



---

# NOTICE OF MEETING

---

## HEALTH OVERVIEW & SCRUTINY PANEL

TUESDAY, 16 JUNE 2015 AT 9.30 AM

## THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Jane Di Dino 023 9283 4060 or Lisa Gallacher 023 9283 4056  
Email: jane.didino@portsmouthcc.gov.uk lisa.gallacher@portsmouthcc.gov.uk

---

### Membership

Councillor John Ferrett (Chair)  
Councillor Phil Smith (Vice-Chair)  
Councillor Jennie Brent  
Councillor Alicia Denny  
Councillor Gemma New  
Councillor Lynne Stagg

Councillor Brian Bayford  
Councillor Gwen Blackett  
Councillor Peter Edgar  
Councillor David Keast  
Councillor Mike Read

### Standing Deputies

Councillor Ryan Brent  
Councillor Margaret Foster  
Councillor Aiden Gray  
Councillor Hannah Hockaday

Councillor Lee Hunt  
Councillor Ian Lyon  
Councillor Sandra Stockdale

---

(NB This agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

### AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting (Pages 1 - 8)**

**4 Urgent Care and Walk in Centres - report from Portsmouth CCG (Pages 9 - 76)**

Innes Richens, Chief Operating Officer, and Dr Tim Wilkinson Clinical Chairman will present and answer questions on the attached report.

**5 Dates of Future Meetings**

For the Panel to agree the provisional future meeting dates for 2015 below:

Wednesday 22 July at 9:30am

Tuesday 1 September at 9:30am

Tuesday 3 November at 9:30am

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

# Agenda Item 3

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 24 March 2015 at 9.30 am at the Conference Room A - Civic Offices

### Present

Councillor David Horne (Chair)  
Councillor Steve Hastings  
Councillor Lynne Stagg  
Councillor Dorothy Denston, East Hampshire District Council  
Councillor Peter Edgar, Gosport Borough Council

### Also in Attendance

Hampshire & Isle of Wight Local Dentists Committee  
Keith Percival, Hon, Secretary

NHS England  
Nikki Osborne, Head of Public Health

Portsmouth City Council  
Dr Janet Maxwell, Director of Public Health  
Mark Paine, Senior Project Manager (Dementia Lead)  
Kerry Pearson, Senior Programme Managers, (OPMH lead)

Southern Health  
Angela O'Brien, Locality General Manager

#### 1. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillor Gwen Blackett, Councillor Mike Read and Councillor David Keast.

#### 2. Declarations of Members' Interests (AI 2)

Councillor Peter Edgar declared a personal interest as he is on the council of governors at Portsmouth Hospitals' NHS Trust.

#### 3. Minutes of the Previous Meeting (AI 3)

**RESOLVED** that the minutes of the meeting held on 3 February 2015 be confirmed as a correct record.

#### 4. Local Dentists Committee - update (AI 4)

Dr Janet Maxwell, Director of Public Health and Keith Percival, Honorary Secretary introduced their reports. In response to questions from the panel they clarified the following points:

- With regard to the figures in paragraph 2.3 it was clarified that it was 25% of the total of 12 year olds who had untreated decay.
- A dentist did not visit all schools routinely. Public Health were focussing on targeting pre-school children, making sure they are registered with a dental practitioner and that parents are able to educate their children on how to brush their teeth. The team are working with schools to provide dietary advice, targeting those in the more deprived areas of the city.
- The 'Brush Up' fluoride varnish programme targets children in year R.
- The issue of fewer NHS dentists may have had a knock effect on the low figures of adults who had attended the dentist in the last 12 months. Mr Percival was not convinced that there were fewer dentists providing NHS dental services and added that there were 28 NHS dental contacts in Portsmouth with a value of just over £9 million. Money from underperforming dentists was clawed back. Due to the 2006 regulations however dental practitioners cannot exceed their contracted value by more than 2% and take on more patients even if they have workforce and appointment capacity, which was a flaw with the 2006 contract. The Local Dental Committee does not commission dental services and this is the responsibility of NHS England.
- The current system is not flexible and Mr Percival advised that under the forthcoming contract reform process he would like to see equitable activity flexing between practices to allow patients to attend a different practice to capitalise on the funding available in the city areas and beyond.
- Dental health is the responsibility of the top tier authority so in a two tier system it is the county's responsibility.
- If a patient is suffering from severe dental problem (out of hours) for example if this was affecting the patients breathing or it could be life threatening they should telephone the 111 service who would advise the patient to attend A&E. There should be no reason why A&E should not treat the infection and provide medication with possible hospitalisation. There are also emergency dentists throughout the area and the 111 staff can advise on the nearest practice.
- Councillors felt that Portsmouth dental academy was an excellent facility and a great resource for the city. The dental students and staff provide thorough work and are very patient.
- Before the fluoride varnish can be applied, teeth need to be clean and ideally healthy. The issue with the fluoride varnish outreach programme has been obtaining consent from parents, with the average consent rate for all schools at 80% which is lower than for tooth brushing. This relates to the adverse publicity surrounding water fluoridation; however in areas such as Birmingham the results of

fluoridated drinking water had proved to be excellent.

- The Wessex Area Team has robust National Performers List structures in place and once dentists who have qualified abroad are established in the UK they are treated in the same way as British dentists. Dentists in the EU are not required to complete vocational training but must participate in a training needs assessment (review) considered by a Dental Practice Advisor and a NHS England performance panel. Other overseas dentists complete their ORE qualification to register with the GDC and go through Foundation Training by Equivalence which results in a portfolio of evidence composed over a 12 month period which is competency and quality assessed and similarly a number awarded.
- A survey of 5 year olds was due in 2014 however there had been a delay on this due to obtaining consents from parents. It will now be carried out in 2015.
- The supervised tooth brushing programme was targeted and is a rolling programme across schools depending on resources.
- With regard to the dental survey contract with Solent that will expire in 2016, Dr Maxwell advised that although Solent are the current local provider other providers will be considered.
- Councillors felt that it there were several organisations involved in dental health which was confusing and asked whether there was a diagram. Dr Maxwell said she would look to create a diagram although pointed out that it is in the process of change. It was the role of the Health and Wellbeing Board to co-ordinate the health strategy across the system.

Councillor Read had submitted some questions by email as he was unable to attend the meeting. Mr Percival provided answers to these:

- Community dental services provide some parallel treatments to the dental academy but have remits to provide paedodontic and special care services. Approximately 27% of contracts are provided by corporate bodies but other dental practices may be owned by any number of dentists or other individuals e.g. a dental care professional may own a dental practice but may not hold the contract. These figures should be accessed from NHS England's Wessex office.
- Individual Funding Requests (IFRs) are based on exceptionality and referrers must complete the appropriate IFR form to satisfy the clinical and non-clinical criteria that are specific to the case. The form with supporting evidence is presented to the Wessex Area Team for consideration. If successful the NHS will fund the specialist treatment from a dentist on the GDC's Specialist List for the targeted treatment discipline e.g. implants. Referrals to secondary care go via the appropriate referral form through Central Referral Centres (oral surgery

and orthodontics) or more rarely by a letter generated by the practitioner.

- Complaints to the GDC are increasing because there is a reduction in the process of local resolution of the complaint by the practices as listed in the NHS complaint process which is robust and the details are displayed in dental practices providing NHS dental services. The GDC has been found to be a poor regulator of dentists and many complaints could be dealt with at a local level to the satisfaction of patients and dentists. The GMC rejects around 50% of complaints whereas the GDC rejects less than 10%. There are robust NHS England processes in place to investigate complaints under the contract and under the National Performers List Regulations.
- The LDN has core members from general dental practice and special care services (Solent NHSFT).
- The Question Time Event on 16 June 2015 is open to all dentists and their teams at no cost and sponsored through the LDC and local BDA. However, this event is particularly targeted at young dentists (under 40 years) many of whom are not part of the LDC or BDA and are at risk of becoming isolated and vulnerable as their career pathway may be unclear.

#### ACTIONS

That the Director of Public Health provides a diagram showing is responsible for the various areas of dental commissioning and oral health in Portsmouth.

**RESOLVED that the Hampshire & Isle of Wight Local Dentists Committee report & update on oral health and dental commissioning reports be noted.**

#### **5. Director of Public Health - update (AI 5)**

Dr Maxwell gave a presentation to the panel on the work of the public health team, which would be published on the council's website shortly after the meeting.

Dr Maxwell clarified the following points:

- The national prevalence of smoking is reducing nationally however in Portsmouth this is slower. There are less young people taking up smoking, however up to 40% of young girls who are pregnant are still smoking in some of the city's most deprived wards.
- Drug use, in particular Cannabis use, continues to be a big issue in the city. Dr Maxwell advised she is working with the smoking and wellbeing teams on schemes to raise awareness of the effects of using this drug. The same applies to legal highs and e-cigarettes and Dr Maxwell felt that young people needed to be made aware of the

harmful effects of these to change their mind-set.

- With regard to making the population less reliant on cars, councillors pointed out that buses are often not used due to the cost or limited services particularly during the evening or weekends, she said that it might be possible to bring in more buses. In addition some cities are using car clubs where a small car is available in communities which can be hired out, similar to the bicycle hire scheme. Other cities have found success with this and it was important that Portsmouth was not left behind. Strong cross party agreement was needed to find a sensible way forward to improve transport in the city and reduced car usage.
- Currently it has been agreed to distribute £1.47 million to invest in the wider determinants from the PH grant in 2015/16. Public Health England is providing the Council's public health team with figures.
- Plain packaging for cigarettes should help reduce the number of young people taking up smoking. More work is now needed in terms of food and alcohol packaging. The traffic light system on packets was good and helps people identify how much salt, fat, sugar is in their food but further work is also needed to promote healthy fruit and vegetables rather than processed foods that have high sugar contents. Portsmouth is leading the way with removing high alcohol content drinks from shops but stronger legislation is needed to support the public health campaigns.
- The council is in partnership with a number of groups to promote healthy eating and growing your own produce.
- In addition to excessive alcohol consumption, causing liver problems people who are overweight can be at risk from non-alcoholic liver disease. The mind-set of people needs to change so that they change from the high sugar content foods to healthier alternatives.

**RESOLVED that the update from the Director of Public Health report be noted.**

## **6. Cervical Screening update from NHS England (AI 6)**

Nikki Osborne, Head of Public Health, presented her report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The new service would start at the beginning of May and women will experience no difference in service.
- There had been a lot of work done nationally to promote cervical screening and also breast screening. There is a perception by many women that it is difficult to make the time and attend the appointment and it is the younger women where there has been the biggest

reduction in attendance.

- A lot of work with GP practices to make sure the right messages are given to women and working with the Public Health team to get screening programmes up and running.
- The age range of women that are screened is 25-64. Science does not support screening of women who are younger than 25 as the results show more false positives as their bodies are still developing.
- The HPV vaccination programme for young girls was introduced to stop girls developing cervical cancer. The first cohort was vaccinated in 2007 and they will be due to be screened in another 7-8 years. There were some objections initially from parents about their child receiving this vaccination but take-up is now at 90%.
- The details of cervical screening patients are held by the primary care agency using the Open Exeter database. They will notify patients when they reach the age of 25 that they are due to be screened and will send a reminder letter every three years to advise that an appointment is needed, however depending on the results the patient may be required to attend more frequently than this.

**RESOLVED that the report from NHS England be noted and the proposal supported.**

#### **7. Southern Health - update (AI 7)**

Angela O'Brien, Locality General Manager presented his report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The community hospitals where Southern Health have provided increased support through social care included Gosport War Memorial Hospital and Petersfield Community Hospital locally and Chase Community Hospital in Bordon.
- Action plans have been agreed and a rolling program of peer reviews is taking place following the CQC inspection. Southern Health was required to agree deadlines for implementing improvements with the CQC.

**RESOLVED that the Southern Health update report be noted.**

#### **8. Dementia update (AI 8)**

Mark Paine, Senior Project Manager (Dementia Lead) and Kerry Pearson, Senior Programme Manager, (OPMH lead) presented the report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:



- The dementia team are looking at pathway once a patient has been diagnosed with dementia. Once a patient is diagnosed they are referred to a dementia adviser. It may be that at that time they do not require any support/assistance but the advisor will make contact on a regular basis and it is up to the patient or carer whether they engage and take the offer of help. It is important to know that they are there when they feel they need advice.
- The dementia team support dementia patients with their quality of life and help to improve their wellbeing. There are many activities that people can participate in such as the memory café which helps to stimulate people with dementia and provide support for them and their carers.
- In addition to the specialist elements, there are things that everybody can do to become more dementia friendly. Highbury College recently approached the team to work towards becoming a dementia friendly college and officers put them in touch with the Alzheimer's Society. Southsea Fire Station has also become dementia friendly and all staff have been trained on how to deal with people with dementia.
- There are currently 2,500 dementia friends in the city who have received training and 102 dementia champions who can train the dementia friends.
- The 'This is me' document is for people who are receiving professional care for dementia. It contains practical information that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.
- With regard to the recommendations arising from the dementia pathway review, additional funding for pilots has been agreed. It is proposed that the money will be used to procure new service. Final figures are currently unavailable need to make sure final elements in play.
- Dr Maxwell added that dementia is largely preventable and further recognition that this trend can be stopped and money needs to be shifted into prevention focusing on the main risk factors of tobacco use, alcohol, physical activity and poor diet.
- The Dementia Action Group has a representative from the Learning and Development Team at the Council and are looking at whether the Council could become dementia friendly. The PHE campaign on dementia and the internal communications team are promoting this and there have been advertisements in the Chamber of Commerce magazine and Flagship to filter the message into different parts of the community.

- Solent offer mental health screening and there was also an opportunity to include this in the health checks available to the older population.
- Mr Paine said he was awaiting a response from the Alzheimer's Society on how it is determined whether a city is classified as a dementia friendly city.

**RESOLVED that the Dementia update report be noted.**

**9. Healthy Weight Strategy and challenges around obesity report (AI 9)**

Dr Janet Maxwell, Director of Public Health, presented the report that had been circulated with the agenda and in response to questions from the panel clarified the following points:

- Obesity is measured using the Body Mass Index (BMI). A healthy BMI is between 19 and 25. Waist circumference for women should be below 31.5 inches and below 37 inches for men, to reduce the risk of developing health problems. The NHS Choices website provides a useful guide where you can enter your age, weight and height and it provides you with your BMI.
- Physical activity needs to be built into daily lives. A lot of work is being done but this needs to be embedded more strongly. The Public Health Team are working with the Sports Council to provide more sport activities in schools. Ben Ainslie Racing was keen to raise aspirations with encouraging young people to try sailing.

Councillor Horne advised that King Richard School had removed all fizzy drink vending machines from the school and replaced them with water dispensers and this had made a huge difference to children's behaviour. The panel felt that the figures included in table 3.2 were shocking and felt that a future meeting could perhaps focus more on this issue, in particular looking at what physical activities are being provided at after school clubs at the city's schools.

**RESOLVED that the obesity and healthy weight strategy report be noted.**

The meeting ended at 12.20 pm.

.....  
Councillor David Horne  
Chair

# Agenda Item 4

## **Urgent care and walk-in centres:**

### **Briefing paper**

**June 2015**

#### **Guildhall Walk – background**

The Guildhall Walk Healthcare Centre was opened in 2009, as part of the national drive to create ‘Darzi Centres’ to extend the choices available to patients.

The centre now has a registered list of almost 6,000 people, although the demographic characteristics of the list are unusual – there is a significant proportion of University students, approximately 1,000 under-19s and only just over 150 people aged over 65. The practice also offers a service for approximately 140 people who are registered homeless. The facility not only offers a conventional GP service to registered patients, it also provides a GP-led ‘walk-in’ service as well.

The contract for services provided at Guildhall Walk ends in March 2016, and so decisions are required which will impact both upon primary care, and urgent care, provision in the city.

#### **Primary care**

Although the registered list at Guildhall Walk makes up a small proportion of the total number of people registered with GPs in Portsmouth, and the demography of the list is highly unusual, primary care access is clearly an issue which must be taken seriously – both in terms of ensuring the resilience of the service itself, and also in terms of taking account of how GP access is viewed by the wider public.

We believe that simplistic proposals to employ more GPs – whilst superficially attractive – will not work in the short or even the longer term, due to the widely-acknowledged pressures on the GP workforce. Instead, the CCG’s strategic aim is to support GP practices to find new ways of working together to provide services at a larger scale, so that access can be made easier, and extended, despite the workforce pressures.

The ending of the Guildhall Walk contract in 2016 leaves the CCG with a decision to make regarding primary care capacity. In broad terms that decision lies between maintaining the practice at Guildhall Walk, moving the practice to a different city location, or not renewing the contract and supporting patients to register at another practice.

That decision needs to take account of the fact that there is available physical space in nearby NHS premises, that some practices have signalled their ability to take on more patients, and that there may be ways of working with the practice to pilot new ways of delivering care. The CCG is also very

mindful of the existing pressure on primary care, and the nationally-driven expectation for the extension of access in the years ahead.

Registered patients have already been contacted, to ask their views, and whichever solution is ultimately decided upon, specific provision will be made for those patients who are registered as homeless, or who are vulnerable because of substance misuse.

### **Urgent care**

Over the past decade or so, the provision of urgent care options has proliferated in response to both national and local policy. As well as the Emergency Department (ED), city residents can access two nurse-led walk-in services – one for minor injuries, one for minor illnesses – at St Mary’s Hospital Treatment Centre, the GP-led walk-in service for minor illness (but not injuries) at Guildhall Walk, a primary care-led Urgent Care Centre at Queen Alexandra Hospital, the 111 phone helpline service (incorporating the out-of-hours GP service), and pharmacies and GP practices offering extended access. All city practices also offer some ‘same day’ appointments.

Despite the expansion of choice, there has been no clear gain in terms of the impact on ED. Attendances at ED are rising less quickly than in many other areas, but they are still rising, and performance against the national four-hour access target remains too low. More importantly, as we explain below, our engagement work in recent years indicates that local people find the current system difficult to navigate effectively.

The ending of the current contract for services at Guildhall Walk offers an opportunity to look again at the complex urgent care landscape in the city, and seek new solutions.

### **Urgent care - engagement**

Over the last two years the CCG has conducted extensive engagement activities with the general public, patient representatives, and clinicians, to better understand how people make decisions about urgent care, and how a more effective system could be delivered.

The full results of our engagement activity can be found attached, and include a week-long Under Pressure campaign with The News, a survey of more than 800 people in the summer of 2014, and a survey with Wave105 in early 2015. The CCG has also gathered more qualitative feedback from representatives of the patient groups aligned to each GP practice. Some recurring messages from public and patients were:

- Confusion. Most people do not know, for example, the differences between the walk-in facilities at St Mary’s, and Guildhall Walk. Feedback suggests patients would prefer a simpler system, even if it meant fewer choices being available.
- Poorly informed. For example, a notable minority (30%) do not know that GPs offer same-day appointments, and awareness of 111 remains too low.
- Evolving preferences. Most people still want to see a GP for minor illnesses, however a large majority now see a walk-in service as the default choice for minor injuries.

Conversations have also been held with city GPs, over a period of time. Initially the key messages from the clinicians were:

- Support for a minor injury walk-in service at St Mary's, adjacent to diagnostic services, but concern regarding the current nurse-led minor illness service there (primarily regarding the perception that notable numbers of patients there are subsequently referred elsewhere)
- Some preference expressed by primary care professionals to have capacity to deal with own patients in-hours. But... concerns over in-hours capacity, and how to meet patient expectations
- Practices recognise the current ongoing need for a GP led walk-in service in the city to manage demand

More recently the CCG has spoken again with GPs from across the city, regarding urgent care and walk-in services. The feedback suggested:

- Support for a simplified system, with walk-in services on Portsea Island brought together into a single location
- Support for a model of walk-in care which combines both GPs and nurses, rather than having separate 'GP-led' and 'nurse-led' services

### **Use of resources**

For the CCG, there is also the need to use public resources effectively. Portsmouth currently has two walk-in facilities within two miles of each other, one led by GPs, one led by nurses, with different facilities, such as diagnostics, and different opening hours. The data also shows that, of the people using the walk-in facility at Guildhall Walk who are not already registered at the practice, the majority (13,500 out of 20,000) are already registered with other practices in the city – meaning that the local NHS is effectively paying twice for routine care.

Since late 2014, the CCG has also supported the provision of additional capacity in the form of the Urgent Care Centre, alongside ED at Queen Alexandra Hospital, in order to try to deliver capacity where it is most needed, and where people are going already. This facility is, in essence, another primary care walk-in facility, and one the CCG intends to expand in future.

### **Urgent care – the CCG's preferred approach**

The CCG already has a wealth of engagement findings regarding the future of urgent care, which supports the creation of a system delivering more easily understood services for patients.

At this time, whilst no formal decision has been made, the CCG's preferred approach is to bring together both the GP-led, and the nurse-led, walk-in services on Portsea Island into a single walk-in service, based at St Mary's Treatment Centre. It is important to note that, if this preferred approach was supported, the CCG would intend to commission the same level of activity from this single walk-in service as is currently provided by the two separate walk-in services, so no capacity would be lost.

Such an approach would simplify the options available to the public, improve access to diagnostic support, reduce inefficiency, and would better utilise a site which is already associated with health provision, and which has good access.

The CCG's preferred urgent care model would therefore consist of:

- A centralised walk-in service for all minor illnesses and minor injuries, resourced by GPs and nurses, with diagnostic facilities and extended access, at St Mary's Treatment Centre
- A primary care-led Urgent Care Centre at QA, embedded within the ED structure, to provide immediate primary care to those not requiring specialist emergency care
- The NHS 111 service, promoted to ensure greater awareness and usage
- Supporting GP practices to work together to extend access for registered patients
- The Emergency Department at QA.

## **Conclusion**

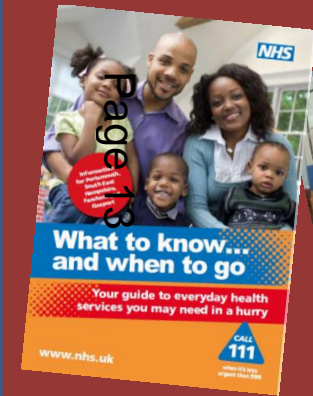
The CCG has conducted extensive engagement activity regarding urgent care over a prolonged period of time, both with members of the public and clinicians, and as a result is developing its thinking regarding urgent care services in the city.

No decisions have been reached at this stage, and further engagement is currently underway with those people registered as patients at Guildhall Walk, to find out more about why they chose to register with the practice, which services they use, and what is most important to them with regard to the choice of GP practice. The CCG's Governing Board will make its decisions once this process is complete.

The CCG would welcome a discussion with members of the Health Overview and Scrutiny Panel (HOSP), regarding the engagement activities conducted to date. To that end, the CCG's Chief Operating Officer, Mr Innes Richens, and Clinical Chairman Dr Tim Wilkinson will attend the next HOSP meeting on 16 June 2015.

# Urgent care: what people locally are telling us

## Report into urgent care engagement activity 2014-2015



### Meet Ed – does he really need to go to ED?

Ed isn't sure which service he needs and he's looking for some advice – 111 is the number for him

April 2015

## Background to this report

Page 14

Over the past 15 months the CCGs' communications and engagement team have been seeking the views and opinions of local people about urgent care services. This helps to ensure that we can shape messages appropriately for local audiences but it also enables us to better understand what makes people choose the options they do when they need help in a hurry.

The more we understand this, the better the solutions we can offer in seeking to take the pressure off those urgent care services most under pressure, especially the Emergency Department (ED/A&E) at Queen Alexandra Hospital.

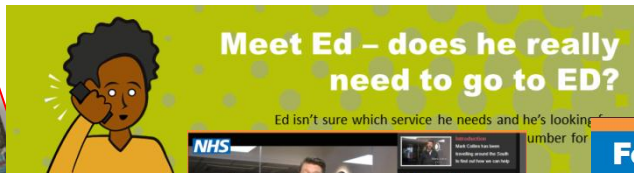
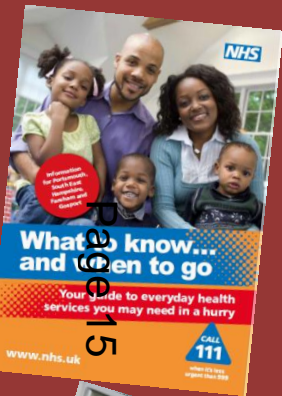
Much work has been undertaken in this area to promote alternatives to the ED in recent years, and it is not necessarily the case that local pressures are caused by high levels of people presenting at ED when they could have gone elsewhere. But there are many that do, which is why we regularly undertake awareness campaigns to help people understand what options are available to them.



# Campaign and engagement activity

Campaign activity over this period has included:

- Major insight campaigns working with The News (Jan 2014 'Under Pressure' campaign) and Wave 105fm (Jan 2015)
- Traditional poster based campaign – bus, billboard, ferry hoardings etc (Jan 2014)
- Development of an Urgent Care Guide given out free with The News (Easter 2014 and 2015) and made available online (close to 10k downloads)
- Developing 'Urgent Care Pompey' – a Facebook page that supports all our campaign activity (200 likes)
- Developing five short animated videos 'Ed and the ED' to broaden our activity into digital and social media, viewed to date over 30k times through our Facebook and YouTube pages and with support from Wave 105
- A series of surveys run through The News, Wave 105 and our own websites, the findings of which are captured here.



## What this report covers

This report pulls together the feedback we have received, service by service, from undertaking three significant pieces of survey work focused on urgent care services and conducted with residents of Portsmouth, Fareham, Gosport and South Eastern Hampshire over the past 15 months.

Each survey was slightly different but each has been intended to help us build a picture of behaviour, experience, perception and expectation in those who have, or may, use urgent care services. The surveys covered in the following pages are:

**Under Pressure survey:** conducted with The News in January 2014 following our week long campaign with them seeking to raise awareness of local services

**Our own CCG urgent care survey:** conducted during the summer of 2014

**Wave 105 survey:** conducted in February 2015 following a month long campaign that featured radio and video promotions featuring local providers of urgent care and their staff.

The three  
surveys

# Background information

Page 17

Rationale, responses and headlines

# Under Pressure Campaign with The News: **January 2014**

## Survey

### 1

#### What was it about

- week-long campaign promoting alternatives to Emergency Department
- led by CCGs, supported by all local NHS providers
- aim to help relieve pressure on ED/A&E
- to promote alternatives available and highlight how people can access them
- to seek people's views, through a survey, on what they felt about the services they had used.

#### Focus for survey

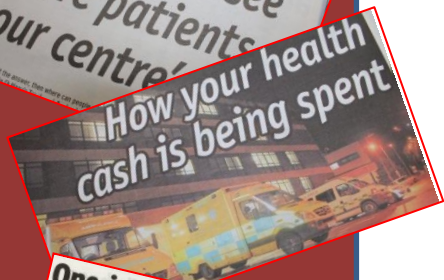
- 414 people took part; 60% aged between 18 and 64, and 36% aged between 65 and 84
- Over half (57%) had a long term health condition

#### We asked:

- what services people had used
- how they rated them
- specific questions eg access
- for suggestions or comments

#### In headline terms...

- Patients value minor injuries services highly.
- ED and NHS 111 also scored well.
- Most respondents were also satisfied by the service they received from their GP surgery when wanting a same day appointment.
- Four in five wanted more morning/evening appointments available at their GP surgery and roughly half would support the notion of 'virtual' appointments



## CCGs' joint urgent care survey: July 2014

# Survey

## 2

### What was it about

- week-long campaign promoting alternatives to Emergency Department
- led by CCGs, supported by all local NHS providers
- aim to help relieve pressure on ED/A&E
- to promote alternatives available and highlight how people can access them
- to seek people's views, through a survey, on what they felt about the services they had used.

### Focus for survey

- 808 people took part; 60% aged between 18 and 64, and 36% aged between 65 and 84
- 297 from Portsmouth, 511 from FGSEHCCGs

### We asked:

- what services people were aware of
- what choices they made and why
- how easy they found the system to navigate

### In headline terms...

- GPs the default choice for illness.
- Walk-in centres the default option for injuries.
- Awareness of NHS111 still low.
- 50% would prefer a simpler urgent care system, even if choice was reduced, but...
- most people feel the current range of urgent care services is "about right".





# Survey

## 3

## Survey with Wave 105FM: February 2015

### What was it about

- Month-long campaign promoting alternatives to Emergency Department with input from staff who provide services in this area.
- Led by CCGs, supported by all local NHS providers and running across this area and into Hampshire/Dorset
- Aim to help people understand urgent care options available to them and highlight how people can access them
- To seek people's views, through a survey, on what they felt about the services they had used, what they knew about them and what their expectations/preferences were.

### Focus for survey

- 2637 people took part; 68% aged between 26 and 55 ('family decision makers'), and one third aged 46-55
- Survey was conducted across the Wave area which covers Hampshire, Southampton, Portsmouth and Dorset – 450 from Portsmouth/SEH system.

### We asked:

- what services people had heard of and used
- what choices they made and why
- people's views on urgent care services generally



Key messages  
for us to  
consider

# The headlines

Page 21

Common and recurring themes across  
the three surveys

Page 22

Headline summary: recurring themes/ key messages about services derived from the three surveys

About GP urgent care

One third of people don't know about same day GP appointments

Most people would seek their GP first if they were ill, then a pharmacist – for injury MIU was top choice

People are very keen for more access to GPs, a broader range of appointment times and more flexible ways to book

People don't think it's easy to get an appointment with a GP (so head for A&E instead)

95% would consider using GP same day appointment service (now they know about it)

About NHS111

Only half of those responding had tried either a same day GP appointment or NHS111 when they had a health problem

One in four think NHS111 will just redirect callers to A&E

Over 80% would consider using NHS111 in future – those that wouldn't say they have heard bad things or want clinical call handlers

About Minor Injuries

One in four in Portsmouth still don't know about St Mary's/MIU (1 in 8 in FG, 1 in 50 SE H)

Over 90% across area would consider using MIU in future

Over 60% of those choosing an MIU for treatment do so because they think it is the right choice

About Pharmacy

Two thirds had used as a source of treatment and advice

Only around one third would consider using instead of a GP if they had a minor illness

Confidence in the advice given is still a significant factor in people not using pharmacy as an urgent care option



**Headline  
summary:  
recurring  
opinions –  
'how we  
can solve  
the  
problem...'  
derived  
from the  
three  
surveys**

Making it easier to see a GP is the top reason given to solve urgent care pressures

People say a simpler urgent care system is the most important consideration – then distance to travel, then quality

Not knowing the alternatives is still a key reason given for why people attend A&E when they could go elsewhere

People want individuals to take more responsibility themselves for minor injuries or health problems rather than rely on the NHS for support

Charging people for inappropriate A&E attendance or turning people away – both are highly supported by local people

There is still an appetite for more flexible appointment times and appointment booking systems with GP surgeries

Providing more choices or investing more is not seen as the answer – but personal responsibility, more information and a simpler system are

# What people think generally about urgent care

Views on the urgent care situation  
currently, knowledge about available  
choices and what influences choices  
made...

## CCGs' joint urgent care survey: July 2014

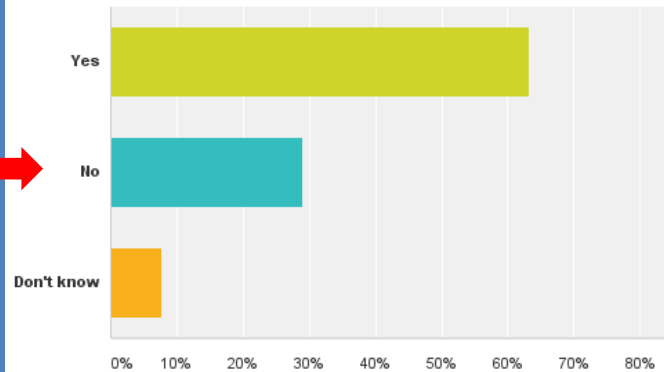
### Knowledge of urgent care

- Vast majority (63%) say they find it easy to choose the right service

Page 25

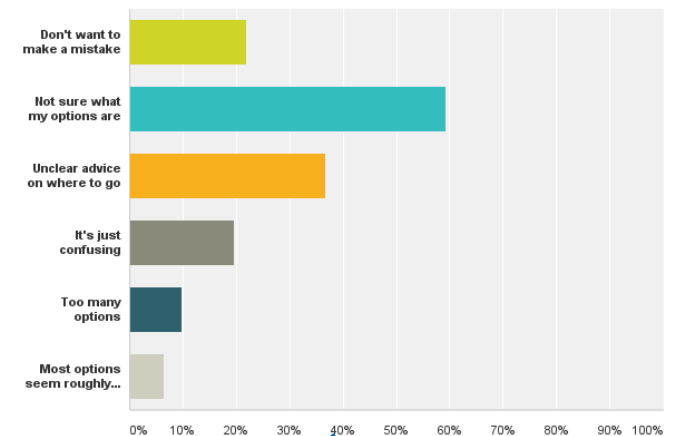
**Q3** There are many NHS services for minor illness or injury - do you find it easy to know which is the right NHS service to choose?

Answered: 793 Skipped: 15



**Q4** Why is it not clear which option to choose? (you may choose as many options as you wish)

Answered: 275 Skipped: 533



Of those who do not find it easy to choose well, most (59%) are just unsure of the options. Many (37%) blame 'unclear advice.'

Relatively few blame the options themselves: 10% refer to 'too many' options, and 6.5% think the options are all basically the same.

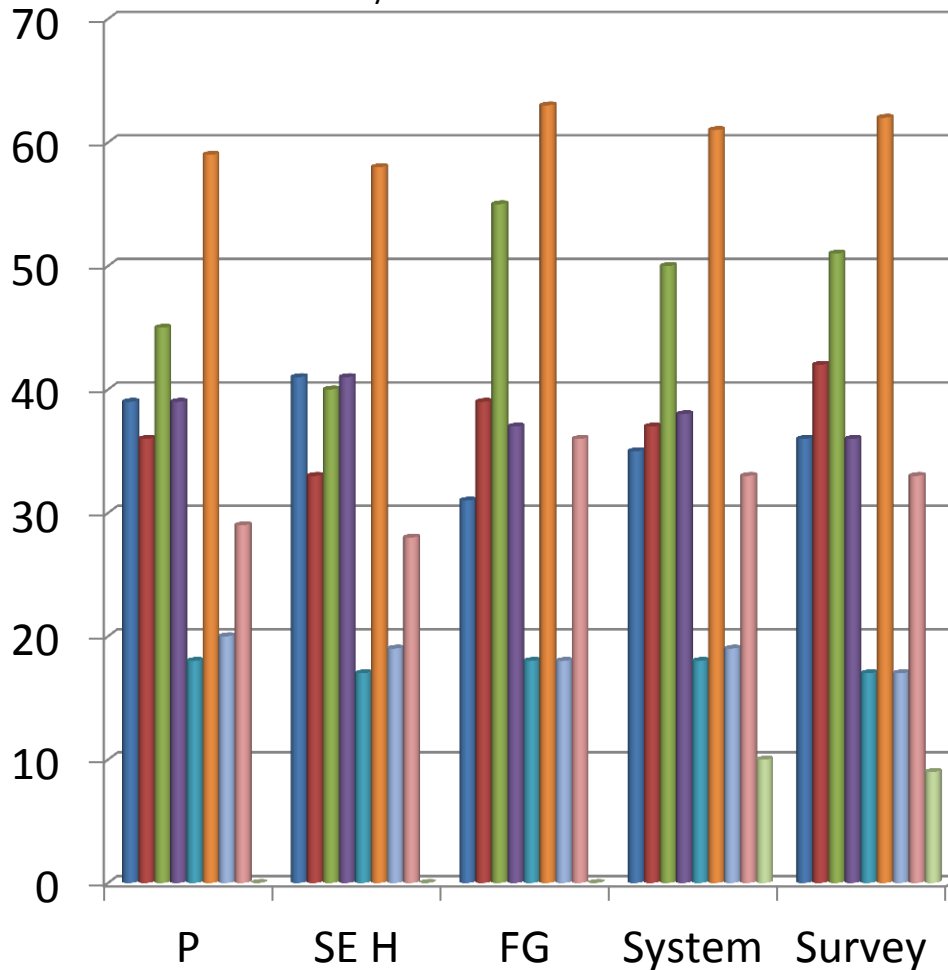
# Perception

'why do you think people choose to use A&E if they don't need to...'

Page 26

(Choose any that apply)

Wave 105 survey: Feb 2015



- You know that A&E staff will definitely help you
- You can't always tell how serious your problem is
- It is difficult to get hold of a GP
- A&E can treat any problems 24 hours a day
- Too much hassle to check out alternatives
- People don't know enough about alternatives
- You don't want to wait around to get help
- People prefer to see someone face to face not make a phone call
- Other

System = average of 3 CCGs

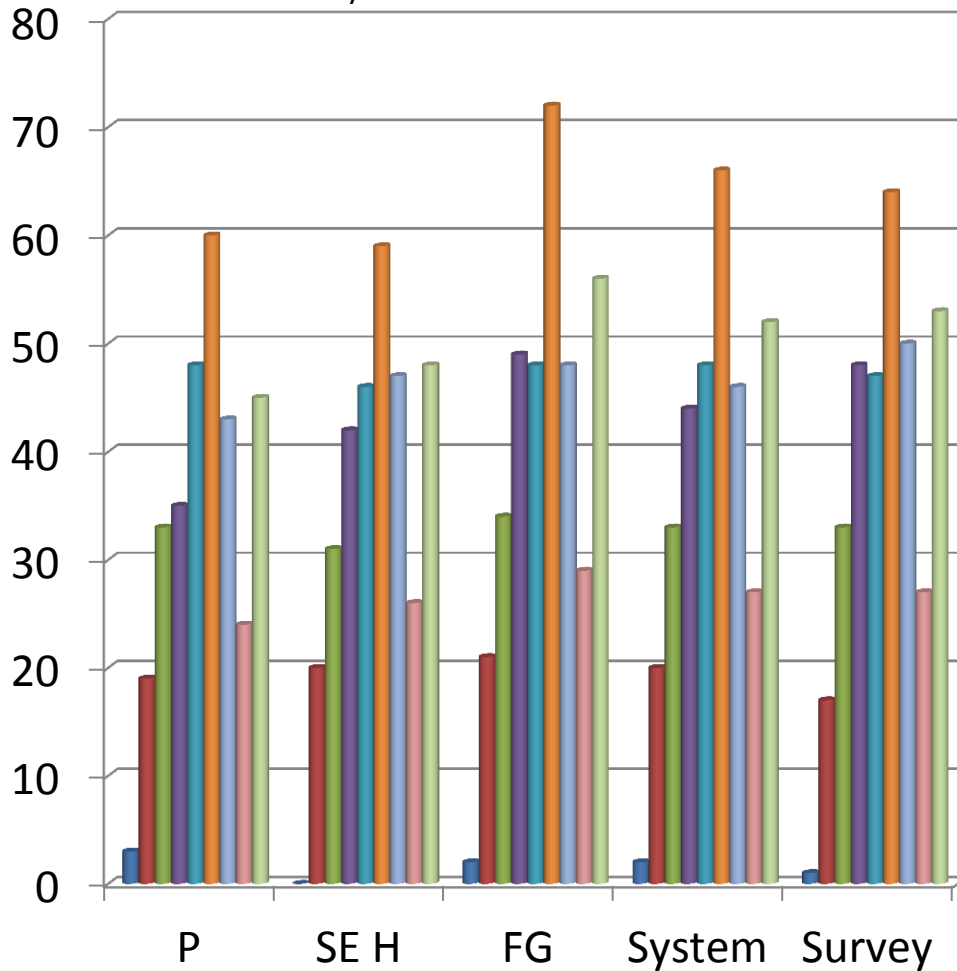
Survey = results across whole area

Clearly people feel there is still more to do to promote alternatives to A&E (top answer across the board) and that getting a GP appointment is difficult. Another key factor is A&E is easily accessible and always available. People think not wanting to wait around to get help is not a significant driver but there is strong acknowledgement, too, that you can't always tell how serious a problem is.

# Perception

'what do you think might make people less likely to use A&E if they don't need to' (Choose any that apply)

Wave 105 survey: Feb 2015



- Don't try to stop them let them go where they want
- Make parking easier, cheaper at surgeries, MIUs etc
- Charge people for going to A&E unnecessarily
- Advertise all the other options more clearly
- Allow A&E staff to turn people away if they only have a minor problem
- Make it easier to see a GP
- Make other services - GPs, pharmacies - better
- Make the whole system less complicated
- Make other services - GPs, pharmacies - open longer

Making it easier to see a GP is the top answer across the board. Strong support too for making alternatives 'better' and open for longer while a solid contingent opted for charging people who could have been seen elsewhere! People didn't see car parking as a major factor but were also not keen to just let people go where they want.

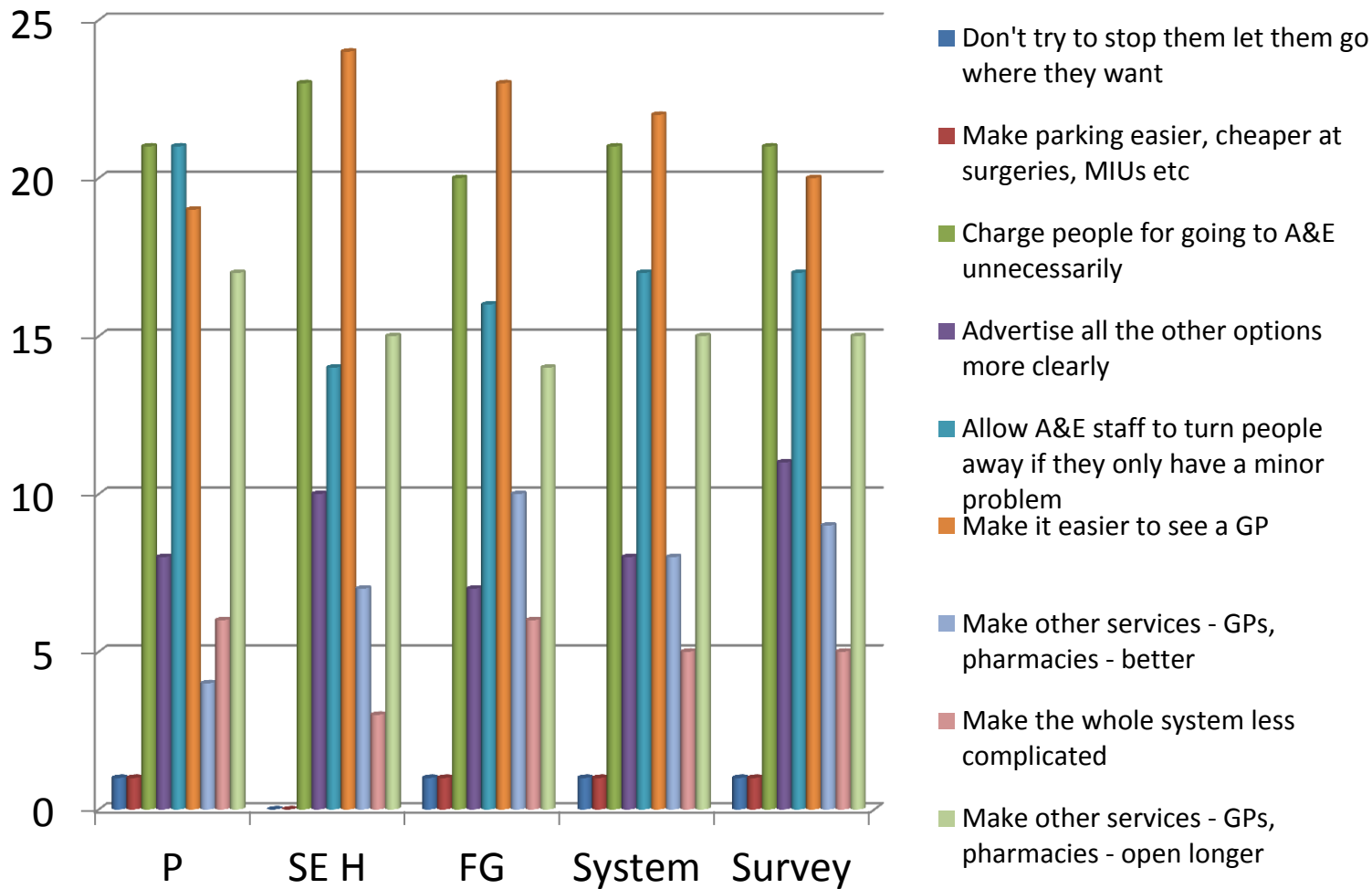
System = average of 3 CCGs

Survey = results across whole area

# Perception

'in your opinion which **one** of these factors would be most effective in persuading people not to use A&E when they don't need to...'

(Choose one)



Things are not quite as clear cut when people have to narrow their selection down to one option. Although 'make it easier to see a GP' remains a strong response, interestingly there is much more support for charging people and a significant number who would want to see people turned away if their need was not appropriate. Advertising options is not rated as highly in this question.

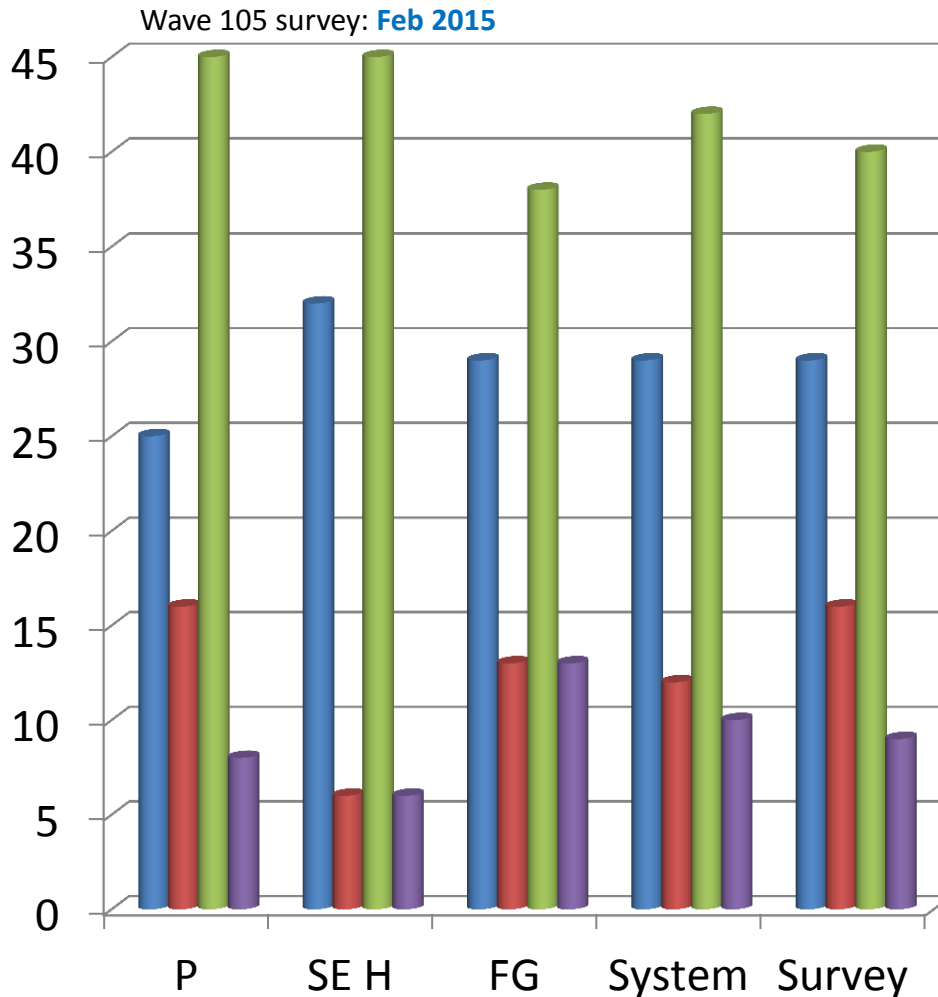
# Perception

'with A&E under pressure which one of these phrases most closely matches your thoughts...'

(Choose one)

System = average of 3 CCGs

Survey = results across whole area



- We need a simpler urgent care system, easier for people to choose the right option
- We need more choices for people so there are more places to go
- People need to take more responsibility for looking after themselves, not always turning to the NHS for minor problems
- The NHS needs to put more resources into urgent care to cope with demand

Some fairly clear cut opinions here – the NHS does not need to provide any more choices or invest more to cope with demand according to this response. Instead people should take more responsibility for looking after minor issues themselves and a simpler system of help should be in place for people – but only when they need it.

## Preferences

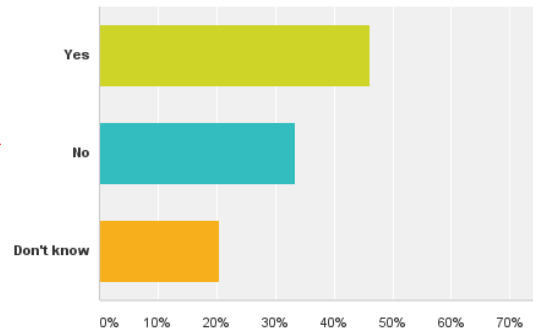
### Simplicity over reduced choice

- More people (46%) said they would prefer a simpler system, even at the expense of having fewer choices – although a relatively high proportion (20 %) said they did not know



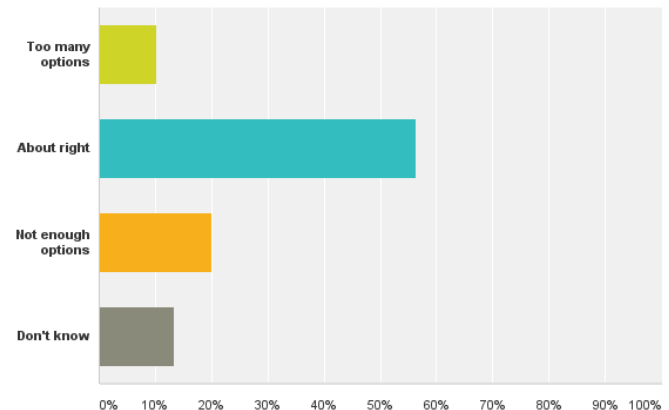
Q16 Would you prefer a simpler system of urgent care, even if that meant fewer places to choose between?

Answered: 728 Skipped: 80



Q17 Portsmouth has one Emergency Department (also known as A&E), two minor illness walk-in services, one minor injury walk-in service, and one GP out-of-hours base. Is that:

Answered: 740 Skipped: 68



### Is current range of choices about right?

The majority (56%) said that the current range of options was 'about right'

Exactly 20% feel there are not enough options, compared to 10 % who feel there is too much choice



# Perception

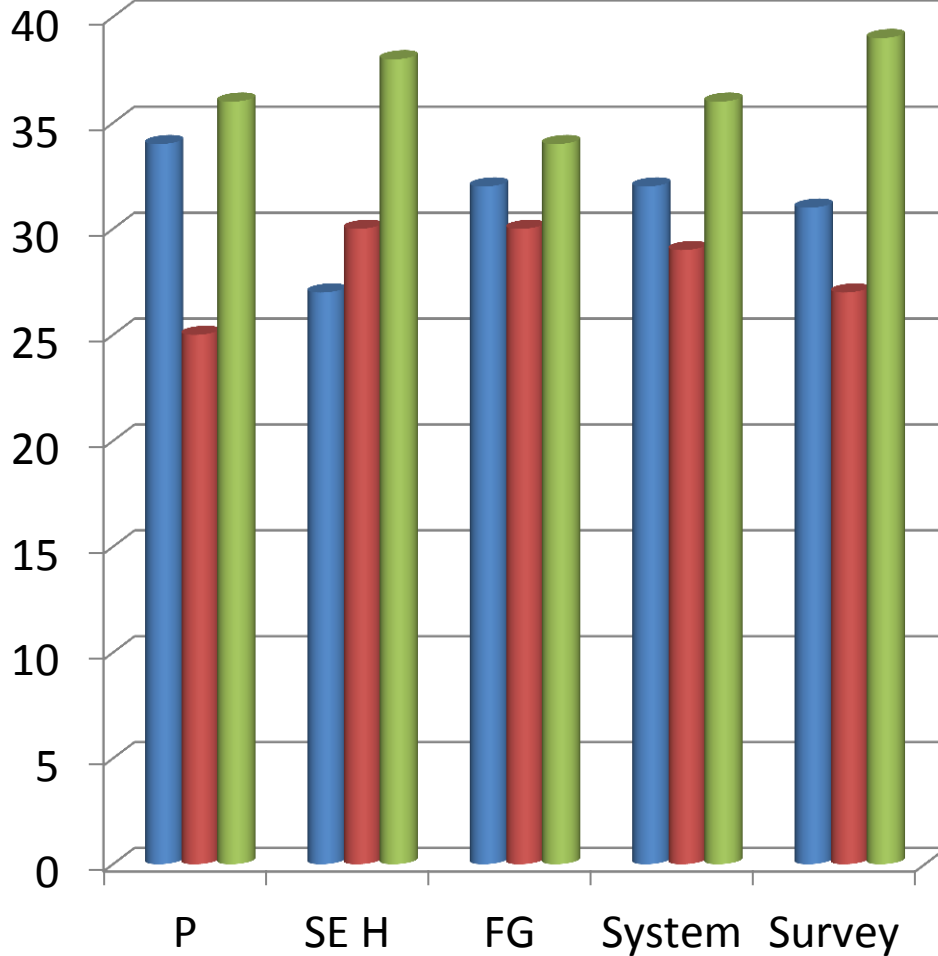
'which one of these statements most closely matches your feelings regarding urgent, not emergency care...'

(Choose one)

System = average of 3 CCGs

Survey = results across whole area

Wave 105 survey: Feb 2015



- The most important thing is distance: I don't want to travel a long way if I need urgent help
- The most important thing is quality: I want the service to be of high standard even if it is further away
- The most important thing is simplicity: I would prefer a few clear choices rather than lots of options

Again some consistent responses – simplicity is the key for most respondents and distance edges out service quality as the next most important consideration, except in SE H where these two are reversed. Interestingly people in Portsmouth, who, it could be argued, have the least distance to travel to current urgent care facilities, see distance to travel as far more important than service quality.

## Preferences

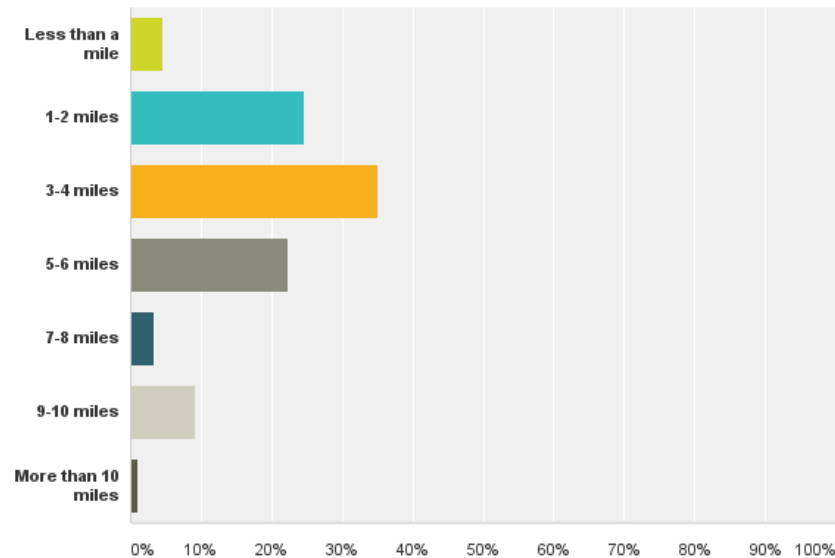
### Travel

'reasonable distance'

Page 32

**Q15 What do think is a reasonable distance to travel, from home, to get to an NHS walk-in service for minor injuries or minor illnesses?**

Answered: 745 Skipped: 63



The most popular answer was 3-4 miles (35%)

A distance of *up to* 3-4 miles between home and a walk-in service was considered reasonable by 64%

Only 14% consider a journey of more than 5-6 miles to be reasonable

Motivations  
around  
MINOR ILLNESS

# People's views on minor illness treatment choices

Page 33

If you have a minor illness, what options would you choose and why...

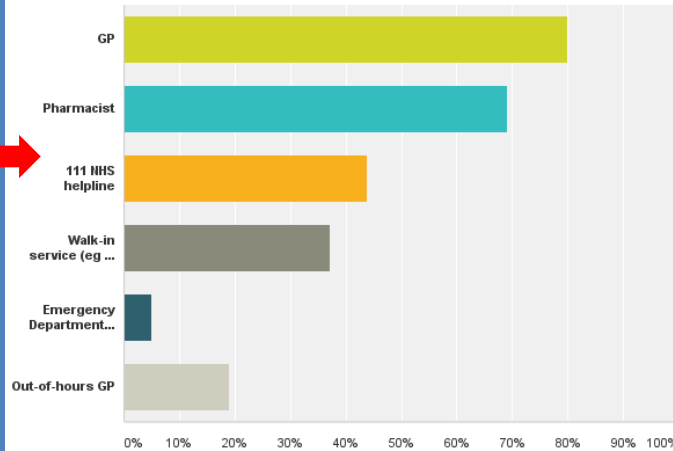
## Preference Minor illness

- GP (80%) and pharmacist (69%) the most popular options for illness
- Only 5% say they would use ED for a minor illness, but 37% would consider using a walk-in service
- A significant number would use a phone service – 44% would call 111, and 19% would call out of hours service



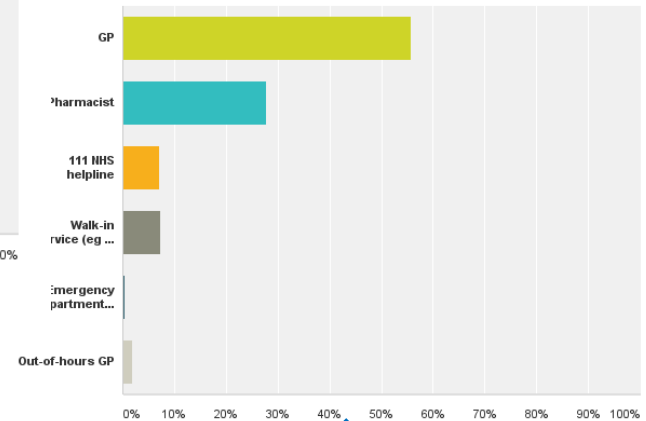
Q5 If you have a minor ILLNESS, which services would you consider using? (you may choose as many or as few as you wish)

Answered: 766 Skipped: 42



Q6 If you have a minor illness, which ONE of these services would you be most likely to choose? (one answer only)

Answered: 761 Skipped: 47



The majority (56%) of respondents see the GP as the first choice for minor illness

The only other significant response is pharmacist (28%)

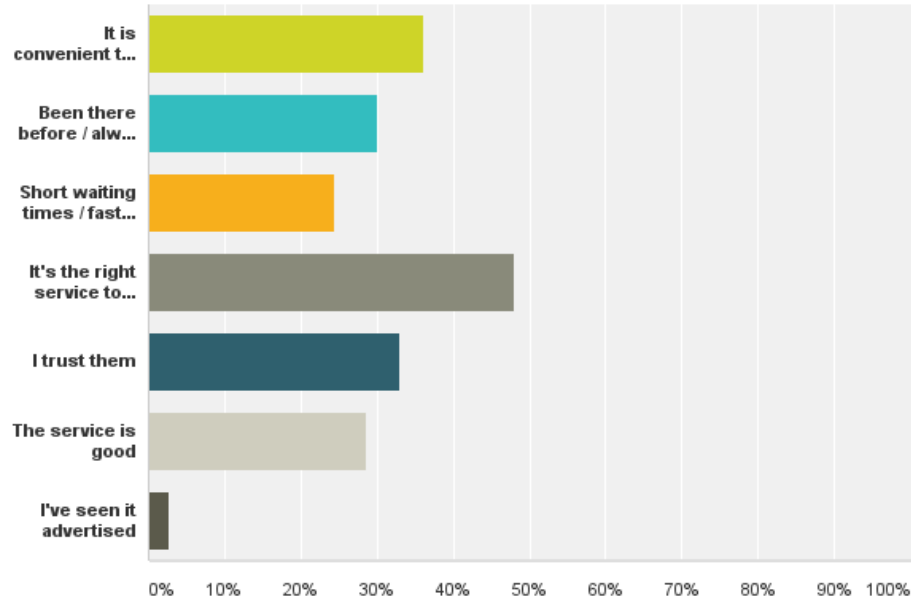
A walk-in service would be the first choice of only 7% of the sample, while ED is the first choice of only 0.39%

## Perception

Minor illness:  
reasons for  
choice

### Q7 Why would you choose that option? (you may select as many answers as you wish)

Answered: 733 Skipped: 75



48% simply believe that they are choosing the 'right service'

There is *no clear difference* between the importance of quality and convenience: the number of people highlighting convenience/speed (36% and 24%) is similar to those referring to trust/good service (33% and 28.5%)

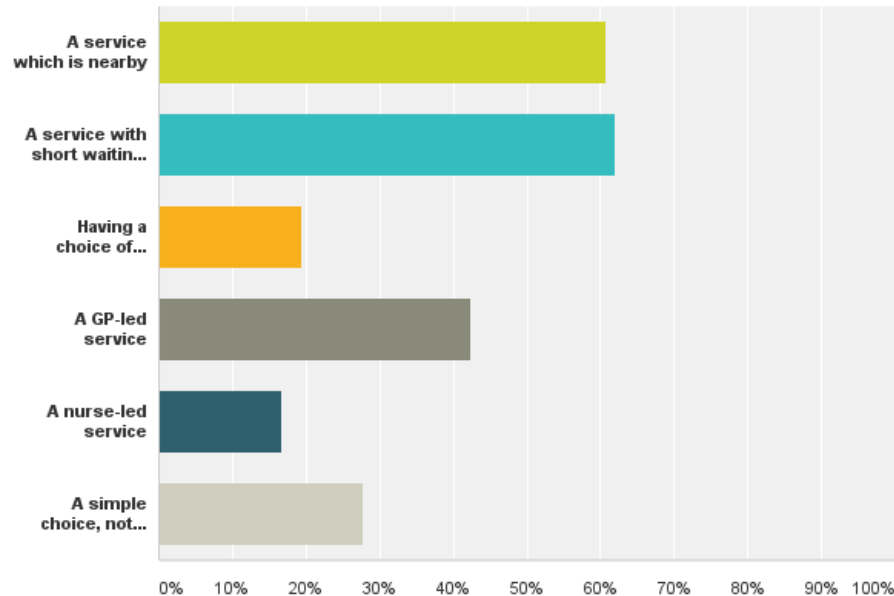
## CCGs' joint urgent care survey: July 2014

### Preference

### Minor illness: motivations

**Q14** When you have a minor illness, which of the following are important to you? (you may choose as many options as you wish)

Answered: 738 Skipped: 70



The clear motivating factors when choosing a service for a minor illness are rooted in convenience. Short waiting times (62 %) and proximity (61%) far outscore other considerations.

A GP-led service (42%) is preferred over a nurse-led service (17%), and a simple choice (28%) is prioritised over a wider range of choices (19.5%).

## Minor illness sub analysis

Of those choosing **GP** for minor illness, 49% simply say that is the right service, and 42% say they trust them. 31% say it is convenient but only 14% highlight short waiting times/fast service.

People choosing **pharmacist** value convenience more highly. 49% say it is convenient, and 42% point to short waiting times/fast service. A significant number (47%) think it is simply the right option to choose, but fewer people say they trust the advice, or think the service is good (c25% for both).

Those opting for **NHS111** strongly believe (57%) that it is the right option to choose – far higher than any other response. Significant minorities think it is convenient (24%) and a good service (22%). Only 14% would use it because they had seen it advertised.

For those choosing a **walk-in service** there is a spread of reasons behind the decision, but convenience outweighs quality. More people said it was convenient (44%), or chose short waiting times/fast service (40%), than said it was a good service (29%) or that they trust them (15%).

Motivations  
around  
MINOR INJURY

Page 38

# People's views on minor injury treatment choices

If you have a minor injury, what options would you choose and why...



## Experience

### Minor injury:

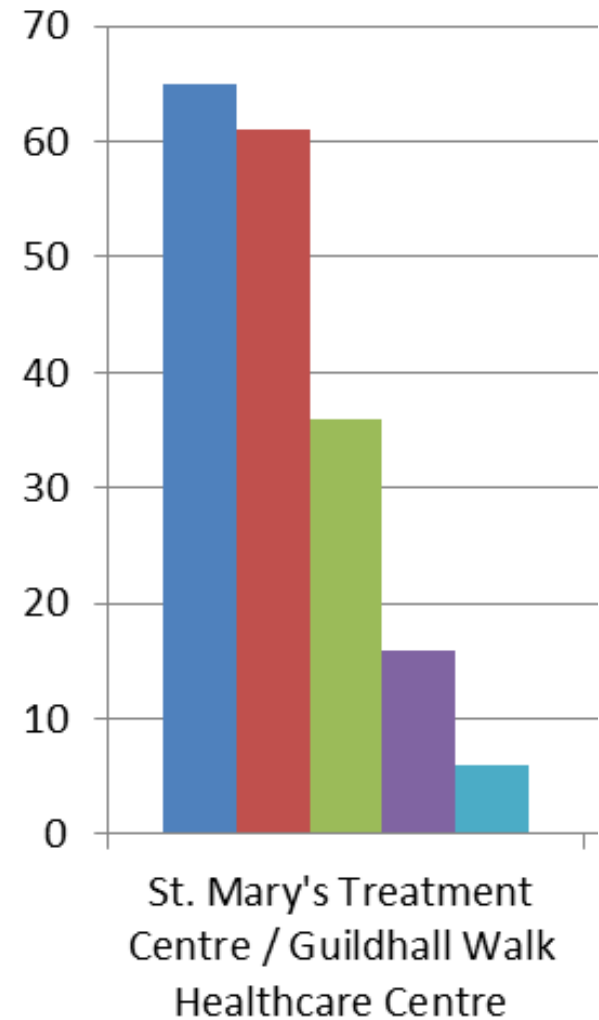
- 182 respondents had used MIU service
- 83% rated service either satisfactory, good or excellent.

Page 39

comments

- Clear information about how to access services and what each can offer
- Combined working between services and better communication

■ Excellent  
■ Good  
■ Satisfactory  
■ Poor  
■ Very poor



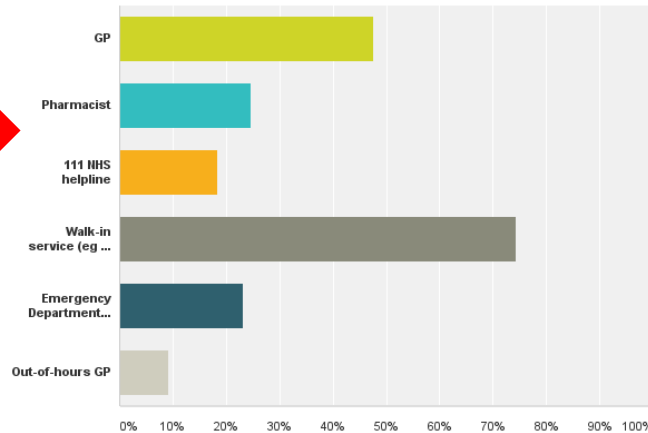
## Preference Minor injury:

- 74% would consider a walk-in service for a minor injury – significantly ahead of any other answer and much higher than for minor illness. The majority of 'other' responses also related to walk-in centres
- Only 23% say they would use ED
- Less than half (48%) would consider seeing their GP

Page 40

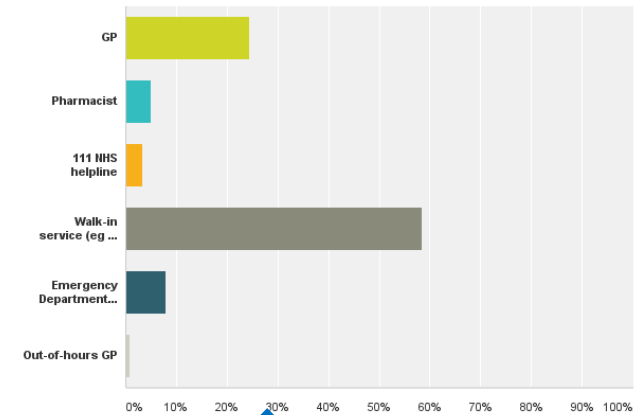
Q8 If you have a minor INJURY, which services would you consider using? (you may choose as many or as few as you wish)

Answered: 730 Skipped: 78



Q9 If you have a minor injury, which ONE of these services would you be most likely to choose? (one answer only)

Answered: 711 Skipped: 97



A large majority (58%) of respondents regard a walk-in centre as the first choice for minor injury. *The vast majority of 'other' responses also related to walk-in centres*

The only other significant response is GP (24%)

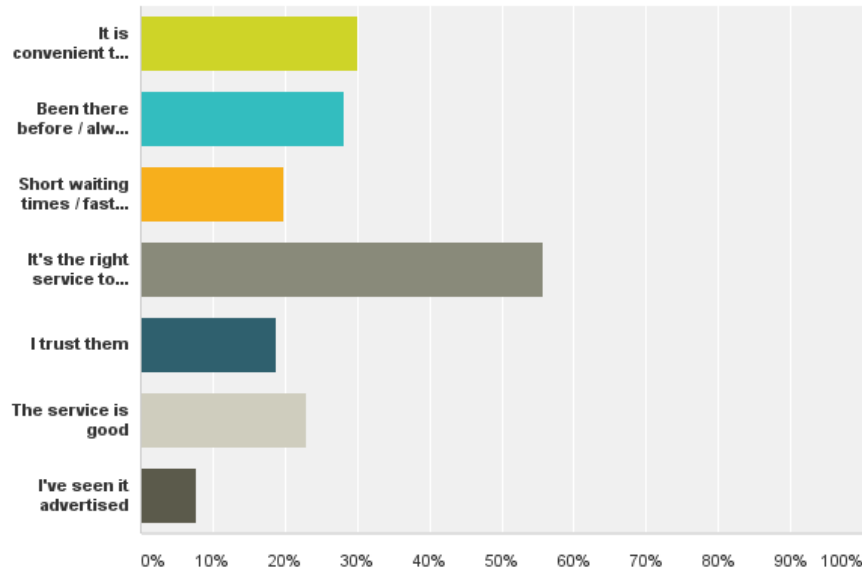
ED would be the preferred option for only 8%, whilst only 3% would contact 111

## Perception

Minor injury:  
reasons for choice

Q10 Why would you choose that option?  
(you may select as many answers as you wish)

Answered: 722 Skipped: 86



56% simply believe that they are choosing the 'right service'

Slightly more people prioritise convenience over quality. 30% said that convenience was the reason for their decision, and 20% cited waiting times/speed of service, compared to 23% saying the service is good, and only 19% saying they trust the service they chose

## Minor injury sub analysis

For those opting for a **walk-in** service for minor injuries the overwhelming majority (63%) simply say it was the right choice. More than a quarter choose it because they have been before/always go there (26%), and 25% say it is convenient. Although 20% say the service is good, only 9% say they trust it.

Of those choosing **GP** for minor injury, 42% simply say that is the right service. Trust (41%) is a key motivation although only 28% say that they chose the GP because the service was good. Convenience (37%) and been before/always go there (35%) were also key drivers, but short waiting times/fast service (18%) was not.

*Small sample:* More than half (51%) of those choosing **ED** say it is the right choice for a minor injury. Habit was important – 39% say they would choose it because they had been before/always go there, although only 10% say their choice was driven by short waiting times/fast service.

## Comments

### Walk in services

#### *Theme 1: Information*

Better publicity/information/advertising (195 responses)

Better patient education/advice (13)

Viewable waiting times (4) Online booking (3) Better signposting (4)

#### *Theme 2: Provision*

More/better/expanded services at specified location (53)

More/better/expanded services at unspecified location (25)

Shorter waiting times (35) Better/quicker triage (12) Longer hours (15)

More staff (16) Better/nicer staff (7) More skills/competencies/doctors (15)

Better/more/free parking (6)

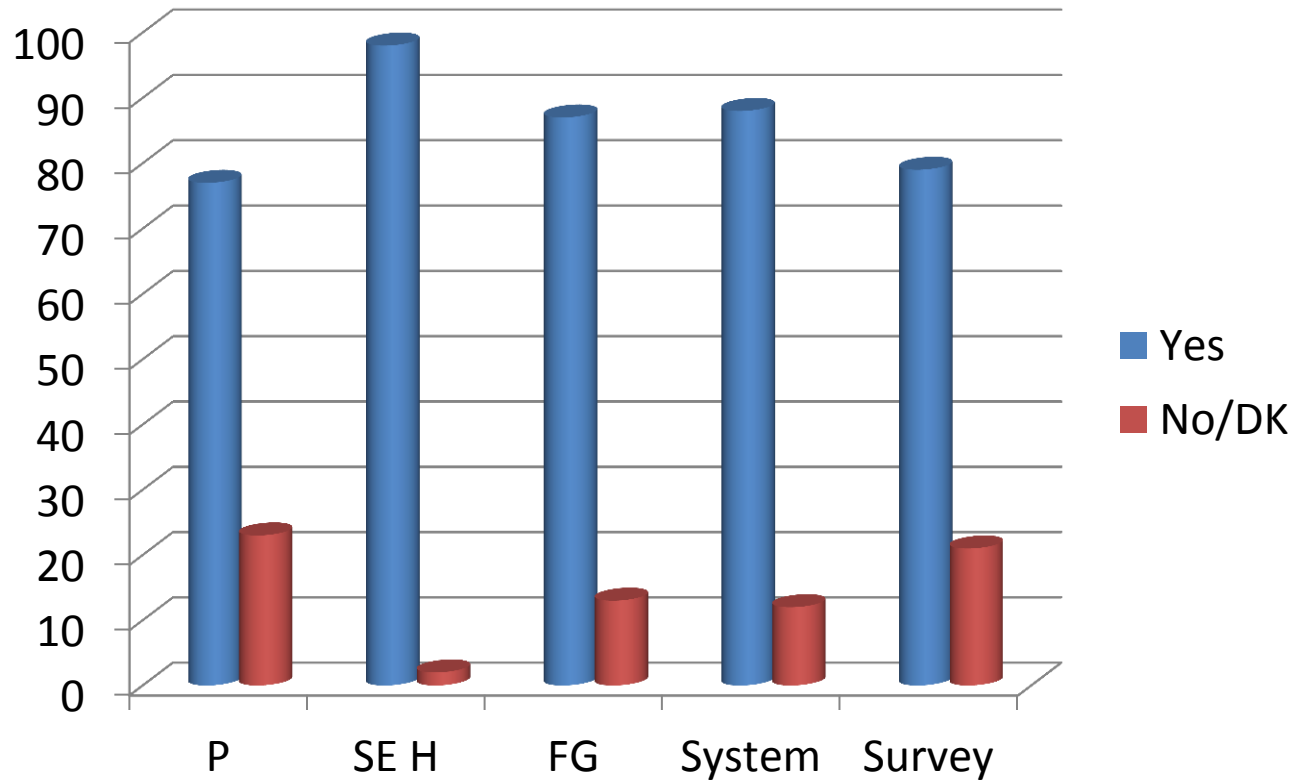
#### *Theme 3: System*

Better/easier GP access (18)

Centralise/rationalise/simplify (14)

**Awareness**  
MIUs/Walk in  
centres:  
'have you heard  
of them'

Page 44



**System =**  
average of 3  
CCGs

**Survey =**  
results across  
whole area

In Ports one quarter of all respondents weren't aware of MIU – maybe confused given local use of 'treatment centre' to describe this service. Awareness in SE H much higher than elsewhere (98%) – and greater awareness within system than survey area as a whole.

## Experience

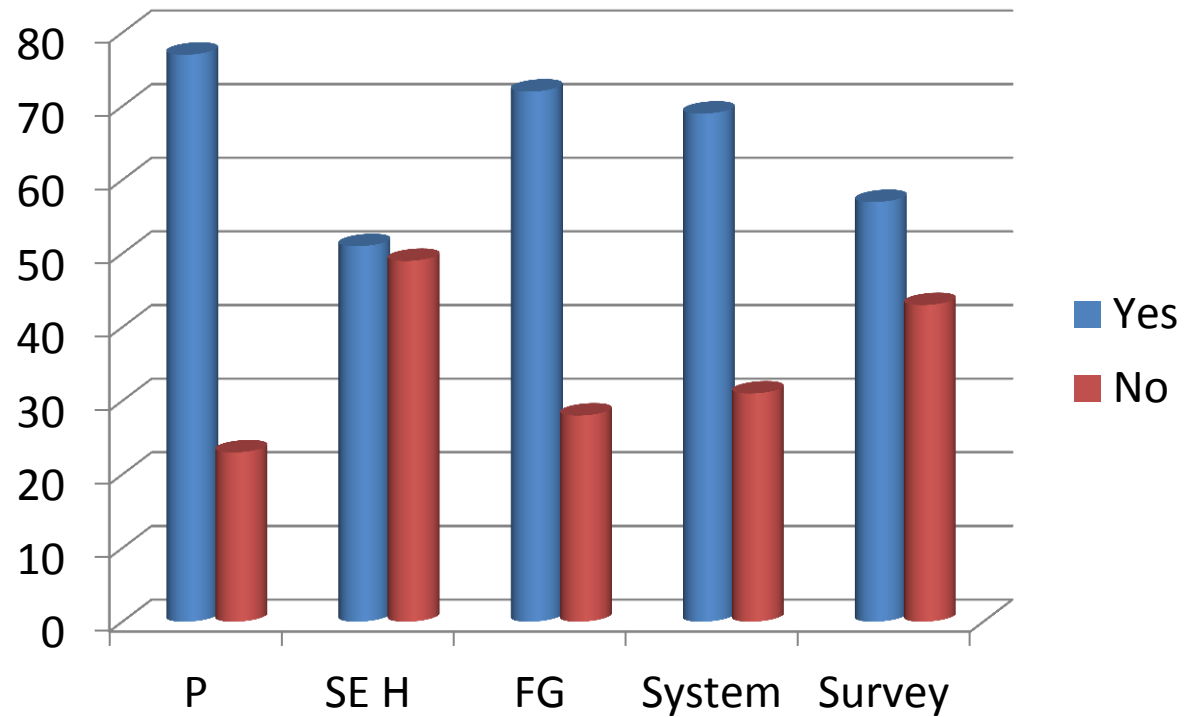
MIUs/Walk in centres:

'have you used'

Page 45

**System =**  
average of 3  
CCGs

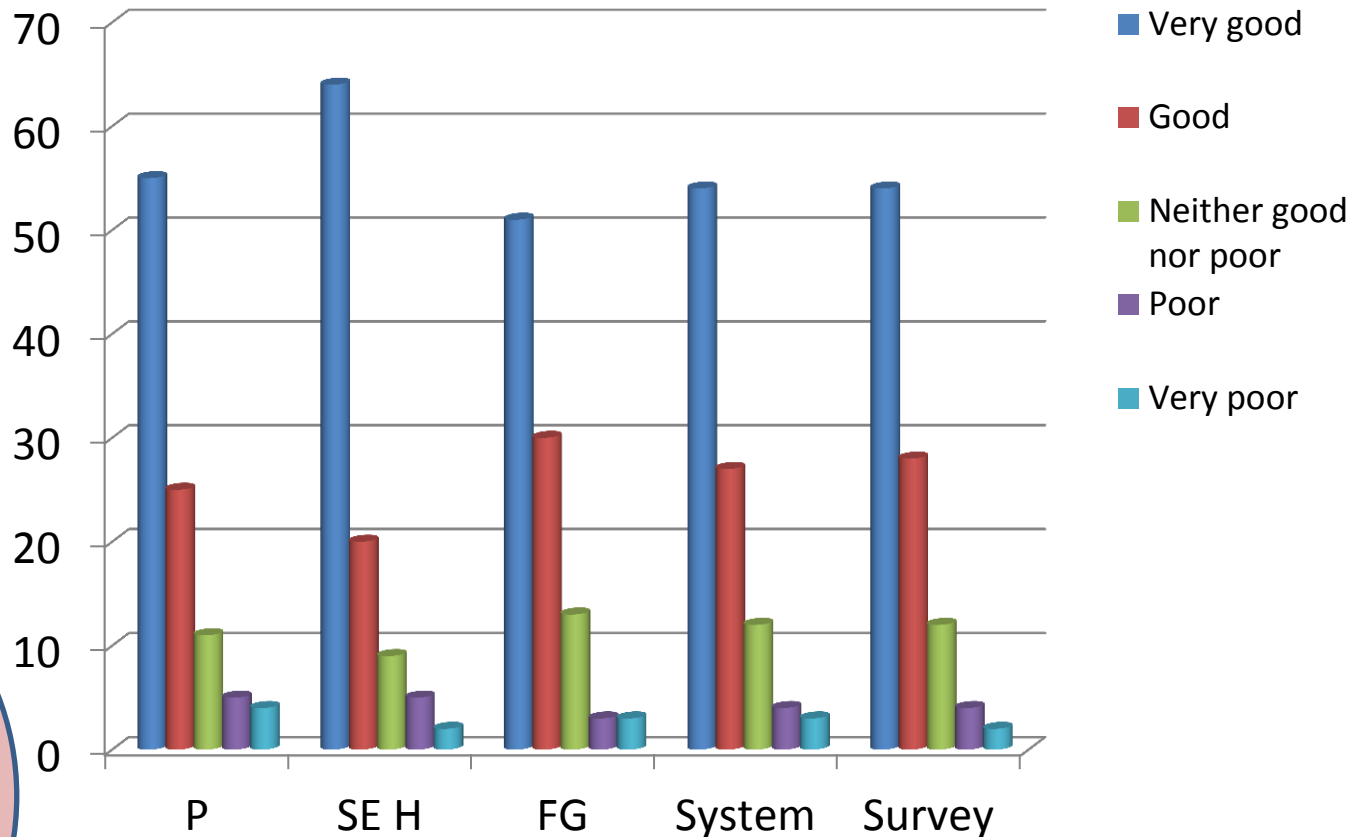
**Survey =**  
results across  
whole area



Almost a reversal from previous question – fewer people in Ports had heard of MIUs but a greater proportion had used than in SE H where more people had heard of them. Usage generally higher for system than for survey as a whole.

Experience  
MIUs/Walk in  
centres:  
'how would you  
rate'

Page 46



System =  
average of 3  
CCGs

Survey =  
results across  
whole area

Experiences are positive on the whole across the area with a broad similarity between those who are either dissatisfied or ambivalent about the service they have received.



## Experience

MIUs/Walk in centres:

'snapshot of comments about service'

Excellent. The waiting time was minimal, and the doctors seemed helpful and knowledgeable

Had to wait a long time, but was at a weekend so happy to be seen at all. Very helpful.

The doctor gave a different diagnosis to the one the GP gave the next day

Long wait times - even when the centre is not so busy.

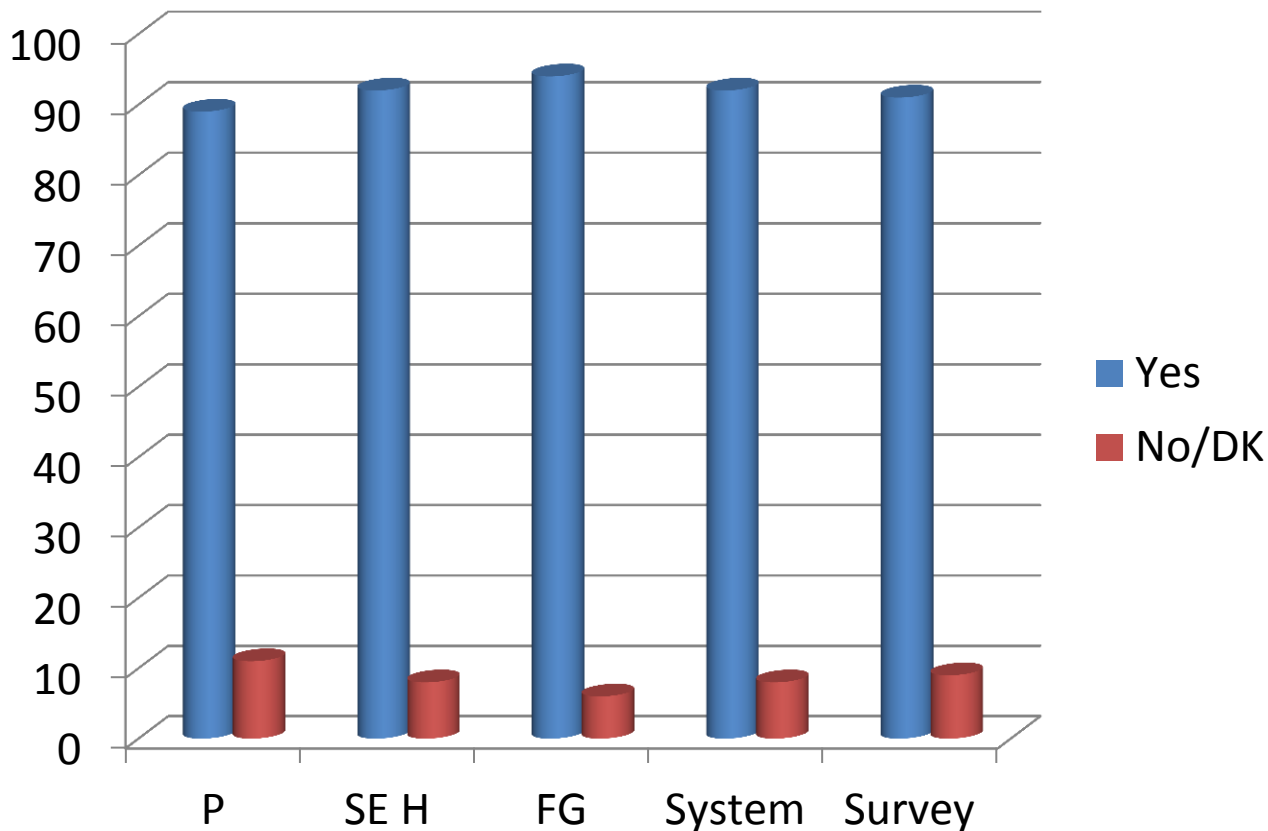
Always very helpful & efficient

Preference  
MIUs/Walk in  
centres:  
'would you use  
in future'

Page 48

System =  
average of 3  
CCGs

Survey =  
results across  
whole area

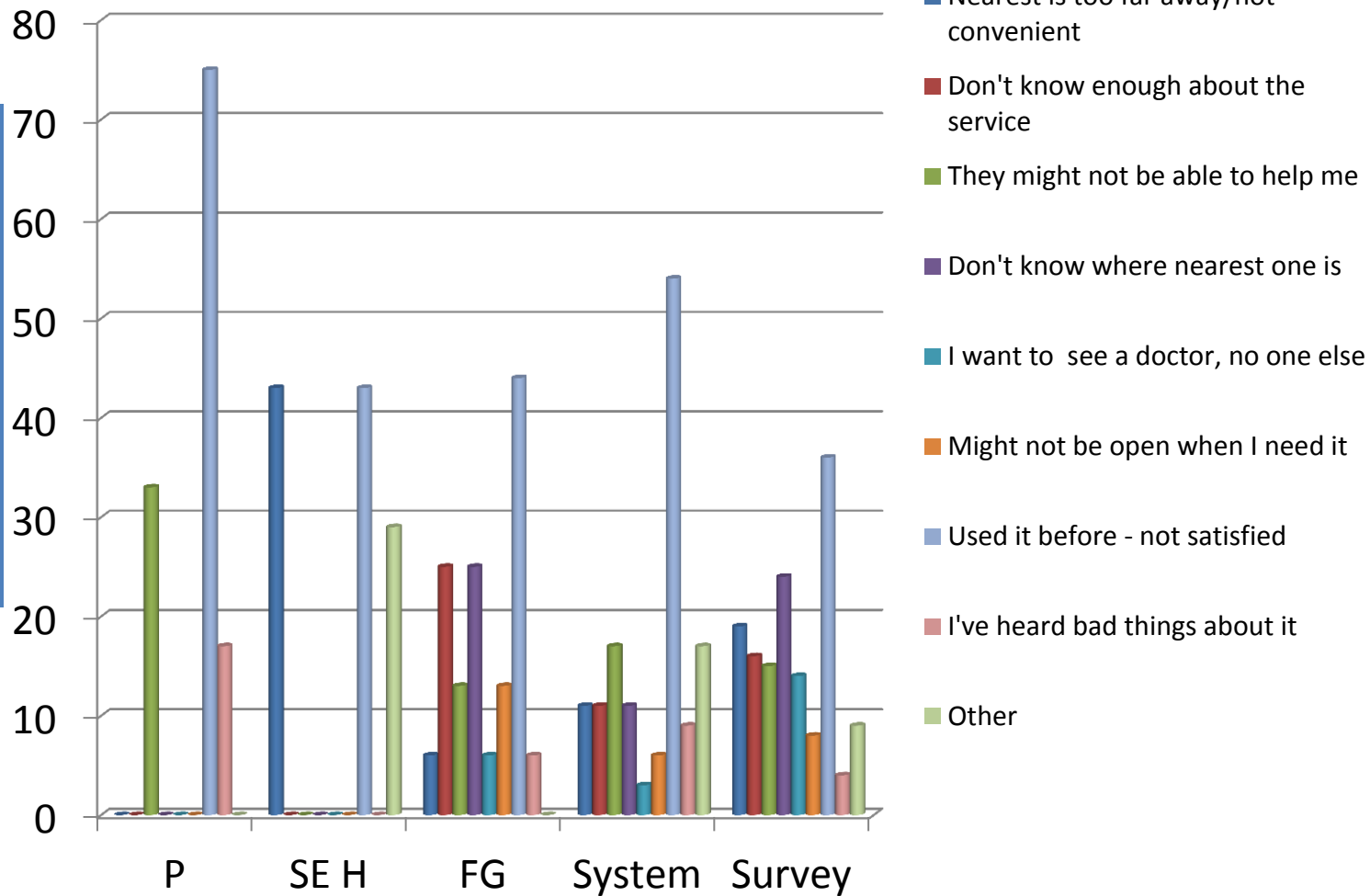


Again high rates of positivity in answer to this question – and perhaps some 'new recruits' to using this service as a result of the campaign.

Perception MIUs/Walk in centres: 'why would you not use in future'

Page 49

(Choose any that apply)



System = average of 3 CCGs

Survey = results across whole area

It would appear that some people are being put off using an MIU or walk in centre because of a previous unsatisfactory experience – this was the top response across all three CCGs. Distance to travel, perhaps understandably, is a concern in SE H; interestingly in FG 25% of respondents cited both 'don't know enough' and 'don't know where nearest is' which suggests still more to do to raise awareness.

## Treatment centre v Guildhall Walk

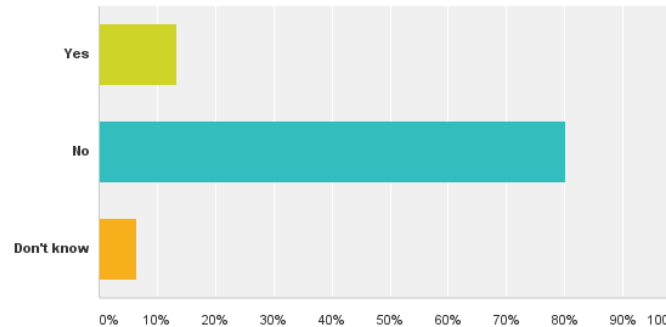
- Only 1 person in 8 said 'they knew' the difference between the two walk-in facilities in Portsmouth...but are right!

Page 50

- 91 responded; 40 said SMH was an injuries centre, with GP/illness services at GHW. 26 said that the difference was that GHW was GP-led and SMH was nurse-led. *Only 10 gave a fully correct answer.*

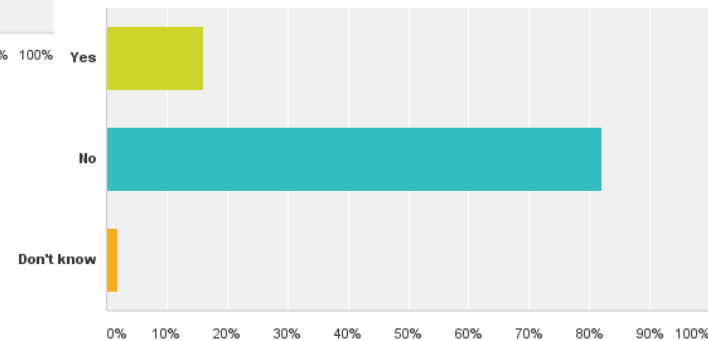
**Q11 In Portsmouth there are NHS walk-in services at Guildhall Walk and at St Mary's Hospital. Do you know the differences between them?**

Answered: 754 Skipped: 54



**Q13 Did you know that there are TWO walk-in services at St Mary's – one for minor illnesses, and one for minor injuries?**

Answered: 733 Skipped: 75



**Only 16.10% of respondents said they knew SMH had both a minor injuries and a minor illness service**

# People's views on GP treatment choices

Knowledge of, experience of and  
likelihood of using in future...

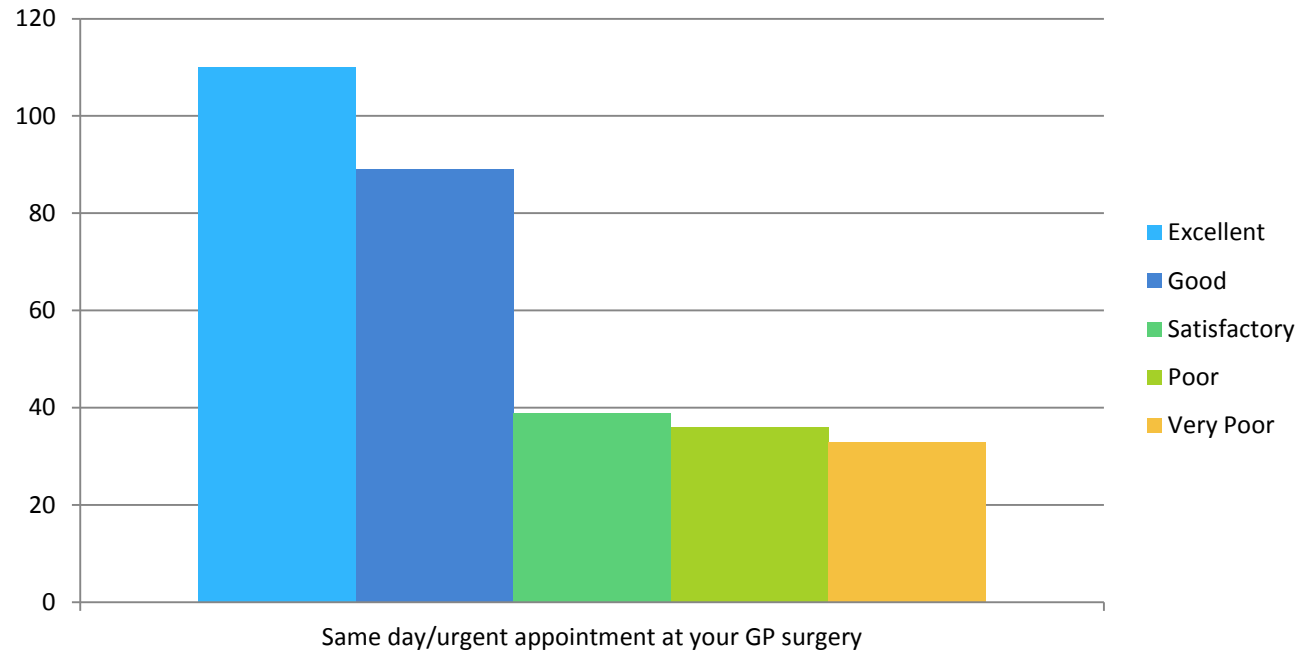
## Under Pressure Campaign with The News: **January 2014**

### Experience

GP urgent care:

- 308 people had used for urgent appt
- 78% rated service either satisfactory, good or excellent

Page 52



comments

- More flexible appointment booking (online)
- Ability to see same GP each time
- 56% would consider 'virtual' appointment
- 80% would favour more appointments to be available, including before 8.30am, after 6pm and at weekends

## Awareness

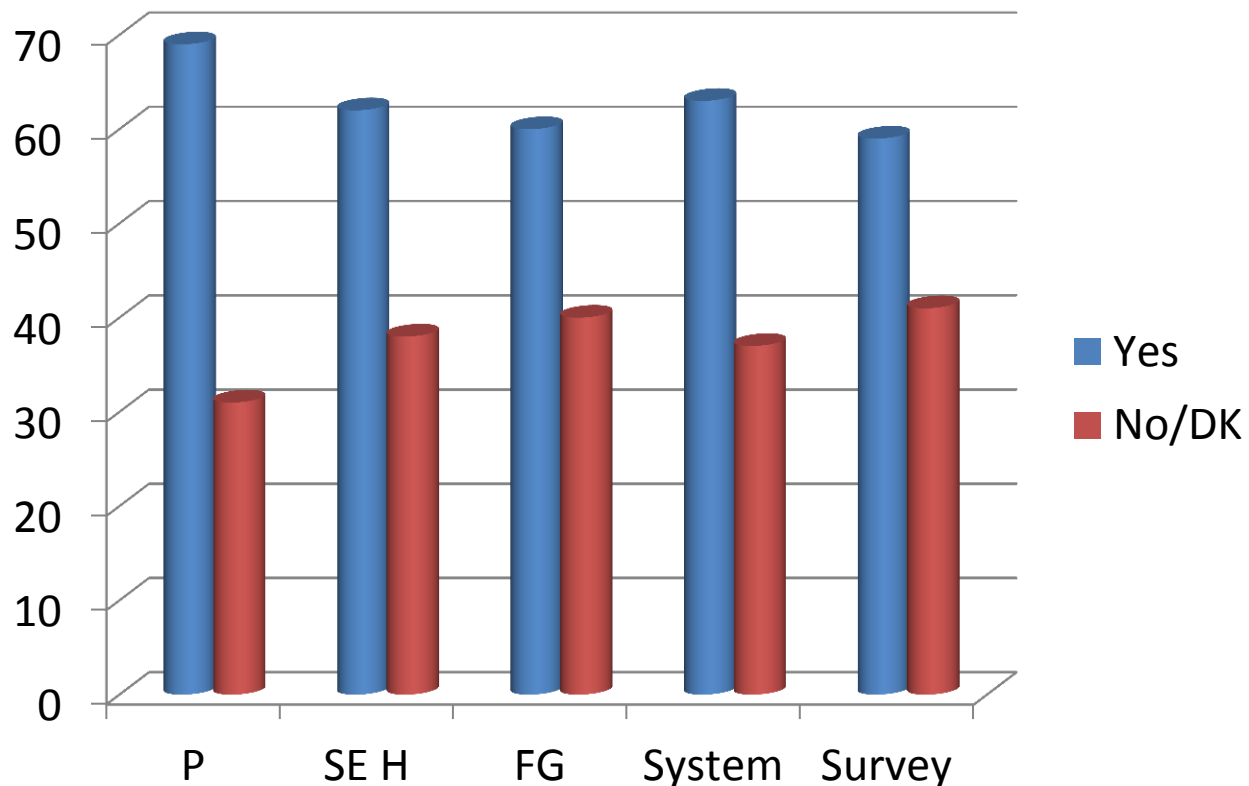
GP urgent care:

'did you know practices offered same day appointments'

Page 53

System =  
average of 3  
CCGs

Survey =  
results across  
whole area



Relatively consistent but a significant proportion of people say they are not aware that GP practices offer same day appointments. This is the case for 40% of respondents in FG.

However awareness is slightly better across the system than for the overall survey area where the figures are 59:41

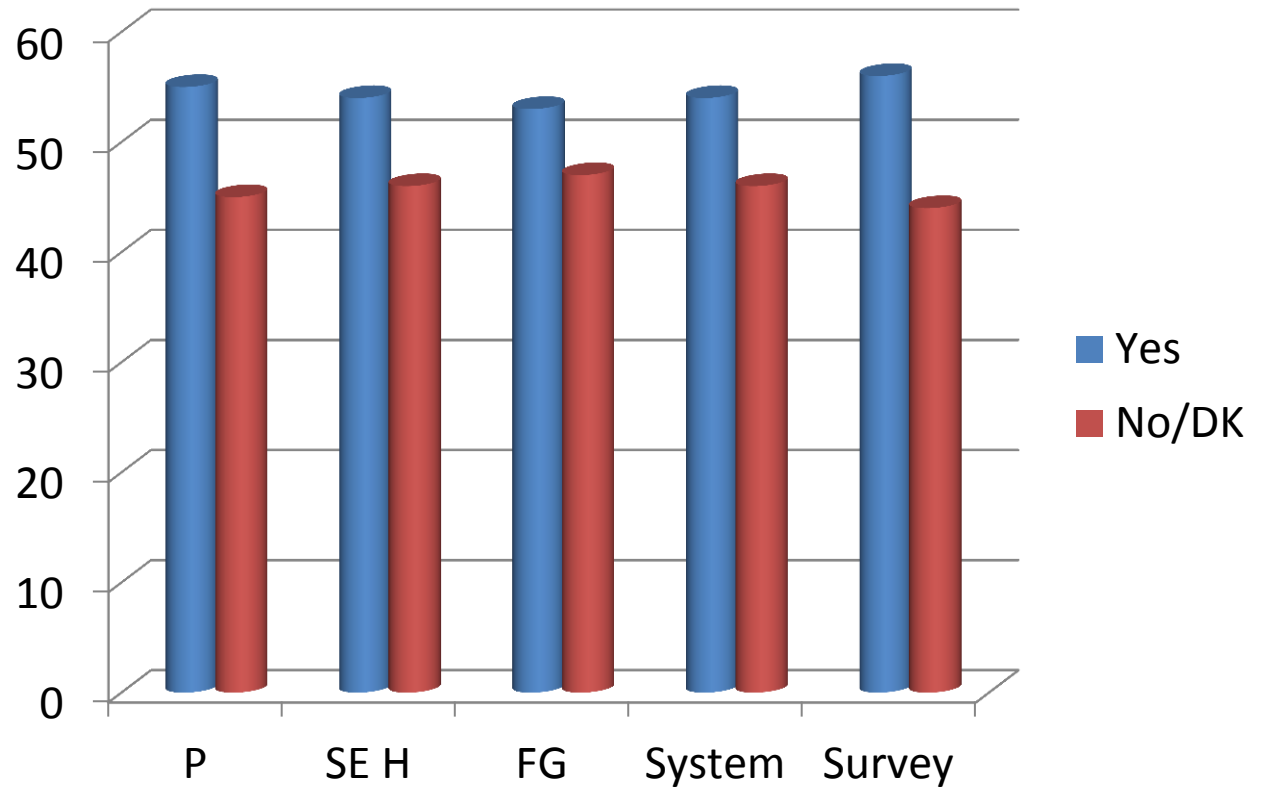
## Experience

GP urgent care:  
'have you ever  
contacted your  
surgery for an  
urgent health  
problem'

Page 54

**System =**  
average of 3  
CCGs

**Survey =**  
results across  
whole area



Again relatively consistent figures across the board but still only half of those responding had contacted their surgery for an urgent health problem. Clearly it may just be that people haven't needed to...



## Wave 105 survey: Feb 2015

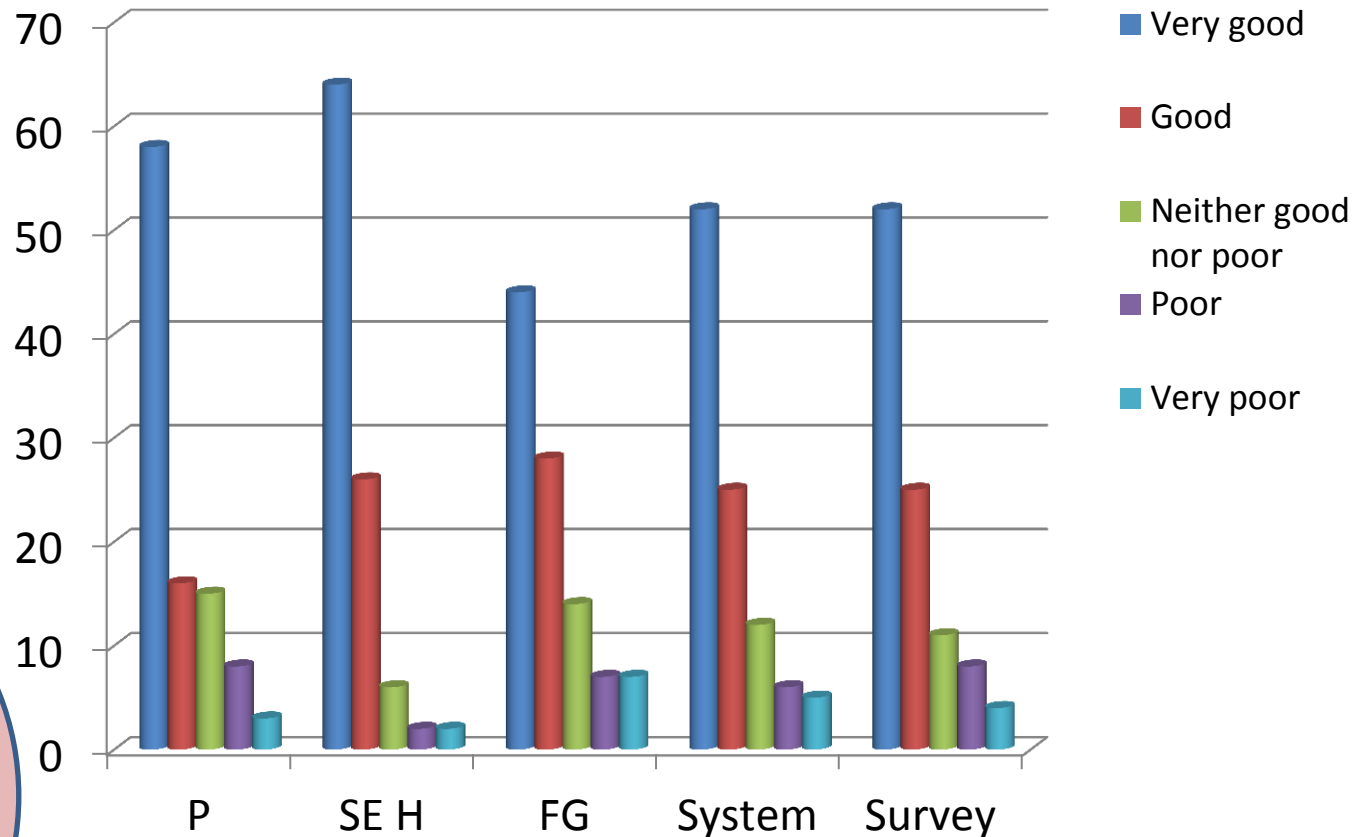
### Experience

GP urgent care:  
'how would you rate'

Page 55

System =  
average of 3  
CCGs

Survey =  
results across  
whole area



People in SE Hampshire were more likely to praise the service they received – some 90% rated it good or very good. For Fareham/Gosport this figure was a bit lower (72%) but still strong, but fewer than half gave the service the top mark. However Portsmouth scored strongly on the 'very good' rating (58%.)

## Experience

GP urgent care:

'snapshot of  
comments about  
service'

Always helpful and  
always able to give me a  
urgent appointment on  
that day.

Not too bad but it was  
difficult to get an  
appointment.

Sorry, no appointments  
for 2 weeks! Either go to  
the walk in centre or go  
to A & E!!!

Excellent service GP  
came to my home  
straight after surgery as  
I was too ill to go to my  
appointment

In hours it was OK, out of  
hours it is quicker to use  
111.

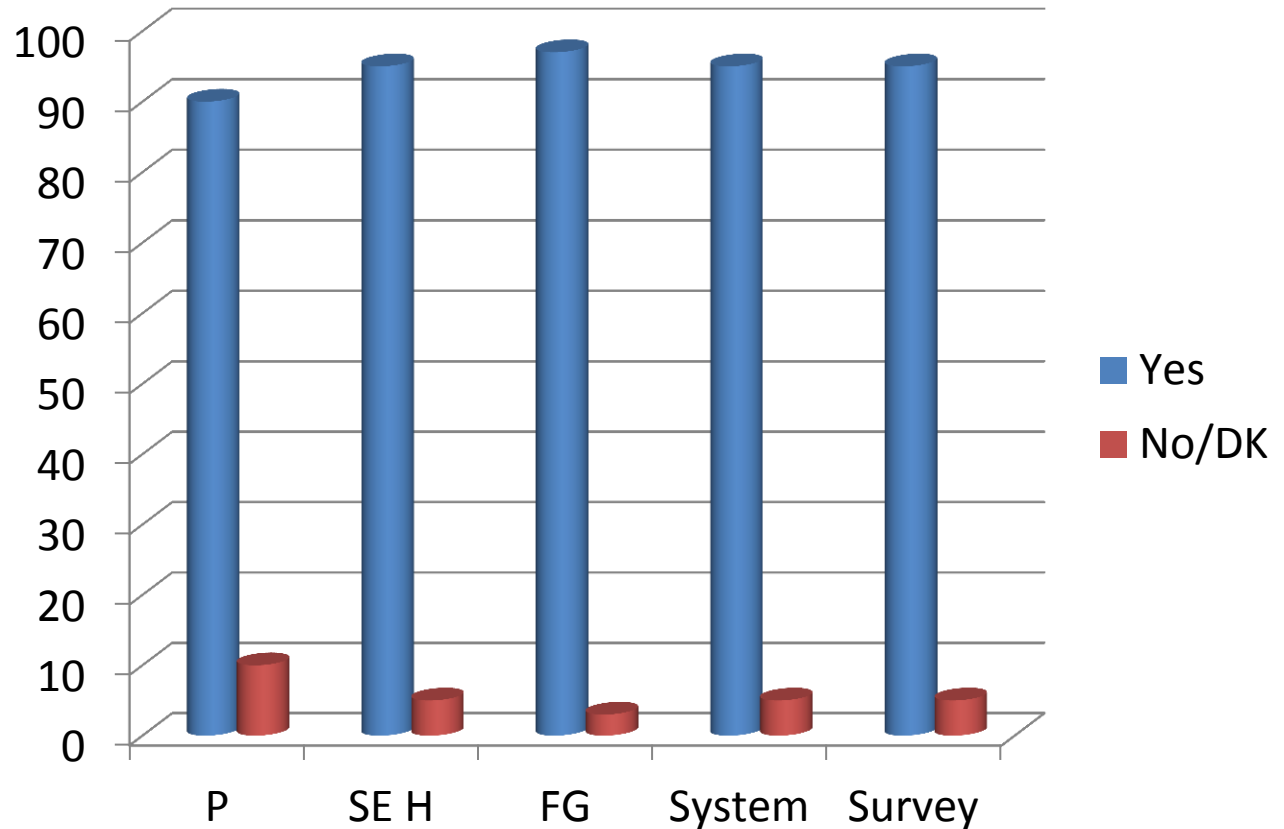
## Preference

GP urgent care:  
'would you use  
in future'

Page 57

**System =**  
average of 3  
CCGs

**Survey =**  
results across  
whole area



A resounding endorsement all round to reflect people's loyalty to, and trust in, their local GP practice.

Worth noting that half of those questioned had originally stated that they weren't aware that their practice offered same day appointments so awareness raising has perhaps been a factor here.

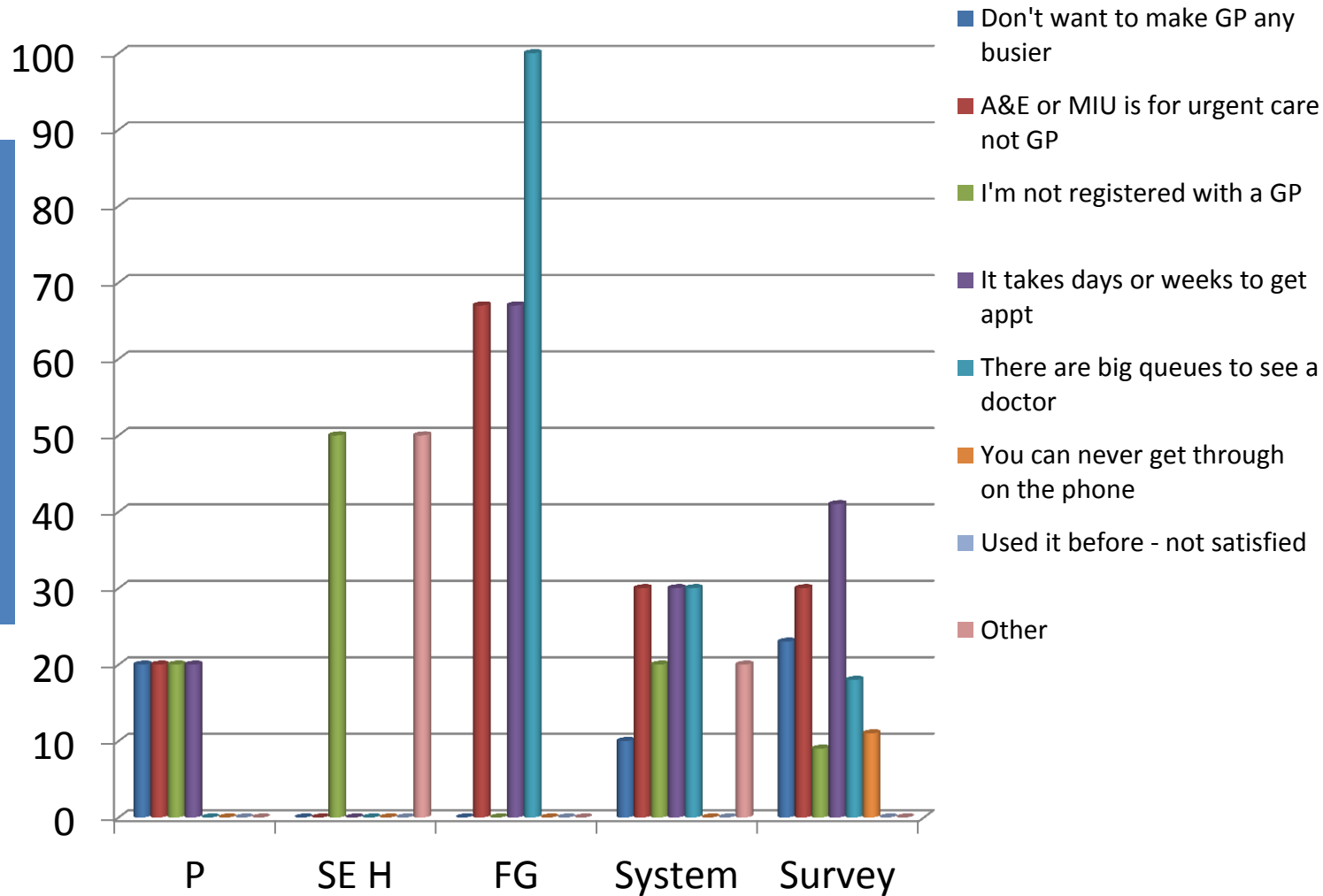
# Perception

GP urgent care:

'why would you not use in future'

Page 58

(Choose any that apply)



Some real discrepancies here. People in FG are clearly reporting actual or perceived problems with getting an appointment. 'Big queues' is an issue for all respondents in FG, but not in SE H or Ports. Also interesting is that half of those who responded to this question in SE H are not registered with a GP, likewise 1 in 5 in Ports. No reported issues with getting through on the phone or the service provided.

System = average of 3 CCGs

Survey = results across whole area

# People's views on NHS111 treatment choices

Knowledge of, experience of and  
likelihood of using in future...

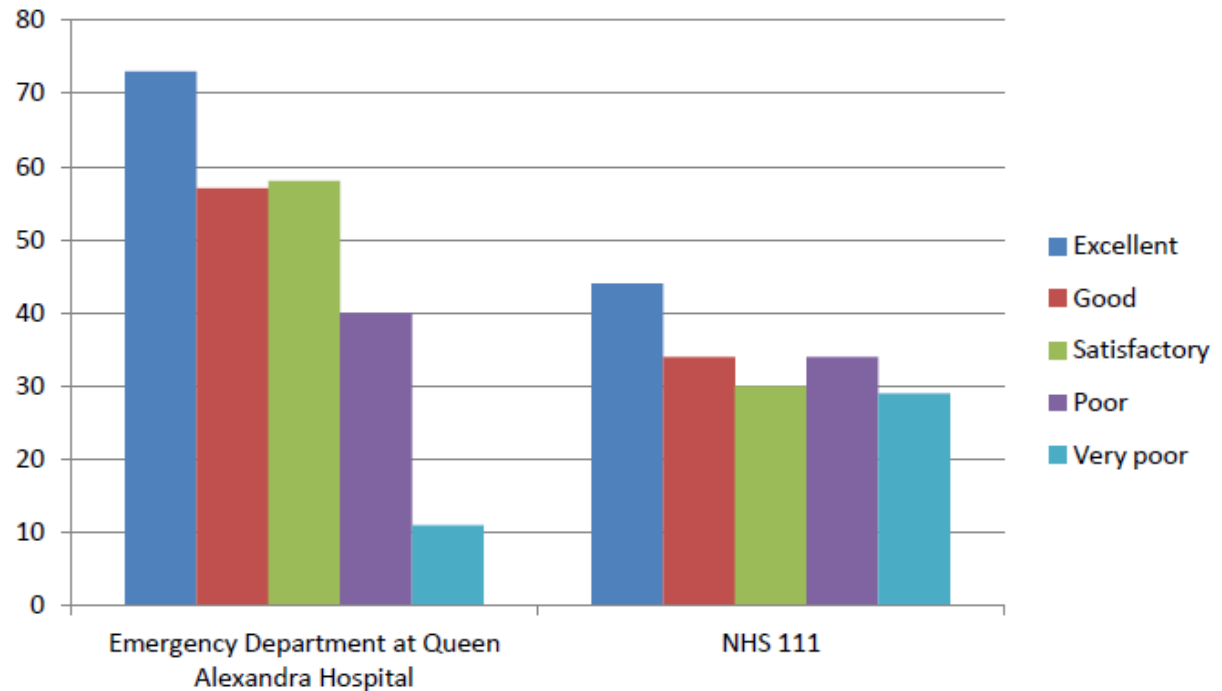
## Under Pressure Campaign with The News: **January 2014**

### Experience

#### QAH/111:

- 239 had used A&E
- 78% satisfied or better
- 171 had called 111
- Two thirds 'satisfied', one third 'poor'

Page 60



comments

- Alternative services: signposting and info
- Patients under influence of alcohol should have separate unit and be charged
- Shorter waiting times with children
- More information about waiting times
- 111: more relevant questions/call back times

## Awareness

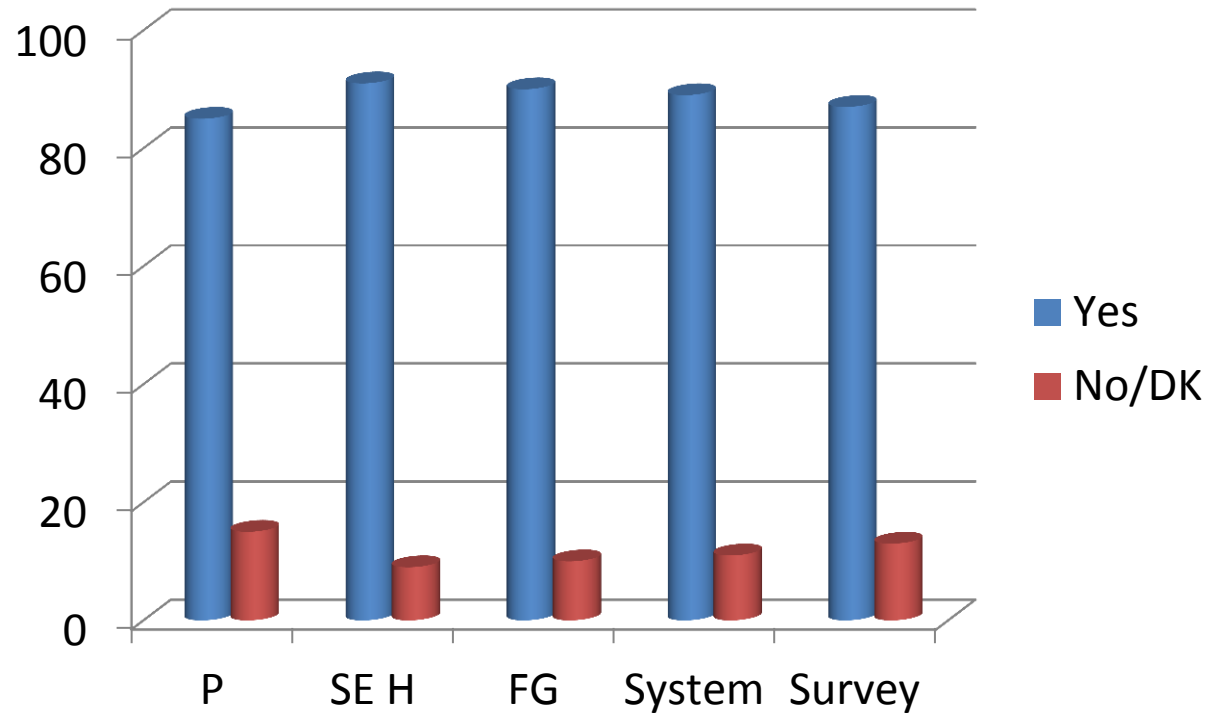
NHS111:

'have you heard of it'

Page 61

**System =**  
average of 3  
CCGs

**Survey =**  
results across  
whole area



Broadly similar but range locally from 85% in Portsmouth to 91% South Eastern Hampshire

All local CCGs performed better than whole survey which was 87:13

Wave 105 survey: Feb 2015

## Experience

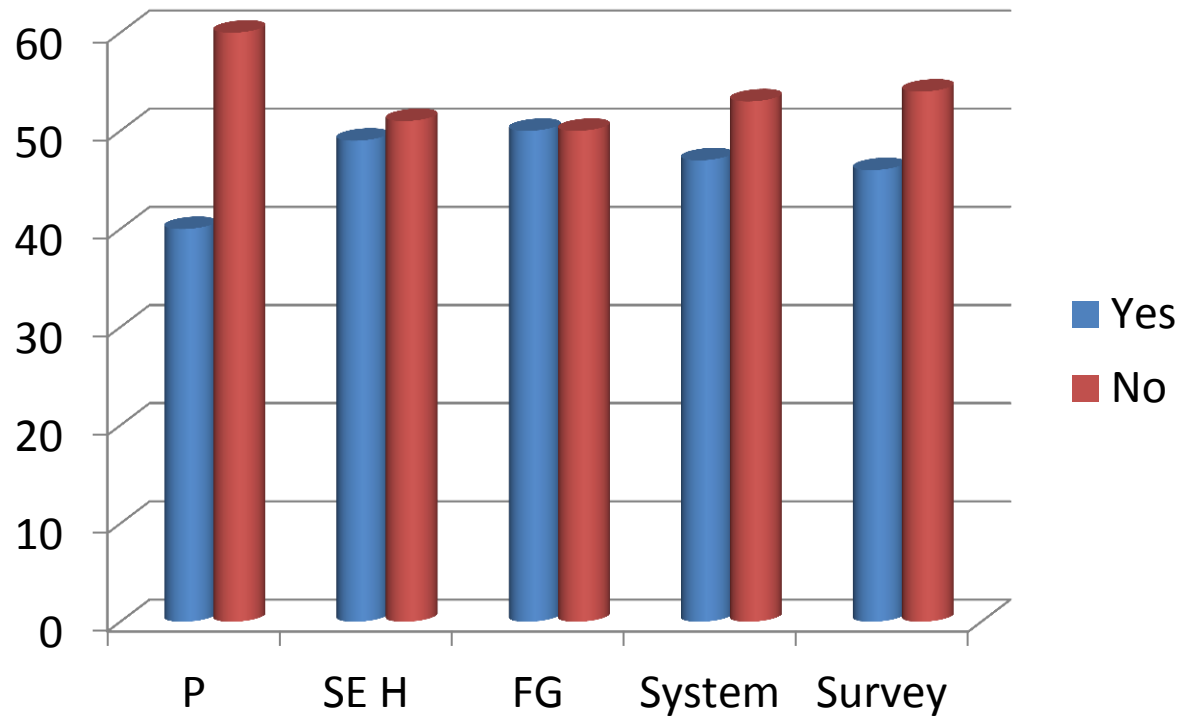
NHS111:

'have you called it'

Page 62

System =  
average of 3  
CCGs

Survey =  
results across  
whole area



Broader variation here – ranging from around 40% of people in Portsmouth who had called NHS111, to 50% in FG



## Wave 105 survey: Feb 2015

### Experience

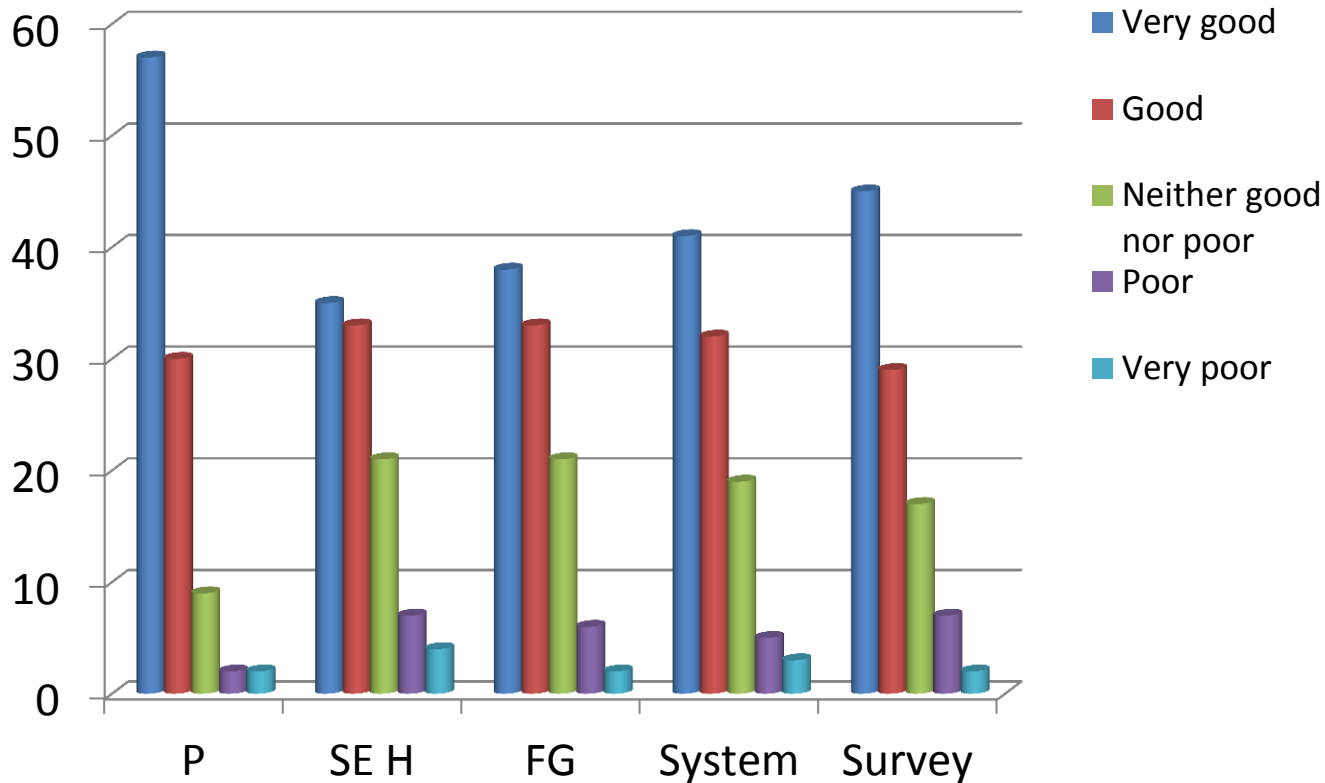
NHS111:

'how would you rate'

Page 63

System =  
average of 3  
CCGs

Survey =  
results across  
whole area



Considerably more people in Portsmouth rated the service highly (57%) than elsewhere. In SEH only 1 in 3 shared that view although the service provider is the same.

Ratings overall in Portsmouth are higher even though fewer people have used or heard of the service. There is a more consistent picture across the other areas.

## Experience

NHS111:

'snapshot of  
comments about  
service'

Page 64

Excellent, very helpful and good advice given

It was obviously slower than dialling 999 but the response was perfect for the situation I was faced with.

Not particularly good. I waited 11 hours for a call back.

Happy with service, staff were polite and attentive and got me to the correct level of care

It did not resolve my query on one occasion and on another the delay in somebody getting back to me was excessive. I would not feel confident using it other than for a minor problem.

## Preference

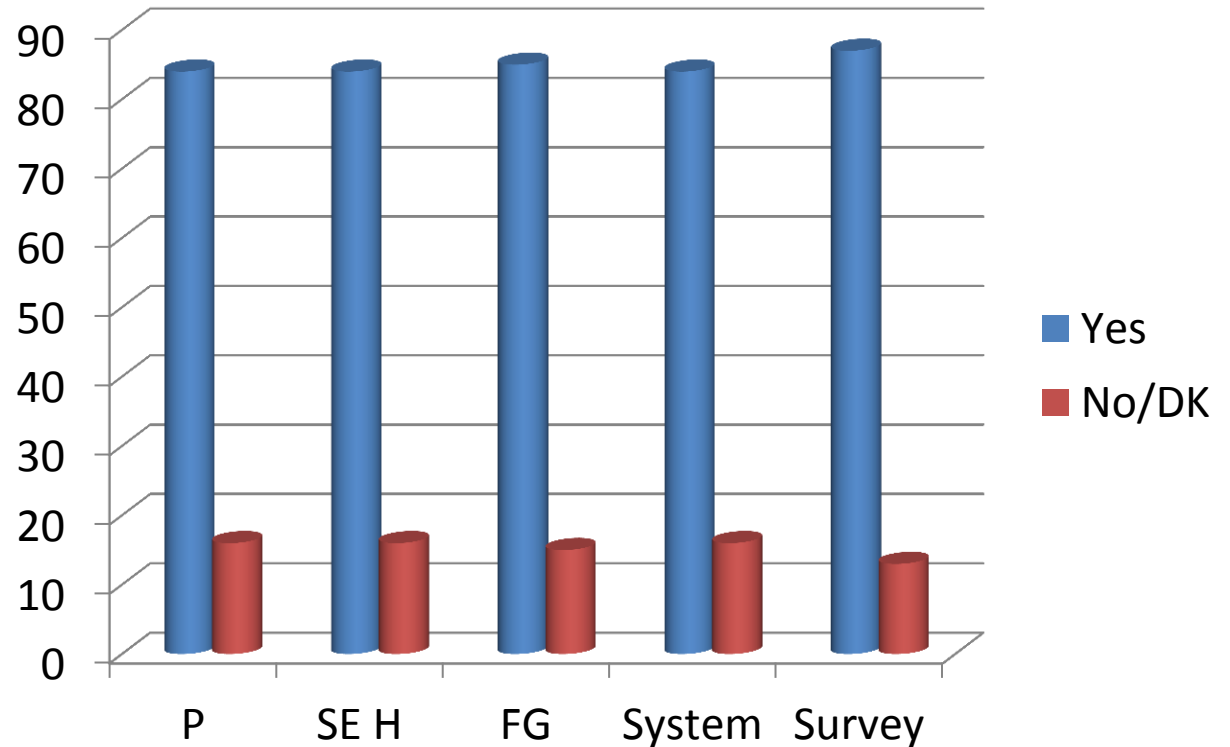
NHS111:

'would you use  
in future'

Page 65

**System =**  
average of 3  
CCGs

**Survey =**  
results across  
whole area



These figures are encouraging and show an improvement on similar questions around usage from the Summer 2014 survey.

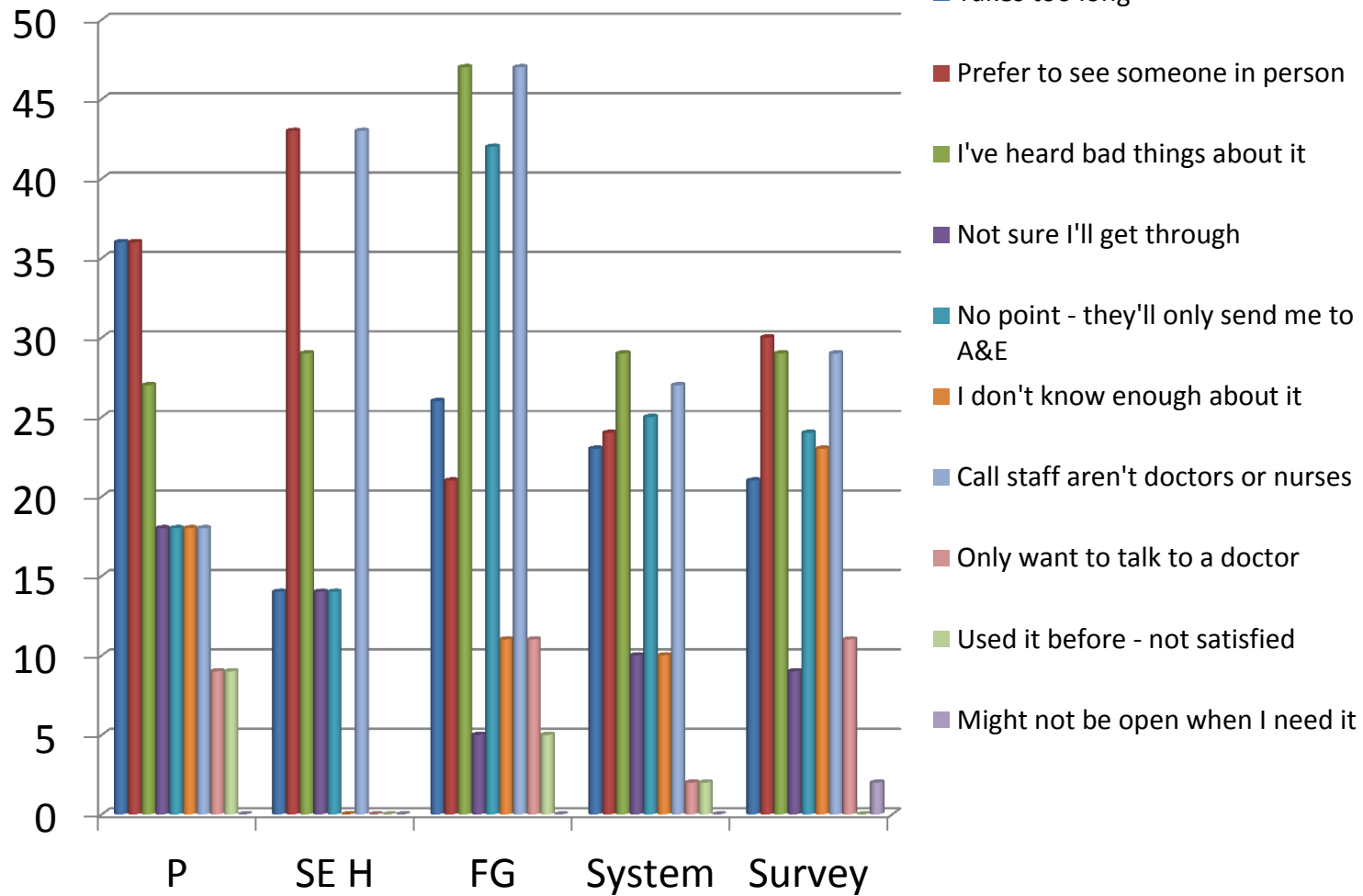
# Perception

## NHS111:

'why would you not use in future'

Page 66

(Choose any that apply)



System = average of 3 CCGs

Survey = results across whole area

People are not yet convinced by NHS111; 'I've heard bad things about it' featured in the top three reasons for each CCG and was the chief concern across the system. Also concerns that call staff aren't doctors or nurses and, perhaps as a result of this, people would be sent straight to A&E. Most people seemed to think they knew enough about the service and would get through if they tried it.

## Perception

NHS111:

'snapshot of comments: why I would not use in future'

For health matters, I will use my judgement. i.e. deal with oneself. Or visit drop in centre, GP, or A&E

Suffer multiple conditions know what to do when I need hospital or doctor appointment

I haven't heard of it

They won't take your call if your calling about a parent at a different address.

I believe this to be like all call centres and if you have a query that does not fit in with their answers something may be missed

# People's views on Pharmacy treatment choices

Knowledge of, experience of and  
likelihood of using in future...

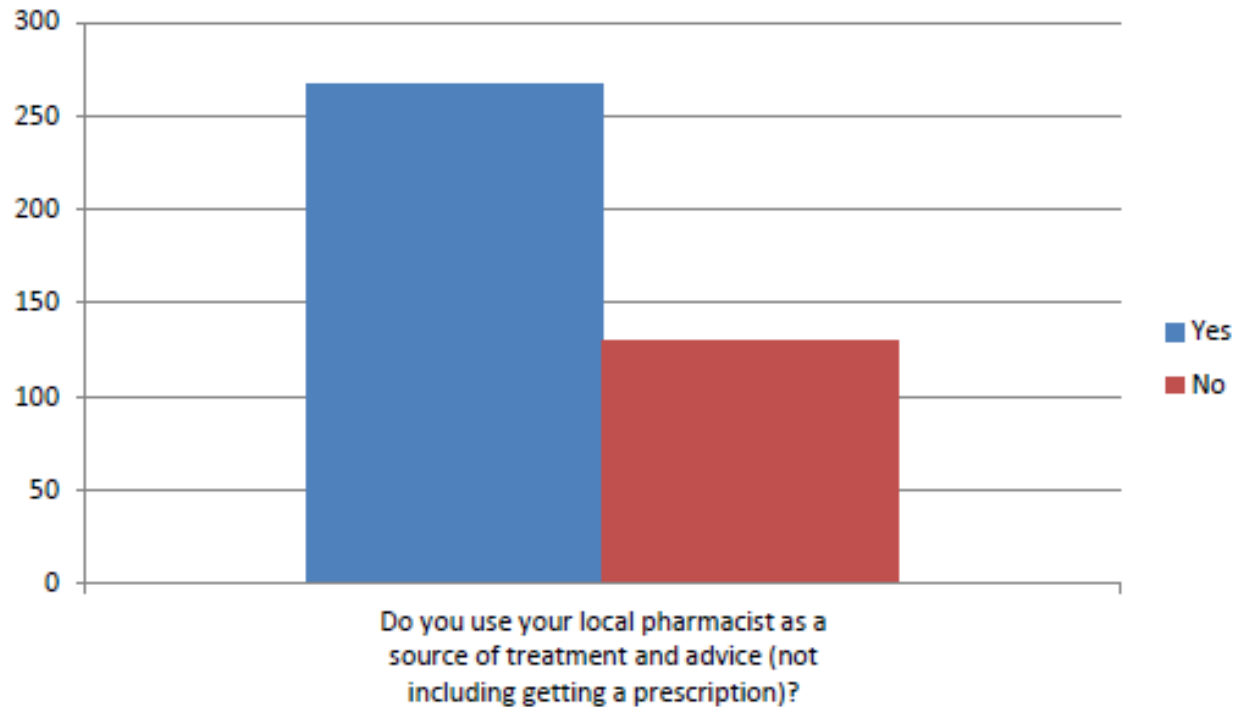
## Under Pressure Campaign with The News: **January 2014**

### Awareness

#### Pharmacies:

- 267 responded
- Two thirds said they used local pharmacist as source of treatment and advice.

Page 69



comments

- Private consultation space
- Confidence in advice
- Better trained counter staff
- Need more information about services
- Ability to directly prescribe day to day medicines.

Reiteration of  
key messages, in  
summary

# Key messages

Page 70

Common and recurring themes across  
the three surveys



Headline summary: recurring themes/ key messages about services derived from the three surveys

Page 71

About GP urgent care

One third of people don't know about same day GP appointments

Most people would seek their GP first if they were ill, then a pharmacist – for injury MIU was top choice

People are very keen for more access to GPs, a broader range of appointment times and more flexible ways to book

People don't think it's easy to get an appointment with a GP (so head for A&E instead)

95% would consider using GP same day appointment service (now they know about it)

About NHS111

Only half of those responding had tried either a same day GP appointment or NHS111 when they had a health problem

One in four think NHS111 will just redirect callers to A&E

Over 80% would consider using NHS111 in future – those that wouldn't say they have heard bad things or want clinical call handlers

About Minor Injuries

One in four in Portsmouth still don't know about St Mary's/MIU (1 in 8 in FG, 1 in 50 SE H)

Over 90% across area would consider using MIU in future

Over 60% of those choosing an MIU for treatment do so because they think it is the right choice

About Pharmacy

Two thirds had used as a source of treatment and advice

Only around one third would consider using instead of a GP if they had a minor illness

Confidence in the advice given is still a significant factor in people not using pharmacy as an urgent care option

Page 72

**Headline summary:**  
recurring opinions –  
'how we can solve the problem...'  
derived from the three surveys

Making it easier to see a GP is the top reason given to solve urgent care pressures

People say a simpler urgent care system is the most important consideration – then distance to travel, then quality

Not knowing the alternatives is still a key reason given for why people attend A&E when they could go elsewhere

People want individuals to take more responsibility themselves for minor injuries or health problems rather than rely on the NHS for support

Charging people for inappropriate A&E attendance or turning people away – both are highly supported by local people

There is still an appetite for more flexible appointment times and appointment booking systems with GP surgeries

Providing more choices or investing more is not seen as the answer – but personal responsibility, more information and a simpler system are

# Appendix

Further findings from the Wave survey

## Survey with Wave 105FM: February 2015

### What the survey told us: People's experience of services

- Fewer people (40%) in Portsmouth have used the NHS111 service than elsewhere but those that have rate it more highly than SEHF+G and elsewhere.
- 'I've heard bad things about it' is the main reason why people across the system would not use NHS111 in future (29%); other chief concerns are 'Call staff aren't doctors or nurses' and 'I prefer to see someone in person'
- One person in four across the system thinks NHS111 will just redirect them to A&E – three times as many people in FG think this than SEH
- But 84% will consider using NHS111 in future
- Around one in three people across the system (37%) are not aware that GP practices offer same day appointments. Nearly everyone (95%) would consider this option in future with three quarters of those who have used the service before rating it 'good' or 'very good'
- Availability of appointments was the main reason given for not using GP practice for urgent care in future (30%) though the same proportion of people suggested that A&E would be their first port of call for an urgent problem.
- One in four people in Portsmouth say they haven't heard of NHS walk in services, compared with one in eight in FG and just one if fifty (SEH.)
- Over 90% of people would consider using a walk in service in future; those that wouldn't cite previous dissatisfaction with the service (54%); one in ten didn't know where their nearest service was.



## Survey with Wave 105FM: February 2015

### What the survey told us: People's perception of services

- People were asked what they thought caused others to attend A&E when they could have gone elsewhere: 'not knowing enough about the alternatives' was the most popular (61%) reason given; half of those who responded cited difficulty in getting hold of a GP; other popular answers were A&E being open 24 hours a day and uncertainty over how serious a problem might be.
- Allowing A&E staff to turn people away if they only have a minor problem (48%), or charging people for going to A&E unnecessarily (33%) figured highly in response to the question what would make people less likely to use A&E if they didn't need to; but the most popular response was 'make it easier to see a GP (66%.) Restricting people to just one choice for this question had the same outcome – 22% said make it easier to see a GP; 21% said introduce charging and 17% said turn people away.
- Just under half of those who responded (42%) wanted 'People need to take more responsibility for looking after themselves, not always turning to the NHS for minor problems'; around one in three opted for a simpler urgent care system.
- Simplicity (36%) ranked above distance to travel (32%) and quality (29%) when people were asked which of three statements were most important to them when thinking about urgent, rather than emergency, care.



This page is intentionally left blank