



**healthwatch**  
Bristol



## NON URGENT CARE

HEALTHWATCH ENGLAND DELIBERATIVE EVENT

22 JULY 2015

Healthwatch England is completing a piece of work on non urgent care and what people think person centered care should look like in the future. They have employed a market research company to run focus groups for them, one of which was held in Bristol, and these are the observed notes from that session.

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HEALTHWATCH ENGLAND

DELIBERATIVE EVENT

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DJS, the market research company employed by Healthwatch England, held a focus group with 26 people. It was an even split between male and female attendees and five Black, Minority Ethnic (BME) people. They were divided on to tables by age to work through the tasks. As a starting exercise each table was asked what they thought non urgent care was. Six topics were then selected as the focus for discussions.

Table 1 (30-50 years) were given dentistry and elderly care

Table 2 (under 30s) were given family planning and long term conditions

Table 3 (over 50s) were given mental health and diagnoses and referral

## I want - I need

For the first task each table was given an image of a stick man with two speech bubbles saying 'I want' and 'I need'. They were given time to think about what makes a good service and list their thoughts on the images. In the round up of the task they were also asked about the gaps between what they thought about and the actual service people get.

### Table 1: dentistry



**I want:** free check-ups, clean environment, and friendly receptionist. NHS hygienists not just private.

**I need:** family appointments, shorter waiting times for emergency appointments.

## WHAT IS NON URGENT CARE?

Dentistry, elderly care, family planning, long term conditions, mental health and diagnosis and referral were the chosen topics for discussion.

A key theme which emerged from all the groups was continuity of care, not having to explain your story every time and building relationships.

There were mixed views on dentists with some being very positive, while others feared going and shared anxiety on switching dentists when you have a good one. The group commented that it often felt like dentists were trying to sell them stuff and treatment was often dependent on cost.

## Elderly care



**I want:** time, continuity of care, to be valued, friendship and clinical care/support, activities, to be able to pre-book care. Better controls of those going into homes.

**I need:** hygiene, routine value for money. More preventative and early intervention action is needed. NHS should not make money from health and care services.

The group felt there were big gaps and disparities in the level of care being received by older people; training for domiciliary care staff and pay being the biggest causes.

One issue the group felt strongly about was how if a 'carer' turned up at 8pm then that was when the person had to go to bed, whether they wanted to or not.

## Table 2: family planning



**I want:** to know all the options available

**I need:** easy access

The group were happy overall with the service provided.

## Long term conditions



**I want:** to know all the options available for my care. Have easy access to services. Receive mental health support which may accompany conditions.

**I need:** sharing of my information across all services. Consistency of care and treated in their local area where possible.

The group felt the biggest issue was disjointed care when information is not shared or records are lost.

### Table 3: mental health



**I want/I need:** support for me and my family. Counselling, the correct resources to get me back to health. Good support groups

The group felt there were big gaps between what people want and need to what the service actually provides. They also felt there was a lot of disparity between people getting good services and those who fall through the gaps.

### Diagnosis and referral



**I want/I need:** quick action and results. Fast track referrals. dedicated nurses and continued support from your GP. Peace of mind and expertise.

The group felt service could be ad hoc and was dependent on your condition.

## How are we going to get what we want and need?

#### Table 1: Elderly care

Money and funding for care  
 People could set up an insurance scheme  
 Training of staff  
 Regulation of domiciliary care  
 Greater job satisfaction  
 Continuity, relationships and trust

#### Dental

Money  
 Combine all services eg: hygienist  
 orthodontist and dentist  
 Better information about dentists to help  
 you choose which one

#### Table 2: Diagnosis and referral

Immediate appointments  
 Barriers of times and opening  
 More GPs who can follow you  
 Transport and parking  
 Support network and someone who can  
 explain everything  
 Need to feel positive  
 Seamless circle of information between GP  
 and hospital and other relevant people

#### Mental health

Every GP practice should have a mental  
 health specialist  
 Take stigma away  
 Waiting times for mental health and support  
 is diabolical  
 A specialist walk in centre type facility  
 would be good

### Table 3: Long term conditions

Reminders for treatment and appointments by text  
Caseworkers/team around you  
App on your mobile phone to hold medical records, appointments and treatment details

### Family planning

OK

## Role of people

Again focusing on their topics the groups discussed the role of professionals and organisations and how these may need to change:

- pharmacies are great
- schools and education, scouts and brownies. Promote a 'look after your own' culture by visiting neighbours and work in the community
- support groups are essential
- help with choices and long term information
- people need to challenge health professionals as to why a certain treatment needs to be done
- first person you see is often the receptionist so they need to be friendly and smiling
- more information on the process
- cannot just go to a consultant and maybe you should be able to as seeing a specialist nurse practitioner could help with speed and reduce the burden on GPs with self referrals
- GPs can/should be good at counselling
- patients should have full access to their medical records so you can hold them and share them yourself. Rather than having to wait for records to be shared or records getting lost in transfer. Could also confer with more people and get second opinions online
- continuity of care could be provided by a non medical professional who could work as a liaison and help with the arrangements of appointments and transport, and explanation of treatments etc.
- being charged for missed appointments where there is not a valid reason/cause is not such a bad idea.

## Round up



## ELIMINATE

Waiting lists  
Top heavy management  
111 service  
Business and politics  
GP jargon  
Closing smaller hospitals  
Disparity of treatment  
Money being the focus  
Stigma  
Poor food

## CREATE

Dedicated liaison worker support  
Book online  
Free check-up and dentists  
Self-referral  
24 hour care  
One database  
Video calls - Skype appointments  
Super centres to accommodate all services  
More walk in centres with specialist services  
One stop shop all with 24 hour support

## MAINTAIN

Quality of nursing care  
Knowledgeable specialists  
NHS  
Accident and Emergency  
Local GP  
People centric  
Compassion  
Research and Development  
Equality

## RAISE/IMPROVE

Staff to patient ratios  
Technology  
Pro-activeness - GPs should follow up  
Opening hours/service rotation  
More power to medical professionals  
All tax from alcohol and cigarettes should go straight to NHS  
More doctors less hours  
More affordable education  
Better pay for nurses and care staff

## What next?

Healthwatch England is running seven focus groups across the country and the findings of these and the deliberative events will help shape discussions with national partners. A report on what people want and need from the future system will be published in the autumn

## Healthwatch will.....

All the feedback provided by the group has been input into Healthwatch Bristol's database of issues and concerns. It will be included in the Healthwatch Bristol Quarterly Report. Healthwatch will be sharing this report with Healthwatch partners including Bristol Clinical Commissioning Group, Bristol City Council, The Care Quality Commission, NHS England and Healthwatch England. The report will also be presented to the Healthwatch Bristol advisory group to propose further uptake of the issues identified in this report. The report will be available on the Healthwatch Bristol website ([www.healthwatchbristol.co.uk](http://www.healthwatchbristol.co.uk)) and circulated to our mailing lists via the monthly e-bulletin.

## Looking forward....

Healthwatch welcomes and encourages everyone to continue to contribute their feedback to us using the communication methods included at the end of this report.

Healthwatch also supports members of community groups to become volunteer champions so that they can represent the experiences and needs of their community group. If you would like to find out more about volunteering with Healthwatch, please contact us using the details below.

## Tell Us Your Story...

Healthwatch Bristol wants to hear from you about your experiences so that we can tell services your needs to create the best local services.



Text us - text bris followed by your message to 07860 021 603



email us at [info@healthwatchbristol.co.uk](mailto:info@healthwatchbristol.co.uk)



Call us: 0117 2690400



Write to us at: Healthwatch Bristol,  
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Or visit our website to see more at: [www.healthwatchbristol.co.uk](http://www.healthwatchbristol.co.uk)