



South Tees Clinical Commissioning Group

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Natasha Judge
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Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland
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Sent by email

Dear Natasha

Re: Report on the findings from the Healthwatch Patient Awareness Survey of Urgent Care and Out of Hours Services

Thank you for sharing with us the Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland report focusing on patient awareness of urgent care and out of hours services within our area. It was interesting to note the previous findings and recommendations outlined by Healthwatch prior to the implementation of the new urgent care model across South Tees on 1st April 2017. It was also helpful to see the changes in the feedback received, and how this can help inform our work going forward.

The survey provides additional intelligence that we can triangulate with other sources, to inform our ongoing work with providers of urgent care services. We are striving to develop the urgent care model further, paying particular reference to the navigation model within A&E, to ensure that patients are accessing the most appropriate service for their needs first time.

With regards to the recommendations outlined in the report, we have noted all points and as a CCG, have already recognised the some of the issues raised and respond directly as detailed below:

Recommendation 1:

Many patients who we spoke to could not recall having the urgent care information posted through the door. One of the main reasons for this was that the leaflet was included in free magazines or papers, which patients immediately discarded. We recommend that that in future, any important information to be communicated to the public be more visible to ensure that the information is read.

We note the recommendation regarding the leaflets posted to patients' homes, however, various delivery options were considered prior to distribution. Unfortunately Royal Mail no longer offer a service where they deliver items separately, and other services could not guarantee delivery across all households within the South Tees locality; therefore, the most appropriate option was selected to get the information to as many people as possible. In addition to the leaflets, there has also been significant communications via social media, within GP practices, through a radio campaign, information displayed on public transport and on bus shelters. However, we have given further consideration to communications to patients now that the urgent care model has been implemented, and are currently completing further work to re-inforce the messages to the public, including additional work on social media. Effective communication is paramount to ensure that patients are fully informed about how to access the most appropriate services first time.

Recommendation 2:

We observed that in some GP surgeries, information regarding the changes was not always placed in the most visible locations. Most surgeries usually display a lot of useful information to patients therefore sometimes important information does not stand out. We recommend that important information regarding changes are placed in direct view of patients who are waiting to see the GP to ensure they are well informed.

We note the recommendation regarding the visibility of information detailing important changes within GP surgeries and advise that the bright yellow colour used on the leaflets and banners was selected to stand out against the other important information contained within GP surgeries. We continue to work closely with practices to ensure that messages are communicated effectively with not only members of the public, but also with GPs and practice staff. Our fortnightly bulletin to GPs and practice managers outlines any important information that requires communicating to them, and we will continue to raise awareness of this recommendation in accordance with the next phase of our communications plan.

Recommendation 3:

We feel it is important that A&E fully utilise the triage nurse and if patients have been informed that they should seek help from a GP or pharmacist, this is fully implemented. This will ensure patients are educated to use the department for emergency treatment only.

We welcome this recommendation, and are currently in the process of strengthening procedures within the streaming process by working alongside the provider and CCG clinical leads to ensure that protocols are further developed as the model progresses. It is the intention of the CCG to fully utilise the navigation nurses to achieve a significant reduction in the number of unnecessary attendances to A&E. There are also some visible changes taking place within the A&E department, specifically of note is the signage to be erected in the reception area that outlines the navigation process for patients, detailing other available services and what patients should expect when visiting the department.

Recommendation 4:

It was encouraging that a large percentage of those questioned were aware of the NHS non emergency number 111. However, due to the varying responses on why people should ring this number, work is required to increase promotion of why and when to call 111.

We welcome this recommendation and can advise that since 1st April 2017, NHS 111 has seen a significant increase in the number of calls received, indicating that patient awareness of the service has greatly improved. Historically, awareness of the service was extremely low in the South Tees area. However, as noted in recommendation 1, the CCG are developing further communication plans to re-inforce messages around when and why patients should call NHS 111. NHS England are also developing a national campaign over the coming months to also increase promotion of the service.

Recommendation 5:

Members of the public requiring this information in other formats and languages will not be aware of the urgent care changes, due to the only leaflets in circulation being in English and small print. We feel that the information on the leaflet needs to be promoted widely in other languages and formats for those who require it.

We note this recommendation and can advise that information is available in other formats and languages upon request. Throughout the Making Health Simple engagement process, we conducted discussions with patients where English is not a first language to outline the proposed changes and have used the feedback to inform future ways of working. There was also some work carried out with practice managers from the walk in centres, of which it was identified that there was a high number of patients who do not have English as a first language that were frequent attenders using the walk in service. Therefore, leaflets and information was produced in a number of alternative languages as recommended, including Arabic, Czech, Farsi and Romanian. We are aware that there are a number of surgeries with a higher proportion of patients with English as a second language, and will therefore be introducing an accompanying poster in future media campaigns to ensure that the key message and details of how to access information is detailed for patients in their own language. Large print versions were available on request; however, the availability of larger print format will also be included on the additional posters. For those unable to read written word radio broadcasting and 'easy read' messages will be developed further in future campaigns.

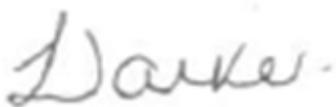
Recommendation 6:

GP surgery staff are in frequent contact with patients on a day to day basis. We feel that it is vital for them to play a key role in ensuring that the patients are informed through conversation or handing out leaflets to those who attend the practice.

We welcome this recommendation regarding patient contact within GP practices, and as detailed in your report, leaflets are provided for patients to refer to and take away. Practices are still requesting more copies of the leaflets for distribution to the public. The CCG have also recently implemented Care Navigation within practices across South Tees, which involves surgery staff playing a key role in ensuring that patients are informed about other services through conversation with them, and providing information to patients to inform their decision on the most appropriate service for their needs.

Once again, thank you again for sharing this report with us. The recommendations you have provided will help inform our communications strategy now and in the future. The report will also be of interest to our clinical workstreams and communication leads, therefore I will ensure they each receive a copy.

Yours sincerely



Janet Walker
Chair
NHS South Tees CCG