



‘Unscheduled Care’

Public and Personal Involvement
Engagement Exercise

Western LCG and Community Networks

October 2017

Chair's Foreword



I am delighted, on behalf of the Western Local Commissioning Group (LCG), to welcome this report of *Unscheduled Care Services: Personal and Public Involvement in the West*. I extend my thanks to the five Local Community Networks who facilitated this engagement and the 1,041 adults in the Western area who gave so generously of their time and their views.

Our Local Commissioning Group set out to ensure that adults who use *Unscheduled Care Services* are listened to and involved in informing future service delivery in a meaningful way. The *Unscheduled Care Services* engagement has been delivered through a collaborative approach and has enabled us to find out what adults living here think of the *Unscheduled Care Services* available to them.

In commissioning the Local Community Networks, the Western LCG wished to raise awareness to help people gain a better understanding of the range of health services available to treat a range of illnesses from minor ailments to major trauma. This engagement exercise therefore has concentrated on the following services:

- Community Pharmacy
- General Practice
- GP Out of Hours Services
- Mental Health Services
- Minor Injuries Unit
- Emergency Department
- 999 Ambulance Service

As the local Health and Social Care Commissioner, we are committed to addressing the challenges and issues which adults in the Western area face when accessing services. By commissioning the Community Networks to undertake this engagement exercise we have been able to hear from adult residents spread across the Western area, including those in rural isolated areas. It is reassuring to learn that, generally speaking, many adults interviewed are satisfied and happy with service provision. We also welcome their constructive feedback on how services may be improved.

'The Unscheduled Care Services: Personal and Public Involvement Engagement Exercise' is the fourth in a series of structured programmes of engagements commissioned by the LCG. Previous programmes were:

- 'Western Voices: Gauging the Views of Adults on Health Care Provision in the West' (September 2015)
- 'Voice of Older People' (September 2014)
- 'Engaging Rural Communities in the West' (April 2014)

This current report highlights areas where there is scope to improve services. In terms of planning services, our intention is to consider the findings and recommendations from this report when developing future service plans.

By exploring issues and experiences in partnership with the public, we can ensure we all have a say in how we plan services. It also provides us with information about the population's unscheduled care needs and enables us to plan together.

The Western LCG will endeavour to ensure the findings of this engagement exercise on Unscheduled Care Services is considered as part of the work of the Western Local Unscheduled Care Network Group and underpins the future commissioning agenda.

I wish to commend the staff of the LCG and the Local Community Networks for their open and innovative approach in undertaking this engagement exercise.

Dr Ciaran Mullan
General Practitioner and
Chair of the Western Local Commissioning Group
October 2017

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Executive Summary

In October 2016, the Western Local Commissioning Group (LCG) commissioned 5 Community Networks to engage with at least 1,000 adults (aged 18 years or over) to ascertain their views on Unscheduled Care Services available in the Western area.

Entitled 'Unscheduled Care Services: Personal and Public Involvement in the West', the engagement exercise placed an emphasis on capturing the views of people who do not attend community activities/centres or do not access local voluntary and community groups and who are harder to reach.

The five Community Networks involved were:

- Fermanagh Rural Community Network
- Omagh Forum for Rural Associations
- North Antrim Community Network
- North West Community Network
- Rural Area Partnership in Derry

Unscheduled care (USC) is when someone accesses health and social care services unexpectedly. Unscheduled care can occur at any time and crosses the traditional boundaries between general practice, community and hospital services and means there must be a 24-hour service available. Levels of unscheduled activity are reasonably predictable and vary with the time of year being highest in winter.

The aim of the 'Unscheduled Care Services: Personal and Public Involvement in the West' project was to ascertain the views of adults using Unscheduled Care Services and to utilise the information provided in particular:

- The types of services used by participants
- Services perceived as important in the community
- How independence and choice for service users and carers could be promoted
- How positive mental health and well-being could be promoted
- Priorities for health and social care services in relation to unscheduled care as viewed by participants

The Health and Social Care Board wish to raise awareness to help people gain a better understanding of the range of health services available to treat illnesses ranging from minor ailments to major trauma. The Board aims to encourage the public to use the most appropriate service applicable to their needs at any given time.

The LCG wishes to encourage people to think carefully about how they use health and social care services, should they or a member of their family become suddenly unwell or have an accident.

Key Findings

Community Pharmacy

- Concerns were noted with regards to Pharmacist's ability and qualifications in respect to advising on specific or more complex health conditions
- Not all Pharmacists are providing the same services. The public and GPs need to know what services local Community Pharmacies are providing so that appropriate GP referrals are made
- Concerns were voiced about privacy and confidentiality in Pharmacies

General Practice (GP Services)

- Concerns were raised about accessing both urgent and routine appointments. Some respondents highlighted the need to escalate the appointment priority in order to get appropriate access to the GP
- Concerns were highlighted about the amalgamation and closure of GP practices, particularly in the Erne East Electoral Area with the closure of Roslea GP surgery and amalgamation of Newtownbutler GP practice into Maple Healthcare
- People do not like explaining their illness to a receptionist
- More consideration is needed on how the elderly are dealt with as making people leave their home in a frail condition is unhelpful
- Comments were made on improving this service by allocating appropriate phone lines for urgent and non-urgent appointments and ensuring the public were knowledgeable in order to make a decision on accessing their Pharmacist for minor ailments

OOH GP Service

- Key concern raised was about time taken for the GP to return patient calls
- Although not specific to the GP out-of-hours service, language barriers with medical staff was raised as an issue

Emergency Department

- Key concern raised was about lengthy waiting times with respondents citing that they waited for up to 8 hours to be seen
- Patients being sent home with painkillers without investigation

999 Ambulance Service

- Concerns were expressed regarding the 999 Ambulance service response times
- In Fermanagh in particular, locating addresses where the post codes have changed and are not compatible with NIAS systems was an issue

All Networks agreed that there should be an education campaign on the roles and responsibilities of all unscheduled care services. The emphasis should be on the role of the patient in taking responsibility to 'Choose Well'.

Next Steps

The Western LCG has considered the report and offered responses on the key issues raised by the Community Networks.

The Community Networks presented the findings of the engagement exercise to members of the Western Unscheduled Care Local Network at their meeting on 17th May 2017. The LCG will now circulate this report to the following agencies and groupings and ask them to provide a response on the issues relevant to their respective areas of work.

- Health and Social Care Board (HSCB)
- Public Health Agency (PHA)
- Western Health & Social Care Trust (WHSCT)
- Western GP Practice Managers' Forum
- Community Pharmacy NI

- Northern Ireland Ambulance Service (NIAS)
- Regional Unscheduled Care Network

Following this, Western LCG will provide further feedback to the Local Community Networks by March 2018. In turn the Local Community Networks will disseminate feedback to participants.

Western LCG will consider the findings and recommendations from this report when developing future plans particularly in developing collaboratively plans to develop unscheduled care in the Western area.

Background

The Western Local Commissioning Group (LCG) recognises the importance of the role of service users, carers and the public in influencing the planning, commissioning and delivery of health and social care services in ways that are accessible and meaningful to them. Involving service users and the wider public acknowledges that patient knowledge and expertise contribute to increased patient morale and increased levels of service satisfaction.

In accordance with the statutory duty outlined under the Health & Social Services Reform (Northern Ireland) Act 2009, the Western LCG committed to work with a range of community networks in engaging with people in the Western area.

This current report 'Unscheduled Care Services: Personal and Public Involvement in the West' is the latest in the series of planned LCG PPI engagement exercises in the West. The purpose of this engagement was to work with constituent community and voluntary groups to provide adults with the opportunity to talk about their experience of using Unscheduled Care Services.

Information on the 'Choose Well' campaign was included as part of the brief. Despite its limited success, the 'Choose Well' Campaign is regarded as an important tool in managing unscheduled care demand.

It is the fourth in a series of structured programmes of engagement over recent years. Previous PPI reports include:

- 'Engaging Rural Communities in the West' (April 2014)
- 'Voices of Older People' (September 2014)
- 'Western Voices: Gauging the Views of Adults on Health Care Provision in the West' (September 2015)

All of the structured planned engagement exercises followed the same process with similar time lines:

- Broker Network Involvement
- Brief Circulated
- Engagement Plan Submitted
- Contracts Signed & Agreed

- Engagement Process
- Update Meeting with Networks by phone
- Verification of Engagement
- Network Reports Submitted
- Presented to LCG
- Formal Report Completed
- Feedback Session / Report Agreement
- Report online and disseminated to designated colleagues

The Western LCG identified a number of key actions from all these consultations which were then considered through its future commissioning objectives and plans.

Unscheduled Care Task and Engagement Exercise

We know from experience that patients are still not choosing well and are making use of the various options at the wrong time and therefore putting pressure on certain parts of the health service. We wanted to find out what services people currently use and when they decide to use them, at what point for example they decide to go to a Pharmacist, GP or Emergency Department and what motivated them to take this course of action.

We want to find out if people understand what the various parts of the health service are for and how they can make decisions which will ultimately ensure that they get the appropriate level of care and get well quicker.

The Western LCG contracted with the Local Community Networks to carry out an engagement exercise, working with constituent community and voluntary groups in the Western Area, to engage with and provide adult service users with the opportunity to talk about their experiences of using Unscheduled Care Services including Pharmacy, GP, Emergency Department or Out Of Hours services, to get an understanding of their expectations of future services.

The following Local Community Networks were commissioned by the LCG to carry out this engagement exercise in the Western area:

- Rural Area Partnership in Derry (covering the legacy Strabane District Council area);
- North-West Community Network (covering the legacy Derry City Council area);
- Fermanagh Rural Community Network (covering the legacy Fermanagh District Council area);
- Omagh Forum for Rural Associations (covering the legacy Omagh District Council area);
- North Antrim Community Network (covering the legacy Limavady Borough Council area).

LCG acknowledges that some networks cover areas beyond those designated but for the purposes of this exercise, the LCG has asked the respective networks to undertake engagement in one legacy council area only.

Methodology

Each network was asked to liaise directly with organisations who work with adults in the Western area. The Local Community Networks liaised with voluntary organisations to ensure they engaged with at least 1,000 adults across the 5 legacy Council areas in the Western area (200 people in each legacy Council area).

The questionnaires were based on services used/accessed from **April 2015 to March 2016**.

Section 75 and Disability Discrimination Order

As part of the consultation the Local Community Networks were directed to actively promote equality in line with Section 75 and the Disability Discrimination Order by engaging with people aged 18-65+ of the population of the Western area, through the Community Networks and their member organisations. On behalf of the LCG the Community Networks were to include where possible all members of the resident population in the West aged 18-65+.

Section 75 Northern Ireland categories are included below:

- People with different religious belief
- People of political opinion
- People of different racial groups
- People of different ages
- People of different marital status
- People of different sexual orientation
- Men and women generally
- People with a disability and people without
- People with dependents and people without

The Local Community Networks were contracted to be reflective of the general population in the interviews they conducted with people aged 18–65+. According to the WHSCT's 2016 mid-year population estimates, out of a total population of 300,431, the age bands for the population fall into the following percentages:

- 60.5% of the population are aged 18 – 64
 - 15.1% of the population are aged 65+
-

The Community Networks and Voluntary and Community Organisations in partnership engaged with adults in the Western area via a combination of stakeholder face-to-face conversations, and focus groups. Working within the parameters of this engagement exercise, organisations were provided with a brief containing standard questions which would form the basis of semi-structured interviews with participants in each of the 5 legacy Council areas.

The Networks engaged with adults in a mixture of urban and rural settings, such as Community Associations/ Partnerships, Youth Groups, Senior Citizens Groups, Residents Associations, Youth Development Projects, Cricket Club, RNIB, Football Club, Community and Voluntary Sector Groups, Religious Groups, Immigrants Forum, Rural Development Group, Network AGM, Health Fair ,Volunteer Groups, Community Planning Partnership, Participants at the Rural Micro Capital Grants Workshop, Students at Local College etc. to consider this target groups views on Unscheduled Care Services.

The Networks also sought the views of the harder to reach; rurally isolated people aged 18-65+ through their network of contacts and membership.

In addition to face to face interviews and focus groups a range of electronic tools and social media such as 'Survey Monkey', Local Community Network websites, Facebook and Twitter helped build the information set.

The one-to-one interviews provided service users with an opportunity to feedback their views on service provision from their own experience. It is important to note some interviews took considerable time to complete. Some respondents needed more assistance in understanding the questions, while others had no response noted.

On the 17th May 2017 the Local Community Networks made a high level presentation to the Unscheduled Care Network on their findings which was well received by members which included representatives from :

- Western Health and Social Care Trust
- Health and Social Care Board

- Northern Ireland Ambulance Service
- Western Urgent Care
- Community and Voluntary Sector
- Integrated Care Partnerships
- Independent Sector

Subsequently this presentation was delivered to the Western LCG at their public meeting on 7th June 2017 where it was also well received. Members of the Western LCG include representatives from:

- The Public Health Agency
- The Health and Social Care Board
- Local Government
- Dental
- Pharmacy
- Community and Voluntary Sector
- GPs
- Wider Public

Monitoring and Common Issues

The engagement exercise was overseen by the Western Commissioning Lead and the Senior Commissioning Manager. The project was managed by the Commissioning Support Manager. The Community Networks were required to provide an engagement plan by the 31st October 2016 whereby the engagement process was agreed. The Local Community Networks agreed to provide verification of evidence of engagement between the 14th - 20th February 2017. Completed reports were submitted by 18th April 2017.

During the engagement exercise, a number of issues were noted in relation to accessing services which were common across all geographic areas. It is important to note, most people were generally satisfied with the Health and Social Care Services they receive, however some concerns were also noted. These include:

Community Pharmacy

- The majority of respondents (over 70%) across the areas said they would access their Community Pharmacist for advice. Across 4 of the Community Networks respondents voiced concerns with regards to the Pharmacist's ability and qualifications with respect to advising on specific or more complex health conditions
- Concerns were voiced about privacy and confidentiality in Pharmacies across 4 of the Community Networks. This would account for small numbers of respondents

GP Services

- Concerns were raised about accessing both urgent and routine appointments, with respondents from 2 of the Community Networks highlighting the need to escalate the appointment priority just by way of getting access to the GP
- Concerns were highlighted about amalgamation and closure of GP practices, particularly in the Erne East Electoral Area with the closure of Roslea GP surgery and amalgamation of Newtownbutler GP practice into Maple Healthcare.

OOH GP Services

- Generally a number of concerns were noted however the key concern raised regularly was about time taken for the GP to return patient calls

- There was also some confusion around the number to ring for this service
- It was noted that there are not enough female doctors available in the GP out-of-hours service

Emergency Department

- Generally a number of concerns were noted however the key concern raised regularly was about waiting times
- North Antrim Community Network noted that the Emergency Department was very rarely accessed by their respondents, and those that did access this service it was only for people in extreme pain or an accident

999 Ambulance Service

- Concerns were expressed about response times and locating addresses particularly in Fermanagh where the post codes have changed and are not compatible with NIAS system

Community Networks Engagement Exercise Findings

Community Network staff engaged with adults in the places that they routinely visited to ascertain their views on the services they receive and use. These included:-

- Community Associations/Partnerships
- Resident Associations
- Cricket Club
- Network AGM
- Football Club
- Immigrant Forum
- Royal National Institute of Blind People (RNIB)
- Religious Groups
- Rural Micro Capital Grants Workshop
- Youth Group
- Health Fair
- Senior Citizen Groups
- Youth Development Project
- College Students
- Community and Voluntary Sector Groups
- Rural Development group
- Volunteer Group
- Community Planning Partnership

The tables below show the breakdown per Network in relation to consultations completed, the age range, and gender of respondents.

Breakdown of Community Network Consultations		
Local Community Networks	Completed Consultations	Percentage
Fermanagh Rural Community Network	207	19.8%
North Antrim Community Network	202	19.4%
Omagh Forum for Rural Associations	215	20.6%
North West Community Network	217	20.8%
Rural Area Partnership in Derry	200	19.2%
Total	1041	100%

AGE					
Age	RAPID	NWCN	FRCN	OFRA	NACN
18-24	21%	22%	4%	27%	8%
25-40	29%	21%	8%	23%	26%
41-64	34%	32%	56%	50%	33%
65+	16%	25%	22%	0%	33%
Not stated	0%	0%	10%	0%	0%
Total	100%	100%	100%	100%	100%

Gender				
	Male	Female	Undeclared Gender	Total
RAPID	40%	60%	0%	100%
NWCN	32%	63%	5%	100%
FRCN	35%	53%	12%	100%
OFRA	39%	60%	1%	100%
NACN	43%	57%	1%	100%
Overall Total	189%	293%	18%	500%

The table below gives a record of respondents who stated that they have used the listed services in past twelve months:

Networks	Community Pharmacy	GP	GP OOHs	Mental Health Services	Minor injuries unit	Emergency Department	999 Ambulance Service
FRCN	77%	85%	17%	3%	4%	21%	6%
NACN	77%	9%	20%	7%	5%	15%	10%
OFRA	90%	37%	28%	7%	12%	21%	7%
NWCN	60%	83%	39%	11%	8%	39%	11%
RAPID	22%	37%	12%	7%	10%	31%	5%
Overall Total	326%	251%	116%	35%	39%	127%	39%

The following is a summary of the key points recorded in the questionnaires and facilitated discussions.

Self-Care

Details given by participants of conditions for which self- treatment was applied included the following:

- Flu/ Colds ,Cough & Head colds
- Sinus
- Vomiting
- Migraine / Headache
- Bronchitis , Chest Infection, Asthma, Hay Fever & Chest Problems
- Pain Relief
- Ear Ache / Infection
- Sore Throat , Laryngitis & Dry Eyes
- Knee & Shoulder pain
- Skin Conditions ,Psoriasis, Rash & Athletes foot
- Head Lice

Community Pharmacy

Across the five Community Networks, respondents who reported they would seek the advice of a Community Pharmacist for a health problem accounted for:

Fermanagh Rural Community Network	77%
North Antrim Community Network	77%
Omagh Forum for Rural Associations	90%
North West Community Network	60%
Rural Area Partnership in Derry	22%

Details given by respondents who reported seeking advice from a Community Pharmacist for a health problem included the following ailments:

- Sinuses, Colds, Coughs, Flu, Sore Throat & Flu jab
- Dealing with Stress
- Pain Relief , Knee pain, Low Back Pain
- Children’s Health
- Minor injuries
- Eye Infection
- Insomnia
- High Blood Pressure
- Burns
- Food Poisoning
- Nausea & Vomiting
- Hand Injury

- Sunburn
- Vaccinations for Foreign Travel
- Urinary Tract Infection
- Skin Conditions
- Rash & Psoriasis
- Irritable Bowel Syndrome
- Ear Bleeds & Ear ache
- Advice on Medication Dosages and Side effects
- Long Term Conditions, Asthma & COPD
- Chickenpox
- Vitamins
- Cholesterol Check
- Foot Care
- Sleeping problems
- Hormone Replacement Therapy

The majority of respondents said that the advice/treatment they received from the Community Pharmacist had helped them manage their problems.

Of those who were signposted to other services participants reported that the pharmacist advise them to attend the following services:

- GP
- Emergency Department
- GP Out Of Hours service
- Dermatologist
- Advised If the medication didn't work or If problem persisted to return to the pharmacy

Comments made by respondents as to why they would not ask pharmacist for advice included:

- Unhappy with service provided by the local Community Pharmacist
- Level of service / experience from Community Pharmacists varies greatly
- Only reason I wouldn't ask for advice if it was a very personal health problem, I would go to GP for that.

The majority of people said that they would access their Community Pharmacist for advice. Across the 4 of the networks a small number of respondents voiced concerns with regards to Pharmacist's ability and qualifications with respect to advising on specific or more complex health conditions. Comments included:

- Feel my needs would be better met by a local GP who is qualified to advise
- Pharmacy not always open or qualified to answer
- Some respondents feel that pharmacists lack the knowledge a GP has and feel uncomfortable discussing issues other than minor ailments

- Respondents also commented on lack of privacy in explaining their illness in the Pharmacy
- In general the majority of respondents were willing to access the Pharmacist for a minor health issue and this helped to manage their problem. Respondents were less likely to consult their Pharmacist if the problem was personal as they were concerned about confidentiality and also a private space to discuss their matter out of listening range of other customers. Some people stated they would feel uncomfortable and embarrassed discussing private health problems with their Pharmacist
- The main reason I wouldn't ask a community pharmacist for advice is that it can be embarrassing if there is a crowd waiting and I don't feel comfortable talking about a health issue
- Some respondents were not aware of this service
- People will not discuss 'embarrassing problems' with a Pharmacist because of privacy issue
- Most people feel comfortable discussing minor ailments only

Positive comments included:

- "Would have no hesitation to ask a Pharmacist for advice."
- "The Pharmacist provides a very good service for non-emergency problems."
- "Community Pharmacist is invaluable in rural areas. Removes the need to attend GP or Out of Hours."
- "I think this is a great service as it saves you having to make an appointment with the doctor, as appointments are hard to get." "A useful service that is under-utilised. Mainly because the public are unaware of their role."
- "We have excellent Pharmacists locally. They are a rock of common sense and they can manage most minor conditions. We have three children who all play sport and we are regular users of the pharmacist for minor cuts, bruises and strains."
- "If self-care and pharmacist minor ailment scheme was pushed and advertised better then this would free up many more GP appointments. GP urgent appointments filled with minor complaints that could be dealt with elsewhere, when appointments are all booked, default is go to the ED / phone an ambulance. Dealing with problems that should be dealt with in primary care has a knock-on effect in the ED."

GP Services

Across the five Community Networks, respondents who reported they had attended their GP in the last 12 months for a health problem accounted for:

Fermanagh Rural Community Network	85%
North Antrim Community Network	9%
Omagh Forum for Rural Associations	37%
North West Community Network	83%
Rural Area Partnership in Derry	37%

The majority of respondents also reported they had attended their GP in the last 12 months for an urgent appointment.

In relation to securing an urgent appointment on the same day, responses to this varied. These included the following:

- Appointments were available on the same day as long as the practice was rang at 8.30am
- Some people preferred to see a practice Nurse as they perceived that the Nurse had more time and it was better than a rushed appointment with a GP
- Urgent appointments for children was easily accessed and dealt with effectively
- Time slot allocated for emergency appointments not long enough – some appointments were only allocated 5 minutes
- Some participants used the GP Out of Hours Service because they couldn't get access to their own GP within adequate time

Whilst most people were satisfied with the service they received they also understood the challenges and pressures which staff within the Health Service face on a regular basis.

- More consideration is needed on how the elderly are dealt with as making people leave their home in a frail condition is unhelpful
- Respondents also felt that they were often sent on to A&E for no good reason
- People do not like explaining their illness to a receptionist

Of the respondents who did see their GP for an urgent appointment, the majority of participants reported that the GP was able to deal with their health problems.

Respondents who did not secure an urgent appointment on the same day reported that they made use of the Emergency Department, Community Pharmacies, and the GP Out Of Hours Service. Generally it was reported by respondents that GPs referred patients on to the ED, Physiotherapy, the Endoscopic Unit and the Eye Specialist.

Suggested Improvement Re: GP for Urgent Appointments

The responses related to patients experiences and included:

- Offered an appointment next day
- Have more emergency appointments in practices
- Better telephone access
- Outreach in the local community centres one or two days a week
- Access to a GP for an urgent appointment could be improved by having a walk-in urgent clinic in the local area instead of ringing OHH and having to talk to someone to see if a doctor is available
- Regular appointments can mean waiting 3-4 weeks so the urgent appointment system is over used
- Online booking
- Cut out the time wasters
- More GP's in practices
- Samples taken by other staff members
- Using a triage system for appointments should reduce waiting times
- Making more available hours for patients
- Evening and weekend opening
- GP on call at weekends, extra hour in the evenings for emergencies
- Charge for appointments
- Better appointment system

Comments made by respondents included:

- "It is difficult to get an urgent or ordinary appointment now; you join a phone queue and get through to find appointments are gone."
- "Need to be dying to get an appointment."
- "Waiting far too long when having to take time of work."
- "I had no bother getting an urgent appointment."

- “I don’t think my GP could be any more accommodating with reference to urgent appointments.”

“To be honest most people who use or ask for an emergency appointment in our practice are forced to do so because if they waited for a regular appointment they would either be recovered or dead.”

GP Out of Hours Service: Western Urgent Care

Across the five Community Networks, respondents who reported they had attended their GP Out of Hours service in the last 12 months for a health problem accounted for:

Fermanagh Rural Community Network	17%
North Antrim Community Network	20%
Omagh Forum for Rural Associations	28%
North West Community Network	39%
Rural Area Partnership in Derry	12%

In relation to choosing to use the Western Urgent Care as their preferred unscheduled service, responses to this varied. These included the following:

- Sick Children
- No appointments available with the GP
- Gastric Problems
- Weekend Illness
- Abscess on Elbow
- Asthma Attack
- Required late night treatment
- Gynaecological Concerns
- Migraine
- Food Poisoning
- Skin Conditions
- Gallstones Injections
- Acute Sickness
- Suspected Sepsis
- Chest Infection
- Glandular Fever
- GP closed Wednesday afternoons
- Perforated Ear drum
- Emergency Respiratory Condition
- Alcohol Consumption
- Marie Curie Nurses
- Eye Injury

- Chest Pain
- Contraceptive Pill
- Referral from Local Hospital
- Bank Holiday
- Life Threatening Condition

Observations made by respondents included:

- Confusion around the number to ring for the OOH service
- Fantastic care received for children
- Very often no offer of a home visit
- Not enough female doctors available in this service.
- Majority of respondents thought that this is an efficient service who deal well with problems

In relation to the Western Urgent Care: GP Out of Hours Service, the majority of respondents confirmed

“A phone call back within an hour and got reviewed in cardiac investigations. Brilliant service.”

that their health problem was treated at Western Urgent Care: GP Out of Hours Service without onward signposting /referral on to another service.

Others felt that the OOH Service did not deal effectively with their health problems and had therefore reverted to the Emergency Department instead.

Of those who were referred on to other services respondents reported that the Western Urgent Care: GP Out of Hours Service advised them to attend the following services.

- A&E
- Community Pharmacy
- Consultant
- GP
- Hospital Admission
- Ambulance
- Ear, Nose and Throat Clinic

“I had a child with (named ailment) who was very sick, temperature of 40.5 which seemed to be hard to control even with usual drugs...not sure what was wrong. Arrived at out of hours at 8.30pm and was seen at 12.30pm. One doctor on for the whole of Derry at a weekend- seemed inadequate - but she was a fantastic GP. Brilliant with the child, brilliant with me, highly competent and highly attuned to my concerns and the needs of the baby. I chose the service because I was miles from home and had no one else to ask for help - the baby needed antibiotics to treat the (named ailment). They dealt with the issue. Fantastic service if a little under-resourced. That GP had no break in the hours we were there - he/she worked solidly without a break for at least four hours.”

Emergency Department

Across the five Community Networks, respondents who reported they had attended the Emergency Department in the last 12 months for a health problem accounted for:

Fermanagh Rural Community Network	21%
North Antrim Community Network	15%
Omagh Forum for Rural Associations	21%
North West Community Network	39%
Rural Area Partnership in Derry	31%

In relation to choosing to use the Emergency Department as their preferred unscheduled service, responses to this varied. These included the following:

- Foot, Leg, Hand & Arm Injuries
- Falls
- X-Ray
- Stitches
- Minor Farm Accident
- Car Accident
- Whip Lash
- Sick Children
- Head Injury
- Pancreatitis
- Sports Injury
- Allergic Reaction
- Eye Problem
- Asthma Attack
- Kidney Malfunction
- Panic Attack
- Heart Attack
- Crohn's Disease
- Pneumonia

In relation to the Emergency Department, the majority of respondents confirmed that their health problem was treated within the ED without onward signposting /referral on to another service.

Of those who were signposted /referred to other services respondents reported the Emergency Department advised them to attend the following services.

- Royal Victoria Hospital
- Fracture Clinic
- Eye Clinic
- Physiotherapist
- Hospital Admission
- GP OOH
- GP
- Cardiology
- Integrated Clinical Assessment and Treatment Services (ICATs)
- GP Practice Nurse

Observations made by participants included:

- “Three and a half hour wait for treatment for a head injury.”
- “Child in pain took a long time to be seen, very hard to understand doctor due to language issues.”
- “Very poor service – sent home with painkillers without investigation.”
- “Waiting time an issue, 2/3 hour wait.”
- “The service was excellent and very reassuring.”
- “The quality of care I received was excellent.”

“Brilliant care but overworked, understaffed, under resources and people kept there for too long. The hospital needs to take patients from ED quicker.”

999 Ambulance Services

There was a smaller number of responses across the networks consultations from people who had used the 999 Ambulance Service in the last 12 months, as the pool of service uses in the sample would have been smaller than those for example who used Community Pharmacy services, under 11% of people.

Across the five Community Networks, respondents who reported they had used the 999 Ambulance Service in the last 12 months for a health problem accounted for:

Fermanagh Rural Community Network	6%
North Antrim Community Network	10%
Omagh Forum for Rural Associations	7%
North West Community Network	11%
Rural Area Partnership in Derry	5%

In relation to choosing to use the 999 Ambulance Service as their preferred unscheduled service, responses to this varied. These included the following:

- Admitted to Hospital
- Breathing Problems
- Sudden Collapse
- Broken leg

- Allergic reaction
- Child with Asthma
- Seizure
- Stroke
- Chest Pain
- Severe Trauma after Fracture
- Road traffic accident
- Fall
- Heart condition / Cardiac treatment
- Drugs overdose
- Alcohol Related Illness

In relation to the 999 Ambulance Service confirmed that the service dealt with their health problems.

In Fermanagh however respondents reported it took the 999 Ambulance Service too long to find home addresses due to the Fermanagh District Council Rural Addressing Project in 2014 which is not compatible with the 999 Ambulance Service systems. Fermanagh Community Network recommended an awareness campaign about this issue, or otherwise problems of locating households will persist.

In relation to patients being treated without the need to be taken to hospital or taken in an ambulance to an Emergency Department most patients reported that the service was excellent.

Observations made by participants included:

“The ambulance responded very quickly and the paramedics very competent and helpful.”

Conclusion

Our findings show, in general, respondents are satisfied with the overall health and social care services received by them as individuals or their family members. It was also noted that respondents understand the pressures that staff delivering health and social care services are under, particularly in dealing with unscheduled care and emergencies.

Community Pharmacy

Community Pharmacy and GP services were the most used of unscheduled care services.

- Between 22% and 90% of respondents sought advice from a pharmacy in the last 12 months
- People generally used 'over the counter' medication from pharmacies for flu and colds.
- The majority of respondents were willing to access the pharmacist for a minor health issue and they found this helped to manage their problem adequately. Respondents were less likely to consult their pharmacist if the problem was of a more sensitive nature as they were concerned about confidentiality
- Concerns were noted with regards to a pharmacist's ability and qualifications with respect to advising on specific or more complex health conditions. This would account for a minority of respondents
- Concerns were voiced about privacy and confidentiality and a private space to discuss concerns out of listening range of other customers. This would account for a minority of respondents
- Some people stated they would feel uncomfortable and embarrassed discussing sensitive health problems with their Pharmacist. This would account for a minority of respondents
- Not all Pharmacists are providing the same services. The public and GPs need to know what services local Community Pharmacies are providing so that the appropriate GP referrals are made
- It will be important to understand why 30% of people are not using community pharmacies and what can be put in place to increase appropriate use of local community pharmacies

It is recognised that people will make choices of the unscheduled care services they use. These can often be based on the attributes or

personality of a particular GP or Pharmacist because they are familiar with them and find it a comfortable and a safe environment to share their concerns.

General Practitioner Services

- Between 37% and 85% of people had accessed an urgent GP appointment in the last 12 months
- Concerns were voiced around difficulties in accessing urgent and routine appointments with GPs. Reports from 2 of the Community Networks conveyed that respondent had informed their GP's receptionist that they were in need of an urgent appointment to get a regular appointment within a reasonable time. One of the other Networks respondents commented, "I think a lot of appointments are non-urgent and these are taking up doctors' time for urgent appointments. If I go to local clinic for prescription or results it seems to be the same people in the clinic all the time"
- A number of respondents had accessed their GP for an urgent appointment and some others highlighted difficulty getting someone in the practice to answer the phone.
- Respondents confirmed that, for a child, an urgent appointment was easily accessed and dealt with effectively
- Comments were made on improving this service by allocating appropriate phone lines for urgent and non-urgent appointments and ensuring the public were knowledgeable in order to make a decision on accessing their Pharmacist for minor ailments
- Concerns were expressed about amalgamation and closure of GP practices, mainly in Fermanagh

OOH GP Services

- Between 12% and 39% of respondents attended OOH GP Services in the last 12 months
- Concerns were voiced about time taken for GPs to return a call. In some cases it took up to eight hours for the doctor to ring back
- There was some confusion around the number to ring for this service
- It was noted that there are not enough female doctors available in the GP out-of-hours service

Emergency Department

- Between 14% and 39% of respondents attended the Emergency Department in the last 12 months
- There were concerns about lengthy waiting times in local emergency departments
- The Emergency Department was rarely accessed by respondents. Of those that did access this service, it was only for people in extreme pain or an accident
- Respondents reported that there is an issue with understanding doctors from overseas due to language barriers.
- A small number of respondents felt that the GP OOH Service did not deal effectively with their health problems and reverted to the ED thereafter

“I used this for both my father and mother. Our experience of each case was that the care from everyone at every point was second to none. I felt that there could not have been better care for my mother in the last 15 hours of her life (aged 87-and-a-half) than there would have been for a new born baby. Care for my mother and for us, as family was exceptional - from out of hours GP, Ambulance crew, A&E teams, ward staff.”

999 Ambulance Service

- Under 11% of respondents across the 5 Networks required the assistance of the 999 Ambulance Service in the last 12 months
- Concerns were raised about emergency ambulance response times and locating addresses. This was peculiar to Fermanagh where respondents reported that it took the NI Ambulance Service too long to find home addresses due to the Fermanagh District Council Rural Addressing Project in 2014 which is not compatible with the NI Ambulance Service systems
- Fermanagh Community Network recommended an awareness campaign about this issue. On balance, the Ambulance Service was the least used of the unscheduled care services and received high praise and appreciation from respondents

General Comments

With hindsight, it is apparent that people want to have a Health Service which is available and accessible when they need and require care.

Comments made by respondents are encouraging, signalling that the 'Choose Well' campaign has had some limited success in getting the message through to the general public. However there is still an awareness raising campaign required to reinforce the message.

It was noted that people are unsure of the range of services provided in each of the unscheduled care services. It is recognised a campaign to highlight service provision is required to redress this issue.

This engagement exercise, gives an indication of the extent to which unscheduled care services are used. There is however a question as to whether local people are 'Choosing Well' and appropriately. For example, it has been known for parents to take their children to the ED for head lice treatment when a visit to the local Community Pharmacy would have solved the problem.

Whilst this engagement exercise provides comments and thoughts on unscheduled care services as perceived by the general public, it is important to note that this engagement exercise was not intended to be an academic exercise.

In conclusion, those persons who the Local Community Networks in the Western Area engaged with welcomed the opportunity to comment on their experiences of unscheduled care services.

Western LCG Response

The following section will look at the LCG's response to the key issues raised in this report.

Issues Highlighted by Local Community Networks	Commissioning Response : Actions
Community Pharmacies	
<ul style="list-style-type: none"> ▪ Some concerns were noted with regards to Pharmacist's ability and qualifications in respect to advising on specific or more complex health conditions 	<ul style="list-style-type: none"> ▪ Community Pharmacists are experts in the use of medicines. In addition to dispensing prescriptions and selling over-the-counter medicines they can give advice on treating minor conditions. Most Community Pharmacies also provide a medicine use review service which helps patients with long-term conditions such as asthma and diabetes manage their condition effectively ▪ There needs to be greater public awareness of the role and skills of the Community Pharmacists ▪ Further work is required to promote the community pharmacy as the first port of call for advice on medication and health advice ▪ The Pharmacy First service is designed to encourage patients to consult with a participating pharmacy, rather than their GP, for a defined list of common conditions. The service aims to reduce prescribing for a range of conditions and to reduce the number of general practice consultations for these specific conditions. Commissioning of the Pharmacy First service will be subject to further agreement by the

Issues Highlighted by Local Community Networks	Commissioning Response : Actions
	<p>Department of Health, Health and Social Care Board and Community Pharmacy Northern Ireland (CPNI)</p> <ul style="list-style-type: none"> ▪ Practice-based Pharmacists may prove of great benefit to unscheduled care as they may identify patients whose medication could lead to the need for emergency or urgent care, as well as supporting demand for GP in-hours ▪ They may also lead to embedding pharmacists in GP out-of-hours enabling management of anti-biotic prescribing and infection control in Primary Care. Moves towards urgent dispensing of on-going prescribed medication could also prevent unnecessary requests for urgent care if community pharmacists were supported to build on informal assistance to patients who have run out of their medication
<ul style="list-style-type: none"> ▪ Not all Pharmacists are providing the same services. The public and GPs need to know what services local Community Pharmacies are providing so that the appropriate GP referrals are made 	<ul style="list-style-type: none"> ▪ The range of services provided by each Pharmacy are detailed in the Pharmacy's practice leaflet which is available to the public. Information on medication review services offered in Community Pharmacies is available to GP practices though further work is needed to enhance referrals to these
<ul style="list-style-type: none"> ▪ Concerns were voiced about privacy and confidentiality in Pharmacies 	<ul style="list-style-type: none"> ▪ Many Pharmacies have a consulting area available where patients can discuss their treatment

Issues Highlighted by Local Community Networks	Commissioning Response : Actions
	<p>in private. This is an essential component of some services and is assured by the HSCB through the 'Community Pharmacy Quality Assurance Framework.'</p> <ul style="list-style-type: none"> ▪ Pharmacists have both a legal and professional obligation to maintain and protect confidential information
General Practice (GP Services)	
<ul style="list-style-type: none"> ▪ Concerns about accessing both urgent and routine appointments, some respondents highlighted the need to escalate the appointment priority in order to get appropriate access to the GP 	<ul style="list-style-type: none"> ▪ GPs are required to provide a level of cover between 8.30am and 6pm. This may be through appointments or telephone advice, but a level of cover should be provided by each practice between these hours ▪ Emergency appointments should be available to patients. GPs will make a decision based on clinical judgement as to whether or not an emergency appointment is required ▪ LCG continues to invest in 'Practice capacity' allowing GPs to see more patients. It is also noted that HSC Board has provided additional funding to Practices in recent years to provide additional GP clinics during winter months. GPs decide how best to deploy additional resources. ▪ Regional work is also underway to enhance the General Practice Nursing workforce

Issues Highlighted by Local Community Networks	Commissioning Response : Actions
<ul style="list-style-type: none"> ▪ Concerns about amalgamation and closure of GP practices, particularly in the Erne East Electoral Area with the closure of Roslea GP surgery and amalgamation of Newtownbutler GP practice into Maple Healthcare. 	<ul style="list-style-type: none"> ▪ The HSCB always seeks to maintain GP services in their current locations. GP contracts have been extensively advertised In relation to Roslea Surgery, regrettably there were no applicants. Maple Group Practice agreed to take on patients of Roslea, Newtownbutler and Dr Leary. In this case Maple Group felt that in order to provide a safe and effective service, it was only possible to provide service in Lisnaskea and Newtownbutler. The HSCB has no plans to close any GP Practice in Fermanagh or elsewhere
<ul style="list-style-type: none"> ▪ More consideration is needed on how the elderly are dealt with as making some leave their home in a frail condition is unhelpful 	<ul style="list-style-type: none"> ▪ GP's are required to provide a level of cover between 8.30am and 6pm. This may be through appointments or telephone advice, but a level of cover should be provided by each practice between these hours ▪ Emergency appointments should be available to patients. GP's will make a decision based on clinical judgement as to whether or not an emergency appointment is required ▪ Acute Assessment Intervention and Treatment Services are also available for referrals from GPs for Acute Care at Home services for older adults
<ul style="list-style-type: none"> ▪ People do not like explaining their illness to a receptionist 	<ul style="list-style-type: none"> ▪ It can be a difficult balance for Practices ensuring that a patient

Issues Highlighted by Local Community Networks	Commissioning Response : Actions
	<p>gets appropriate, timely care while ensuring receptionists do not overstep their role in ascertaining a patient's needs</p> <ul style="list-style-type: none"> ▪ It is important to emphasise that patients can communicate any concerns they have directly with the Practice Manager who will aim to resolve in the first instance. If a complaint is raised by a patient then the Practice is required to respond formally to that complaint ▪ Patients also have the option (if not content with the response from the Practice) of complaining through the HSCB and ultimately to the Ombudsman who can represent the patient ▪ Many practices have a triage system in place where your GP/Practice Nurse will ring the patient back to access the nature of their illness / issue
<ul style="list-style-type: none"> ▪ Comments were made on improving this service by allocating appropriate phone lines for urgent and non-urgent appointments and ensuring the public were knowledgeable in order to make a decision on accessing their Pharmacist for minor ailments 	<ul style="list-style-type: none"> ▪ While this is helpful suggestion, not all Practices would have the capacity to staff a separate line. Moreover HSC Board is working closely with GPs to introduce 'Ask My GP' which would enable GPs to call patients back who require urgent consultation and direct them to other services as appropriate

Issues Highlighted by Local Community Networks	Commissioning Response : Actions
OOH GP Services	
<ul style="list-style-type: none"> ▪ Key concern raised was about time taken for the GP to return patient calls 	<ul style="list-style-type: none"> ▪ GP OOH Providers are required to call back patients within required timescales. Calls are clinically triaged by Nurse Advisors as well as GPs in the West once the call handler who is not a clinician has taken a brief history of the patients / clients details <ul style="list-style-type: none"> - Urgent calls within 20mins (95% target) - Routine calls within 60mins (90 % target) ▪ Generally, Western Urgent Care achieves the target for urgent calls. However, at particularly busy times some routine calls may take longer than 60mins. However, all outstanding calls are monitored and clinicians decide on order of ring backs based on urgency of condition. Staff are appointed to review all calls and decide on priority by triage especially during busy periods ▪ The GP OOH service in the West is under considerable challenge due to increasing demand and difficulties associated with recruitment and retention of GPs. Over the past three years in particular, fewer doctors have made themselves available to work out of hours particularly at busier periods such as Christmas and Easter. Reasons cited include: <ul style="list-style-type: none"> ▪ Shifting attitudes in relation to

Issues Highlighted by Local Community Networks	Commissioning Response : Actions
	<p>achieving work life balance and preparedness or willingness of doctors to cover out of hours' sessions</p> <ul style="list-style-type: none"> ▪ Changes to the rules and regulations for employing GPs from outside the UK has added to the difficulty in attracting GPs to work in Out of Hours ▪ Busier and more complex day time general practice reducing the inclination or ability of GPs to work additional out of hours sessions. ▪ This has led to unpredictable GP availability making it very difficult, on occasions, to reliably fill GP rotas. This adds additional pressure to doctors already working in the service. The service is supported by a number of Nurse Advisors over a 24 hour basis in all areas. In spite of the pressure on the service the overall number of complaints and adverse incidents remains low. The service is supported by a number of loyal and dedicated clinical and non-clinical individuals
<ul style="list-style-type: none"> ▪ Although not specific to the GP out-of-hours service, language barriers with medical staff were raised as an issue 	<ul style="list-style-type: none"> ▪ All GPs seeking to work in N. Ireland are required to apply to join the Primary Medical Performers List. GPs from abroad are required to prove competency in English language as part of this application process

Issues Highlighted by Local Community Networks	Commissioning Response : Actions
Emergency Department	
<ul style="list-style-type: none"> ▪ Key concern raised was about lengthy waiting times with some patients waiting up to 8 hours to be seen 	<ul style="list-style-type: none"> ▪ Demand on ED services within the Western Trust has been increasing year on year. The Trust has also seen increase in the number of complex patients presenting to ED. ▪ The LCG is working closely with the Trust, Primary Care, NIAS, Western Urgent Care and other providers to better co-ordinate and manage the pressures on unscheduled care across the system. In addition to more collaborative working the LCG has invested significantly in a range of measures across the system. ▪ Additional resources have been invested in hospitals including: <ul style="list-style-type: none"> - 7 day diagnostics services - Increased medical, nursing, pharmacy, AHP and social work staff In the ED - Establishment of a Clinical Decisions Unit for patients requiring observation and investigation - Establishment of a Minor Injuries unit to treat less complex patients ▪ Additional resource has been invested in other parts of the system including <ul style="list-style-type: none"> - Acute Care at Home – to prevent admissions and manage elderly patients at home - Community Respiratory Team

Issues Highlighted by Local Community Networks	Commissioning Response : Actions
	<p>which avoids hospital admission for patients with complex respiratory problems</p> <ul style="list-style-type: none"> - Increased domiciliary packages
<ul style="list-style-type: none"> ▪ Patients being sent home with painkillers without investigation 	<ul style="list-style-type: none"> ▪ It is not possible for the LCG to comment on this and would require further information in order to raise with service providers. This said, the LCG will bring the issue to the attention of Western HSC Trust
999 Ambulance Service	
<ul style="list-style-type: none"> ▪ Concerns were expressed regarding the 999 Ambulance service response times 	
<ul style="list-style-type: none"> ▪ In Fermanagh in particular locating addresses where the post codes have changed and are not compatible with NIAS systems was an issue 	<ul style="list-style-type: none"> ▪ The LCG will support Fermanagh Rural Community Network to explore ways in which to resolve this issue with NIAS and Fermanagh and Omagh District Council
<ul style="list-style-type: none"> ▪ All Networks agreed that there should be an education campaign on the roles and responsibilities of all unscheduled care services. The emphasis should be on the role of the patient in taking responsibility to 'Choose Well' 	<ul style="list-style-type: none"> ▪ LCG will liaise with the Public Health Agency and Western HSC Trust colleagues to look at how the messages from the 'Choose Well' Campaign can be reinforced

Appendix 1

Engagement Exercise Time Line

Time Line	
Broker Network Involvement	Between 6 th -14 th of October 2016
Brief Circulated	18 th October 2016
Engagement Plan Submitted	31 st October 2016
Contracts Signed & Agreed	11 th November October 2016
Engagement Process	11 th November 2016 – 14 th March 2017
Update Meeting with Networks by phone	12 th December 2017
Review Update Meeting with Networks	January 2017
Verification of Engagement	14 ^h – 20 th February 2017
Network Reports Submitted	18 th April 2017
Presented to LCG	10 th May 2017
Formal Report Completed	15 th August 2017
Feedback Session / Report Agreement	21 st -25th August 2017
Report online and disseminated to designated colleagues etc.	September 2017

Unscheduled Care PPI Engagement Brief

The Health and Social Care Board wish to raise awareness to help people gain a better understanding of the range of health services available to treat everything from a common cold to a major emergency. It aims to encourage the public to use the most appropriate service applicable to their needs at any given time. For example people are not encouraged to go straight to the Emergency Department when their needs could be provided for at their local pharmacy or GP practice.

If people make the right choices, they will get the right services for them and will help the health service to help them.

The Health and Social Care Board encourages people to think carefully about how they use the health service, should they or a member of their family become unwell or have an accident:

“We know through research that people are using their GPs when self-care or a trip to the pharmacy will do. For example, around 40% of 16-24 year olds have visited their GP in the event of a cold. Because the number of genuine urgent and emergency cases rises during winter hospitals, GPs and community nursing teams all have their hands full. Very often people do not need to see a GP; pharmacists can advise patients on minor ailments, pain relief, skin complaints, coughs and colds, over-the-counter or on the telephone.” *Health Minister, Edwin Poots, MLA, November 2013.*

<http://www.transformingyourcare.hscni.net/choose-well-campaign-launched/>

“Whilst we are extremely pleased that the research the Board commissioned showed that across Northern Ireland there are high satisfaction rates with health and social care services, it also highlighted that at times people aren’t using the right services, in the right place, at the right time. Through this campaign we will be asking the public to think about the services they use and help us to help them by choosing well.” *Dr Ian Clements, Chair of the Health and Social Care Board November 2013*

<http://www.transformingyourcare.hscni.net/choose-well-campaign-launched/>

Task

We know from experience that patients are still not choosing well and are making use of the various options at the wrong time and therefore putting pressure on certain parts of the health service. We want to find out what services people currently use and when they decide to use them, at what point for example they decide to go to a Pharmacist, GP or Emergency Department and what motivated them to take this course of action.

We want to try to find out if people understand what the various parts of the health service are for and how they can make decisions which will ultimately ensure that they get the appropriate level of care and get better sooner.

The Western LCG will contract with the local Community Networks to carry out an engagement exercise, working with constituent community and voluntary groups in the Western Area, who provide service users aged 18-65+ with the opportunity to talk about their experiences of using Pharmacist, GP, Emergency Department or Out Of Hours services, to get an understanding of their expectations of future services.

LCG will commission the following Community Networks covering the Western area to carry out this engagement exercise:

- Rural Area Partnership in Derry/Londonderry (covering the legacy Strabane District Council area);
- North-West Community Network (covering the legacy Derry City Council area);
- Fermanagh Rural Community Network (covering the legacy Fermanagh District Council area);
- Omagh Forum for Rural Associations (covering the legacy Omagh District Council area);
- North Antrim Community Network (covering the legacy Limavady Borough Council area).

LCG acknowledges that some networks cover areas beyond those designated but for the purposes of this exercise, the LCG has asked the respective networks to undertake engagement in one legacy council area only.

Target

Each network will be asked to liaise directly with organisations who work with people aged 18-65+ in the Western area. The Community Networks will liaise with voluntary organisations to ensure they engage with at least 1,000 older people aged 18-65+ across the 5 legacy Council areas in the Western area (200 people in each Council area).

The questionnaires will be based on services used/accessed in the last year (**April 2015 to March 2016**).

Section 75 and Disability Discrimination Order

This consultation will actively promote Equality in line with Section 75 and the Disability Discrimination Order by engaging with people aged 18-65+ of the population of the Western LCG area, through the Community Networks and their member organisations. On behalf of the LCG the Community Networks will seek to include all members of the resident population aged 18-65+.

Section 75 Northern Ireland Categories.

- People with different religious belief
- People of political opinion

- People of different racial groups
- People of different ages
- People of different marital status
- People of different sexual orientation
- Men and women generally
- People with a disability and people without
- People with dependents and people without
-

Interviews will be reflective of the general population and will be conducted with people aged 18–65+. According to the WHSCT’s 2014 mid-year population estimates of the Western Trust area, age bands for the population fall into the following percentages:

- 18-64 equates to 60.9% of the population
- 65 + equates to 15.5% of the population
-

HSCB would expect that survey samples/questionnaires would reflect these percentages.

Process

The Community Networks will work with Voluntary and Community Organisations to engage with people aged 18-65+ in the Western area via a combination of stakeholder face-to-face conversations, and focus groups. This brief contains standard questions which may form the basis of semi structured interviews with participants in each of the 5 legacy Council areas.

The Networks may engage with people aged 18-65+ in a mixture of urban and rural settings in places which they routinely use such as Luncheon clubs, Community Centres, Healthy Living Centres, Community Theatre, Art Groups, Drop In Clubs, Exercise Classes, Singing Groups, Smoking Cessation Groups, Diabetes and Podiatry clinics in Healthy Living Centres, Bingo Halls etc. to consider this target groups views on the services they receive and use through the Health Service. Local Networks may also wish to engage with groups such as the Travellers Action Group, Disability Action, and the North-West Migrants Group etc.

Suggestions above are not exhaustive; Local Networks may work with local groups as outlined in the brief.

To capture the views of people aged 18-65+ who do not attend community activities/centres or do not access local Voluntary and Community groups, and who are harder to reach “constructed situations” may be organised whereby this target group and or their carers could be surveyed at Shopping Centres/ Post Offices etc. The Networks will also seek the views of the harder to reach; rurally isolated people aged 18-65+ through their network of contacts and membership. The Community Networks will nominate 1 service user from each of the 5 legacy Council areas in the Western area and invite them to present and share the findings of the engagement process to the LCG as part of the evaluation report.

Service User / Champion presentation to LCG

The LCG commits to convening a feedback session with the Network and their user representatives in August 2017 to discuss the outcomes and findings of the engagement process which they contributed to. Any decisions made with respect to the recommendations will be communicated at this stage to the Unscheduled Care Network. In terms of future planning the LCG will take into consideration these outcomes and recommendations when planning local services.

Monitoring

This project will be overseen by the Western Commissioning Lead and the Senior Commissioning Manager. The project will be managed by the Commissioning Support Manager. The Community Networks will be required to provide an engagement plan by the 31st of October 2016 whereby the engagement process will be agreed. The Community Networks will be expected to provide verification of evidence of engagement between the 14th to the 20th of February 2017. Completed reports to be submitted by April 1st 2017.

Questionnaire “Unscheduled Care Engagement” Consultation

Information About You	
Name:	Age: (If Known)
Address: (If Known)	Gender: Male /Female
Post Code:	Location:

There is no obligation for participants to provide us with information for this engagement process; however your views are important to us and will be considered in planning of future services.

Thank you for your support with this work.

Definition Unscheduled Care

Unscheduled care (USC) is when someone accesses health and social care services unexpectedly. Unscheduled care can occur at any time and crosses the traditional boundaries between general practitioner, community and hospital services and means there must be a 24 service available. This provision may be through Urgent Care or Emergency Care facilities. In Belfast this accounts for 61% of all our activity/admissions. Levels of unscheduled activity are reasonably predictable and vary with the time of year being highest in winter.

HSC Knowledge Exchange: Connecting People to Improve Health and Social Care in Northern Ireland. www.knowledge.hscni.net/Topics/Index/45

Minor Injuries Unit

Examples of conditions that can be treated in the MIU include:

- Lacerations (cuts)
- Sprains/strains
- Bites/stings
- Minor eye problems
- Minor burns/scalds

24-hour A&E department

Examples of conditions that should be treated in a 24-hour A&E department include:

- Collapse
- Chest pain
- Asthma/shortness of breath
- Overdose
- Epileptic seizure
- Chest infection
- Abdominal pain
- Bone injuries/fractures

Preliminary Questions	Yes	No
Have you used any of these services in the last 12 months?		
▪ Community Pharmacist		
▪ GP		
▪ GP Out Of Hours Service		
▪ Mental Health Services		
▪ Minor injuries unit for (if you have one in your area)?		
▪ Emergency Department		
▪ 999 Ambulance Service		

Self-Care

Have you had a minor ailment in the last 12 months that you have treated using over the counter medication/products (provide some detail)

Community Pharmacist

Would you seek the advice of a Community Pharmacist for a health problem?

Have you sought advice from a Community Pharmacist for a health problem in the last 12 months?

If yes – what for?

Did the advice/treatment you received help you manage your problem?

Did the pharmacist advise you to attend another service e.g. GP, GP Out of Hours, Emergency Department?

Are there any reasons why you would not ask your Community Pharmacist for advice on a health problem?

GP Services

Have you attended your GP in the last 12 months for an **urgent** appointment?

Were you offered an appointment to see the GP on **the same day (for the urgent appointment)**

If no – did you make use of any other part of the health system e.g. Community Pharmacist, GP Out of Hours, Minor Injuries Unit, Emergency Department, Ambulance

If you did see a GP for an **urgent** appointment, were they able to deal with your problem

Did the GP refer you to another service – if so, where.

How could access to a GP for an **urgent** appointment be improved?

Western Urgent Care: GP Out of Hours Service

Have you used GP Out of Hours service in the last 12 months?

Why did you choose GP OOH - What did you use the service for?

Were you:

- Given advice over the phone
- Seen in the OOH centre
- Given a home visit

Did the service deal with your health problem?

Did the service refer you to another part of the health system e.g. Community Pharmacist, GP In hours, Minor Injuries Unit, Emergency Department, Ambulance

Emergency Department

Have you attended an Emergency Department in the last 12 months?

What did you use the service for?

Why did you decide to attend the ED?

Did the service deal with your problem?

Were you referred elsewhere in the system for further care e.g. GP, GP OOH, Hospital Admission, Hospital consultant (elective/ planned care) etc.?

999 Ambulance Services

Have you used 999 Emergency Services in the last 12 months?

What did you use the service for?

Did the service deal effectively with your health problem?

Were you treated without the need to be taken to hospital or taken in an ambulance to an Emergency Department?

If you were treated without being taken to hospital what was your experience of the service you received?

Thank you for completing this questionnaire.

Information on choosing services well for interviewers.

Western Health and Social Care Trust information

Emergency Departments provide the highest level of emergency care for patients, especially those with sudden and acute illness or severe trauma. Use the service appropriate to your need.

Further Information

Emergency Department Altnagelvin Area Hospital

Glenshane Road, Londonderry, BT47 6SB.

Telephone: 028 7134 5171.

Open 7 days a week, 24 hours

Emergency Department South West Acute Hospital

124 Irvinestown Road, Enniskillen, BT74 6DN.

Telephone: 028 6638 2000.

Open 7 days a week, 24 hours

Emergency Department: Choose well and be prepared

This information will help you find the right expert care to meet your needs. Picking the service most appropriate to your symptoms means you get the right treatment in the right place.

For the very young, the over 65s and all people with long term health issues, the cold weather can contribute to serious health problems. The good news is that by following a few tips, you can give yourself the best possible chance of staying well

Get your free flu jab

Remember, if you're over 65, pregnant or with a long term health problem, you can get a free seasonal flu vaccination from your GP.

In addition this year the vaccine will be offered to children aged two and three years and to those in school year primary six. For more information about the flu vaccine visit www.fluawareni.info

Recover Properly

If you do catch a cold or flu, make sure you:

- Stay at home; drink plenty of fluids and rest
- Eat if you feel able to
- Let a friend or neighbour know you are ill

Stop Things Spreading

To prevent the spread of germs to others:

- Catch coughs and sneezes in a tissue
- Regularly wash your hands with soap and warm water

Stay Warm

- Keep room temperature warm and comfortable
- Have regular hot drinks and hot meals that include fruit and vegetables

You should always call 999

If someone is seriously ill or injured and their life is at risk

Did you know there are a range of healthcare services available to help you find the right care?

Choose Well

Make sure you Choose Well get the right treatment for you and help manage your health service resources

- Self-care
- Pharmacy
- GP
- Minor Injuries Unit
- Emergency Department 999

www.nidirect.gov.uk/choosewell

Health and Social Care is committed to making information as accessible as possible and to promoting meaningful engagement.

Information provided here is provided as an information resource only and is not to be used or relied on for any diagnostic or treatment purposes. All information is correct at time of printing. If you are concerned about your medical condition, you should seek medical advice from your GP or the relevant clinical team.

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This information covers the Western Health and Social Care Trust area.