnosis which resulted in hospitalisation

Waited 2 hrs there. They needed me to go to A&E. I refused to go and wait there for a further 6/7hrs

Appointment was quite extended time-wise and had to go back to a GP for medical prescription anyway.

Experience of Urgent GP appointments

- Experiences of urgent GP appointments in a practice were generally quite positive
- Issues often seem linked to pandemic and reduced f2f consultations



Base: All who've used Urgent GP appt. (in practice) in the past year.

Weighted: 27
Unweighted: 27

REASONS FOR GOOD RATINGS

Dealt with very quickly, very kind people and very helpful

Spoke to Dr very quickly and following phone call an appointment was made the next day.

Able to use video conferencing, knowledgeable GP

Little delay in callback from GP and exact diagnosis with prescription emailed to pharmacy immediate

GP saw my son very quickly and took a lot of time & trouble to examine him & request urgent scan.

REASONS FOR POOR RATINGS

GP didn't give us a fixed time to attend, so ended up having to wait outside for 30mins with a child

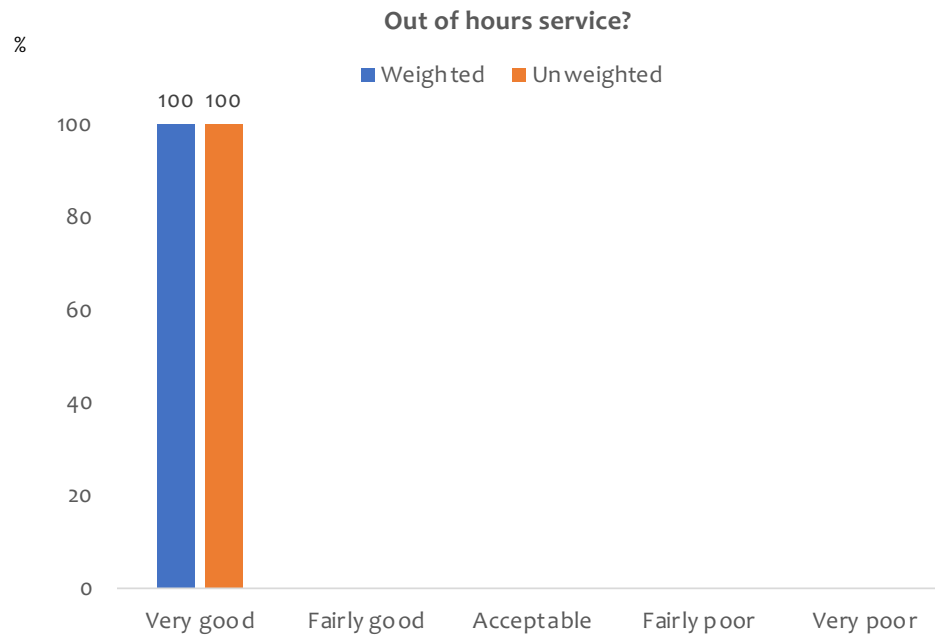
Over the phone consultation and didn't feel listened to.

The doctor was off-hand and seemed to want me out of his office as soon as possible

GP did not ring back as promised by the GP receptionist

Experience of Urgent GP appointments – Out of hours service

- Whereas out of hours appointments were rated as 10:10
- But on a tiny base!



REASONS FOR GOOD RATINGS

They diagnosed problem and arranged urgent transfer to hospital

Very friendly and thorough - good advice received

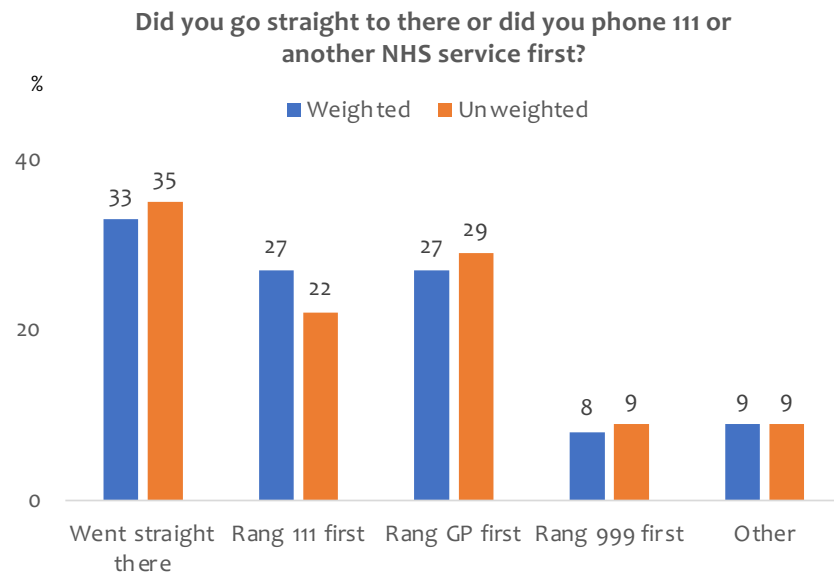
Clear and quick with all advice

Base: All who've used Urgent GP appt (out of hours) in the past year.

Weighted: 4
Unweighted: 4

Whether rang 111 or another NHS service first

- One-in-three people said they'd gone straight to their urgent care service
- But almost the same number (weighted) rang 111 first. Base sizes are small but younger people seem **much** more likely to do so (55% of <45s vs. 7% of >65s)
- Some suggestion (but **not** statistically significant) that people are most likely to go straight to A&E and Walk-In Centres.
- And to call 111 before going to (being sent to?) Minor Injury Units



Base: All who've used an urgent care service in the past year

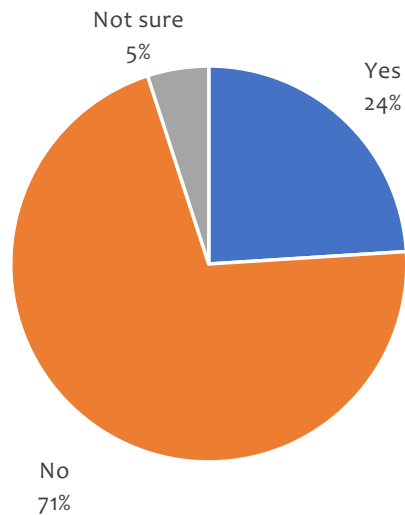
Weighted: 63
Unweighted: 65

	Hospital A&E %	Walk-in Centre %	Minor Injury Unit %	GP In Practice %	GP Out of Hours %
Went straight there	39	45	23	21	
Rang 111 first	33	22	48	29	71
Rang GP first	14	23	10	41	29
Rang 999 first	17			6	
Other	4	10	29	7	21
Weighted Base:	(30)	(11)	(9)	(27)	(4)

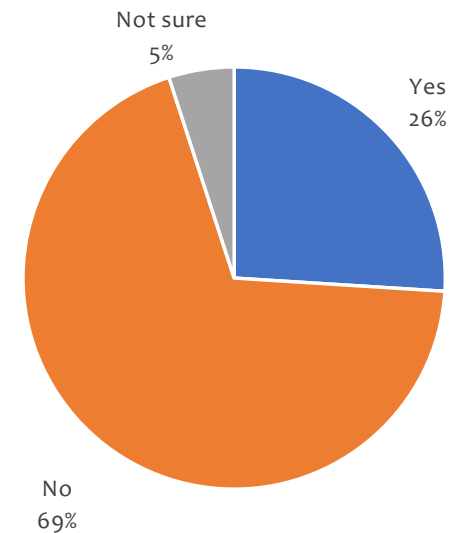
Awareness of time slots being offered by NHS 111

- Existing prompted awareness of NHS 111 (including those who've already used it) currently stands at around one-in-four people

Have you heard about these timeslots being offered by
NHS 111?
Weighted

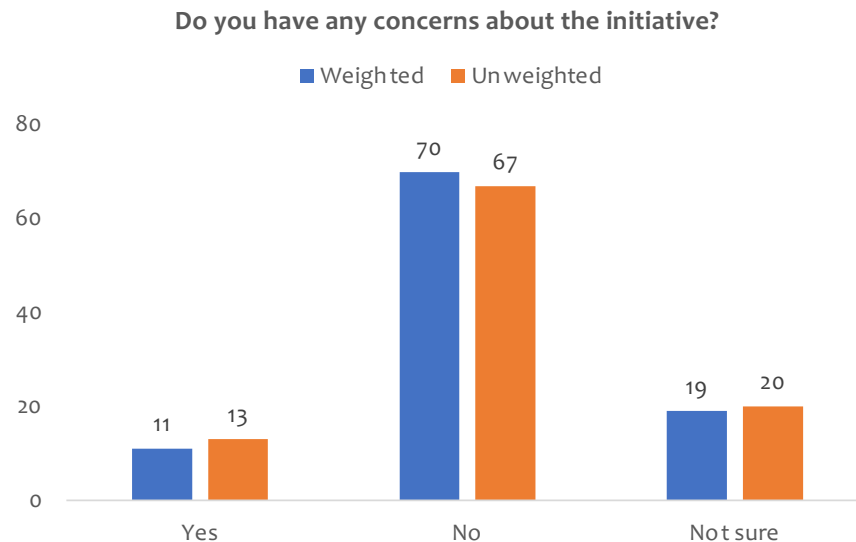


Have you heard about these timeslots being offered by
NHS 111?
Unweighted



Concerns about NHS 111

- One-in-ten people say they have specific concerns about the NHS 111 initiative and another one-in-five aren't sure
- The majority however don't have any concerns
- Concerns generally focused upon the expertise of the call handling team...



Base: Total sample

WHAT ARE YOUR CONCERNS?

Will there be a queue to speak to NHS 111 - will the quality of assessment be good enough for all those disciplines.

In all my years using 111 professionally they send someone to A&E and A&E make you feel like you didn't need to go.

I fear that staff operating such a service will not be trained up to a standard that is required

If it's urgent but not immediately obvious that it's life threatening such as very high blood pressure.

Is this the end of Primary Care as Nye Bevin established it?

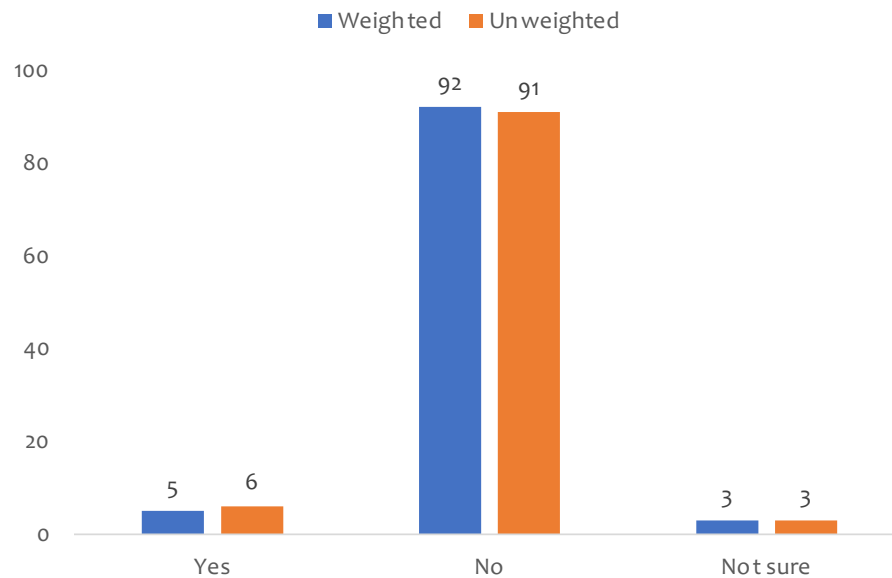


Staff not fully trained. Could delay essential surgery

Whether already been given a timeslot by NHS 111

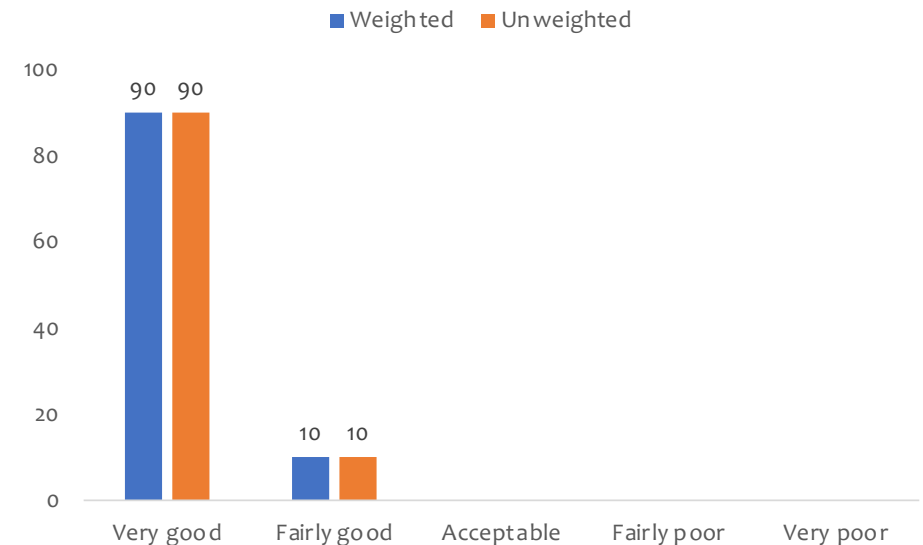
- The survey suggests that 5% of the Staffordshire and Stoke-on-Trent population have already been given a timeslot by NHS 111
- People's experiences of NHS 111 have been excellent so far
- Albeit on a very small base

Have you already been given a timeslot by NHS 111?



Base: Total sample (176)

How would you rate your experience of being given a timeslot by NHS 111?



Base: All who've already been given a timeslot by NHS 111:
Weighted: 9
Unweighted: 10

Experience of NHS 111 to date



“

They were very professional and gave clear advice. Constantly informed.

It prevents panic & unsure, knowing help is coming via telephone at least

After I explained the problem I was given a time slot which was very acceptable to me

Despite pressure of calls I felt that care was shown and I felt that I was not considered a time waster

Very efficient, swift and saved waiting around when feeling ill

Basically walked straight into the appointment

We were dealt with straight away it was very good

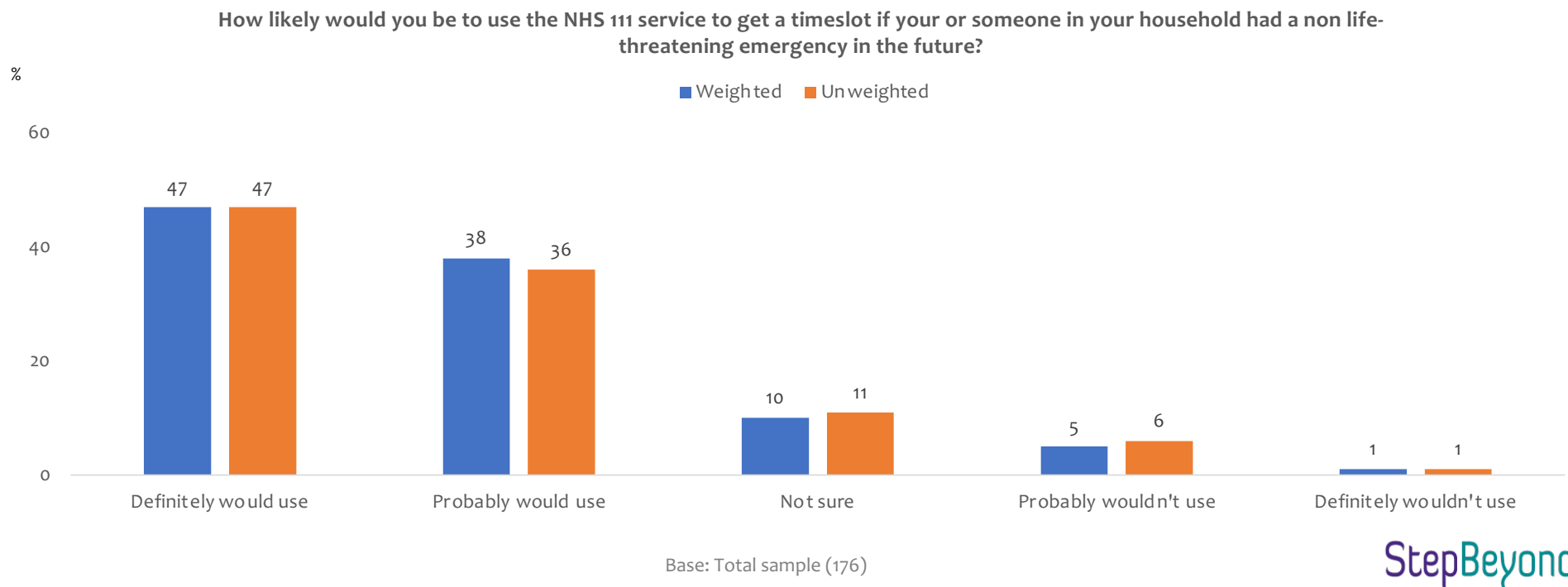
111 operator very good and health professional gave useful advice

”



Likelihood to use NHS 111

- The great majority say they'll use NHS 111 if they, or someone in their household, need urgent care in the future – and one-in-two said they'd 'definitely' use it
- There were no significant demographic differences on this measure.



Motivations to use NHS 111

- Those who said they'd use NHS 111 were primarily motivated by the reduced (generally stressful) waiting time, and also by a desire to help the NHS – feeling that the initiative 'makes sense'
- Some comments suggest though that it has currently has particular resonance due to Covid – and people will need reminders in the future

“

Less stressful if you could remain at home rather than sitting in a waiting room.

It will cut down waiting time and sounds like it will weed out time wasters

A&E is already overstretched I don't want to make it worse

Knowing you are using the right service and being able to turn up at a certain time without waiting

I have multiple auto immune conditions and am shielding. This would be far safer for me.

Visit that is planned is better than pot luck, saves time + more efficient for patient & medic

”

“

Better use of NHS resources rather than going to A&E when not necessarily required

At least you would have the reassurance a health professional would speak to you

Carer for disabled husband and would allow to know that you would be seen and not have to wait for hours so able to arrange cover

Think it sounds like a good idea. Only reason I wouldn't use it is because I would probably forget about the service.

It's responsible and sensible in a pandemic

”

Barriers to using NHS 111

- The main challenges seem to be changing deeply ingrained existing behaviour, and also ensuring that an excellent level of service (especially relating to diagnosis) is always delivered.
- Plus: there's the difficulty of the public being able to identify the difference between urgent care and a life-threatening emergency

“

How would i know what is a non life-threatening emergency?

Unsure but if the call handlers / medical staff had access to video conferencing then might use

If it were an emergency .my instinct would be to present myself at A&E as quickly as possible.

NHS 111 can be brilliant but also not brilliant. My elderly Mum nearly died because of inaccurate diagnosis over the NHS 111 phone line.

From previous experience, it's not working too well

”

“

My experience of 111 in the past when my father had a pulse of 33 but the system took too long

I think it is natural at the moment to contact your local doctor

It's more clinicians that are required. Waiting times won't reduce, time slot waits will be to long and how do I travel?

Could be ok but 111 can be slow in responding and general public don't understand what is an emergency or not

I had what I thought was a non threatening condition - Walk In said drive to A&E but I almost died!

”

What else could the NHS do to improve access to local urgent care services?

- Suggestions often related to re-opening small, local hospitals, providing more walk-in centres and making it easier to see GPs
- But also to more govt. funding and to improved communications – internally and with the public.

“

Open more walk-in centres to cope with demand helping A&E... Extend surgery hours

Getting doctors appointments should be much easier

More advertising not all services are known about and when you're ill you don't always remember

Encourage more people to use GP appointments and walk in services rather than attending A&E

Be better resourced and funded by the government

Restore 24 hour service at Stafford A &E

”

“

Grow home virtual consultations where possible to triage physical consultations

Train more nurses with advanced specialised skills. Much better than GPs

Stop closing local hospitals. Keep them open and staff them.

Increased and upgraded GP facilities, more walk in centres and local (cottage) hospital capabilities

Improve communication. People can only access services that they know about.

24/7 local provision for minor injuries to take pressure off A&E

”

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Summary & Conclusions

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Summary & Conclusions

This research survey suggests that around a third of Staffordshire and Stoke-on-Trent residents have used some form of urgent care service since the pandemic started – most commonly an A&E department or an urgent appointment at their GP's practice. Typically, people are happy with the service they have received; perhaps happier than they would be in normal times?

One-in-three service users had gone straight to the urgent care centre, but 27% (of the weighted sample) had phoned NHS 111 first. The younger age groups seem most likely to call 111. Around the same number (often older) had phoned their GP first.

Currently, one-in-four people are aware of NHS 111, and 5% say they've already been given a time slot by the service (and had a very positive experience)

Reactions to the NHS 111 initiative are very positive, and the great majority of people say they're likely to use it in the future. The indications are though that this might be exaggerated by the pandemic (and accompanying desire to avoid crowded waiting areas, plus to help the NHS) and so people will need to be reminded to phone NHS 111 as the pandemic eases.

The following barriers/challenges were identified:

- How can the public identify whether the problem is life-threatening?
- The challenge of changing deeply-engrained automatic behaviour (especially in times of crisis)
- Concerns about the knowledge and skills of the call centre staff (and difficulties in remote diagnosis)

But overall, NHS 111 seems to be a popular and welcome initiative for Staffordshire and Stoke-on-Trent people.

Thank You!

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