

**24 HOURS IN URGENT AND  
EMERGENCY CARE  
FOLLOW-UP**

August 2020

**Healthwatch Doncaster**

**Engage, Inform, Influence**

## Executive Summary

In September 2019 Healthwatch Doncaster volunteers undertook a project aimed at gaining the patient's perspective around the delivery of Urgent and Emergency Care (UEC) services in Doncaster. Volunteers spoke to patients and relatives at the point of service delivery and at a range of locations. At the time a review of UEC services by the commissioners was taking place, looking at possible alternative ways of service delivery.

It was agreed that after 12 months the project would be re-created in order to measure the impact of any changes to patient experience, either as a result of the review or Healthwatch Doncaster's recommendations.

Unfortunately the Covid-19 Pandemic has meant that we were unable to conduct the follow up project face-to-face. However, not to be deterred the Project Lead devised a method of enabling us to engage remotely with service users. This involved working co-operatively with the service providers to gain patient consent to be contacted by a volunteer, on the phone, to discuss their experience.

Due to circumstances out of our control shortly before the project was due to commence some services were unfortunately unable to participate on this occasion. Therefore this report covers patients that were recruited by Fylde Coast Medical Services (FCMS). However, the patients that we spoke to shared their whole journey with us so the feedback does incorporate other services.

The Same Day Health Centre (SDHC) offers an appointment service for patients who need to see a doctor or nurse following a triage process over the phone. Most of the people that we spoke to told us that appointments were quick and efficient, delivered by 'brilliant' staff and that they felt reassured by the measures in place to prevent the spread of Covid-19.

Patients accessing Urgent Treatment Centres (UTC) at Doncaster Royal Infirmary (DRI) and Mexborough Montagu were pleased with the speed at which they were seen.

Feedback for The Emergency Department (ED) at DRI was that most patients were happy with the care they received. However some expressed concern at not being able to be accompanied by someone when they were feeling confused, extremely unwell or unable to understand what the clinicians were saying due to wearing masks.

It emerged that some patients have accessed the Emergency Department and The Same Day Health Centre as a means of having a face-to-face consultation with a clinician due to this not being available through their GP practice.

In light of the feedback from patients who accessed the Emergency Department Healthwatch Doncaster made a recommendation for consideration by service providers relating to patients, where necessary and appropriate, being able to be accompanied during the triage process.

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# 1 Introduction

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## 1.1 Details of activity

In September 2019 Healthwatch Doncaster undertook a project to gather patient experiences from users of Urgent and Emergency Care (UEC) services across Doncaster. The project originated from an idea put forward and developed by Healthwatch Volunteers and they played an active part in its execution.

The intention was to re-visit the services, after a suitable time had elapsed, with a view to capturing service user experiences post a re-structure of Urgent and Emergency Care services to see if these changes had made an impact on patient experience.

It was our intention to repeat the project in August/September 2020 but the Covid-19 Pandemic meant that we could not physically attend the services as we had done on the previous occasions, so a new way to deliver the project was needed. As Project Lead the Volunteer Co-ordinator devised a project plan to combat this and after discussion with the volunteers a project brief was drawn up and presented to the service providers. The plan was well received and the providers pledged their support for the project proposal and their role within it.

The plan was that for the duration of the project, at times specified by Healthwatch Doncaster, the services would hand out consent forms to patients explaining the role of local Healthwatch and asking for their consent to be contacted by a Healthwatch volunteer to discuss their experience of using the service. It was important that Healthwatch specified the dates and times of this activity to ensure the independence of the exercise.

Unfortunately due to circumstances beyond our control, at this time, we were unable to proceed as planned with the co-operation of some services. The service provider who helped recruit patients for this report is Fylde Coast Medical Services (FCMS) and the services they recruited from are:

- Urgent Treatment Centre (UTC) at Doncaster Royal Infirmary (DRI)
- Same Day Health Centre (SDHC), Devonshire House, Cavendish Court
- Urgent Treatment Centre (UTC) at Mexborough Montagu Hospital (MMH) (due to Covid-19 measures is currently only providing a minor injuries service provided by Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust)

However it must be noted that due to some patients being directed from the Emergency Department (ED) at Doncaster Royal Infirmary (DRI) to the Urgent Treatment Centre located adjacent to the department we did gather some feedback from patients and relatives about their experience of accessing the Emergency Department.

## 1.2 Acknowledgements

Healthwatch Doncaster would like to thank the following people and organisations for their help and co-operation with the project.

- All the volunteers who gave up their time to support the project and especially to those who by contacted people and listened to their experiences. Namely John Burke, Sharon Faulkner, Sue Flintoff, Julia Holmes, Georgina Newman and Elizabeth Parker.
- Staff at all the services who co-operated with us to recruit patients, without whom we could not have conducted the interviews, we thank you for your efforts on our behalf, we couldn't have done it without you!  
Thanks especially to Heidi Beetham and the team at FCMS.
- Thanks to Heather Akroyd at Doncaster CCG for being the main point of contact for all services in the initial stages.
- And last but not least thank you to all the patients and relatives who gave up their time to speak to us and share their experiences.

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# The Project

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## 1.3 Background and Aim

In September 2019 Healthwatch Doncaster conducted a project to engage with patients accessing out of hours and emergency services, to explore their experiences relating to this. At the time there was an ongoing review by the service providers who were looking into the possibility of re-configuring the UEC provision across Doncaster. A report of the findings was produced and shared with key stakeholders and the public.

The intention was to repeat the exercise after 12 months in order to assist in measuring the impact of any changes to the patient experience. The original project was conducted face-to-face, however the challenges of the Covid-19 Pandemic have impacted on our ability to engage in this way at the present time. Not to be deterred and with the co-operation of the service providers at Fylde Coast Medical Services we have been able to carry out this follow-up project focussing on the services that they provide.

Our follow-up took the same format as the original project, albeit remotely, our volunteers rang patients who had consented to be contacted and using a conversational approach enquired as to:

- what they felt was working well
- what they felt could be better
- what would they want to see done differently

We also included an extra element around the Covid-19 measures that were in place when they accessed the service:

- how did you feel about the Covid-19 measures that were in place?  
(This approach gave the respondents scope to comment on any aspect of the additional Covid-19 measures, whether that be environmental, physical or changes to service delivery)

## 1.4 Methodology

Healthwatch Doncaster's Engagement Team Manager and the Project Lead (Healthwatch Doncaster Volunteer Co-ordinator) attended a meeting with representatives from the service providers to discuss the project proposal. Following this very positive meeting the Project Lead developed a project plan that enabled the required engagement to take place remotely. Some of the actions arising from this included:

- Working with volunteers to create the resources needed to for services recruit patients.
- Liaising with key personnel for Emergency Services via a named contact at Doncaster CCG.
- Devising a schedule for recruitment of patients, allowing different times of day to be covered.
- Holding sessions with volunteers and key staff from the UEC services to discuss the practicalities and expectations of the project. This also included ensuring that UEC providers on the front line who were recruiting participants were equipped to answer any queries arising regarding Healthwatch Doncaster's role.
- Collating the feedback gathered by the volunteers and producing a draft report based on this to be reviewed and revised by the volunteers who had been actively engaged in the project.

The format for the engagement was:

- Services recruited patients who expressed a willingness to be contacted by Healthwatch Doncaster (HWD) volunteers about their experience of accessing the service. Gaining their signed consent by the completion of a form devised by HWD volunteers.
- Completed forms were forwarded to the Project Lead and calls were allocated to volunteers.
- Volunteers carried out calls to patients and fed back their findings via an online form. The Healthwatch Doncaster Business Support Worker exported the forms.

- The Project Lead collated the findings and produced draft a report, the report was then discussed, reviewed and revised by the volunteers who had been actively engaged in the project.

At the initial meeting between Healthwatch Doncaster and services it was agreed that Healthwatch would decide which dates and times recruitment of patients would take place, this was to ensure that the project remained independent.

Date	7am- 12noon	12noon-6pm	6pm-10pm	10pm-7am
Tues 11 August	5	5	5	5
Wed 12 August	3	3	3	3
Thurs 13 August	5	5	5	5
Fri 14 August	2	2	2	2
Sat 15 August	3	3	3	3
Sun 16 August	5	5	5	5
Mon 24 August	2	2	2	2
Wed 26 August	2	2	2	2
Fri 28 August	3	3	3	3
Sat 29 August	2	2	2	2
Mon 31 August	3	3	3	3

As a result of this engagement:

Consent forms received	Phone numbers rung	No. of phone conversations
85	84*	74

\*One number that we had been given didn't have the required number of digits

## 1.5 Findings

### URGENT TREATMENT CENTRE LOCATED AT DONCASTER ROYAL INFIRMARY (Provider Fylde Coast Medical Services)

 I rang Out of Hours and they booked me an appointment at the Urgent Treatment Centre. I'd never been there before and I was pleased that it was clearly signed where to go. There was a very pleasant lady on reception and I was seen very quickly.

It was probably the most efficient doctor's appointment I've ever had 

 The Doctor was very rude and insisted that my relative had to wear a mask even though because of health reasons they don't have to. Luckily they had a scarf and were able to cover their face but they really struggled. The young lady receptionist who heard this was shocked and apologised for the treatment. 

**URGENT TREATMENT CENTRE LOCATED AT MEXBOROUGH MONTAGU HOSPITAL** (currently only providing a minor injuries service due to the Covid-19 measures, provided by Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust)

We gained feedback from seven patients who accessed this service, all of whom were very pleased with the service they received with one rating everything 'excellent'. Patients were pleased that they only had to wait a very short time to be seen and were fine with the Covid-19 measures that were in place.

**SAME DAY HEALTH CENTRE LOCATED AT DEVONSHIRE HOUSE  
CAVENDISH COURT, DONCASTER** (Provider Fylde Coast Medical Services)

**What people felt went well**

Generally people were pleased with the ease and speed at which they could get an appointment and the length of time they had to wait to be seen once they arrived for their appointments. Other comments included:

This lady, who took her daughter with special needs to be seen at the Same Day Health Centre at Cavendish Court, was very happy that a medic was able to accede to her request to see the young person in the car. The lady explained that her daughter can become very anxious in healthcare settings. The doctor diagnosed the problem and prescribed appropriate treatment.

- Extract from a volunteer's account of an interview

It was easy to make the appointment and I got a call back at the time they said they'd ring. I care for a family member and I was offered an appointment to fit around their needs. I was in agony so was really happy to get an appointment. Everything was calm and explanations about my treatment were clear.

I'm better now so they did a good job.

-Same Day Health Centre Patient

I was sent because I couldn't get an appointment with my GP. I saw a nurse who said I needed to see my GP. I had a video call with my GP who then wanted a face-to-face consultation. It was a long route but I got to see my own GP eventually and I was happy about that.

Same Day Health Centre Patient

### Most common words used by patients to describe the staff at The Same Day Health Centre

BRILLIANT, PROFESSIONAL, POLITE, WELL ORGANISED, APPROACHABLE,  
and REASSURING

### What people thought could have been better

Two people commented on the fact that they had experienced some difficulty finding the Same Day Health Centre and suggested that signage could have been improved internally and externally.

One respondent commented on the fact that they needed to travel to Doncaster to access the Same Day Health Centre, which they found difficult living 10 miles away and not having any transport.

### What would people like to have seen done differently



I should be more bold and tell people that I don't understand what they are saying but this is hard for me. Make better explanations please.



patient whose first language isn't English

We heard one story about an anxious patient attending The Same Day Health Centre and witnessing extra cleaning measures to surfaces that they had come into contact with. This made them visibly more anxious and the person accompanying them would have liked the cleaning, although necessary, to not be done in the presence of the patient as this greatly added to their distress.

## What did people think about Covid-19 measures that were in place?



I wasn't worried and I was very well looked after. The nurse was really attentive whilst keeping an appropriate distance.



Same Day Health Centre patient

### EMERGENCY DEPARTMENT DONCASTER ROYAL INFIRMARY

One patient was diagnosed as having a relatively minor ailment and sent to the UTC where their friend was then able to accompany them into the consulting room. When the friend was able to give some background on the patient's medical history and their symptoms prior to attending the Emergency Department it was discovered that what they had was in fact more serious and they had to be referred back to Emergency Department. The patient felt that a lot of time could have been saved if their friend had been able to accompany them into the Emergency Department initially to help them explain things.

Amazing! I received

A\* treatment

Emergency Department  
Patient

I was well looked after by the  
Ambulance crew and hospital  
staff (who were run off their feet)

Emergency Department Patient

- One patient that we spoke to told us they had found it difficult to navigate the Emergency Department due to the construction works taking place and as a result ended up sat in the Urgent Treatment Centre. This meant that they waited longer than necessary to be seen, they felt better directions would have been useful.

- One patient who attended the Emergency Department told us that they had gone to ED after being unable to get an appointment with their GP Practice. They were experiencing a problem with their knees resulting in poor mobility. They told us that when they were being attended to by the Doctor they felt that “the Doctor was being snappy and aggressive and not listening to me – the nursing staff looked embarrassed”. The patient was directed to another area where a senior nurse took their symptoms and circumstances seriously and arranged for them to receive the necessary treatment at their GP surgery.
- Another patient attended the Emergency Department after not responding to a course of antibiotics previously prescribed by their GP and being in extreme pain. The patient felt the Doctor was dismissive and rude and as a result was very upset. Later the same day the patient had to be admitted to hospital and was an inpatient for 5 days.

 Quite a few people waiting in the A & E part weren't wearing masks and no one said anything to them. It made me feel vulnerable.

Everyone in the other place were wearing masks. 

## 1.6 Emerging Themes

The main themes to emerge from project were:

### **In relation to Covid-19 measures**

Same Day Health Centre patients that we spoke to were generally very comfortable with the physical and environmental measures in place at the SDHC. Social distancing was being well observed with staggered appointments to assist this, clinical staff were well equipped with Personal Protective Equipment (PPE) and observing distancing where possible. Patients were seen quickly thereby minimising their time in the department.

Some patients and relatives that we spoke to who had attended the Emergency Department at DRI commented on the fact that being unable to accompany a patient that was too ill or confused to relate their symptoms into the consultation led to delays in the patient getting the correct treatment and in some cases caused unnecessary distress.

Some people that we spoke to felt that although there were hand sanitiser stations on entry to the Emergency Department at DRI people were not actively being encouraged to use them and they saw no evidence of frequently touched surfaces, for example the reception desk and chair, being cleaned. It was also noted that some people waiting in the department were not wearing masks.

It was evident through our conversations that there was some variation across services around the measures that were in place to minimise the spread of Covid-19 and how those measures were being enforced. In the areas where things were in place and being upheld patients on the whole felt 'very safe' but less so in areas where they felt that that people were not being actively encouraged to adhere to the guidance, for example around the use of hand sanitiser and the wearing of a face mask in an enclosed public space.

**Generally:**

It was apparent from a small number of the conversations that we had that some people were accessing Urgent and Emergency Care services as a means of having a face-to-face consultation with a clinician, as they don't like remote consultations. Also some people were being referred to UEC services after accessing 111 due to being unable to get an appointment with their practice. In one instance (cited earlier) a patient attended ED as a last resort after being unable to access their GP but eventually got the treatment they needed via their GP following staff at the hospital's intervention.

## 1.7 Conclusion

What we concluded from our conversations with patients was that they seem to be adapting to the Covid-19 guidance regarding hygiene and the wearing of face coverings whilst accessing services, as it becomes part of our daily norm.

What people do seem to be struggling with is the fact that the way they access primary care services has altered dramatically during the Covid-19 Pandemic. With many more consultations being undertaken remotely, some people, albeit a small number from our sample, are choosing to access UEC services in order to see a clinician. This may become an issue for UEC services with the onset of winter pressures.

The majority of the feedback we received across services was positive, particularly relating to the service provision at The Same Day Health Centre, who seem to have adapted well to service delivery during Covid-19.

However there were a small no of incidences in some departments where patients felt that a member of staffs attitude fell short of their expectations of a health professional by being rude and dismissive. We will be feeding these comments back to the departments concerned.

Measuring the patient experience in relation to the restructure of services across UEC was slightly hindered, due to the Covid-19 measures that are currently in place. Patient experience at this time is largely influenced by these measures and it is difficult to assess whether any re-structure has improved, or otherwise, this. However, the patient feedback across services was predominately positive and where patients felt things didn't go so well they shared with us what they would like to see done differently and these suggestions have been incorporated in this report.

## 1.8 Recommendation

Patients told us about issues that they felt could be reviewed in order to improve their experience of using out of hours and emergency services. As a result we would recommend that some consideration be given to the following:

Where it is obvious that a patient is confused, extremely unwell or unable to understand the clinician due to them (the clinician) wearing a mask that the person accompanying the patient be permitted to, where the clinician feels it appropriate, be present during the triage process. This would help ensure that the patient knows what that they are being asked and are responding accordingly, hopefully leading to a quick and accurate diagnosis.