

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Thursday 9 March 2023

at 10.00 am

in the Council Chamber,
Civic Centre, Hartlepool.

MEMBERS OF AUDIT AND GOVERNANCE COMMITTEE:

Councillors Allen, Cook, Cowie, Creevy, Falconer, Feeney, Hall, Loynes, D Nicholson and Smith.

Standards Co-opted Independent Members: - Mr Martin Slimings and Ms Tracy Squires.

Standards Co-opted Parish Council Representatives: Parish Councillor John Littlefair (Hart) and Parish Councillor Alan O'Brien (Greatham).

Local Police Representative.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

3.1 To confirm the minutes of the meeting held on 9th February 2023

4. **AUDIT ITEMS**

No items.

5. **OTHER ITEMS FOR DECISION**

5.1 Crustacean Deaths Working Group - Verbal Update (*Councillors Creevy and Cowie*)

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

6. STANDARDS ITEMS

No items.

7. STATUTORY SCRUTINY ITEMS

Crime and Disorder Scrutiny

No items

Health Scrutiny

7.1 Healthwatch Hartlepool Consultation Report - Accessing GP Services in Hartlepool:-

- i) Covering report (Statutory Scrutiny Manager);
- ii) HealthWatch Hartlepool Accessing GP Services Consultation - Report / Outcomes (March 2022) (*HealthWatch Chief Executive*); and
- iii) Presentation - Actions in Response to the finding of the HealthWatch Hartlepool Accessing GP Services Consultation Report (*Director of Place (North East and North Cumbria Integrated Care Board) and Chief Executive, Hartlepool and Stockton Health*)

7.2 GP Extended Hours:-

- i) Covering report (*Statutory Scrutiny Manager*);
- ii) Presentation – Update on the implementation of enhanced GP arrangements in Hartlepool (*Chief Executive, Director of Place (North East and North Cumbria Integrated Care Board)*)

7.3 HealthWatch Hartlepool Urgent Care Enter and View Visit:-

- i) Covering report (Statutory Scrutiny Manager);
- ii) HealthWatch Hartlepool Urgent Care Enter and View Visit (September 2022) - Report / Outcomes (*HealthWatch Chief Executive*); and
- iii) Verbal Update - Actions in response to the finding of the HealthWatch Hartlepool Urgent Care Enter and View Visit (*North Tees and Hartlepool NHS Foundation Trust (NTHFT)*)

7.4 NTHFT / NEAS Hospital Admission Avoidance Scheme – Verbal Update (*North Tees and Hartlepool NHS Foundation Trust (NTHFT)*)

8. MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD

No items.

9. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

No items.

10. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

No items.

11. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items.

12. **REGIONAL HEALTH SCRUTINY UPDATE**

No items.

13. **DURHAM, DARLINGTON AND TEESSIDE, HAMBLETON, RICHMONDSHIRE AND WHITBY STP JOINT HEALTH SCRUTINY COMMITTEE**

No items.

14. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

For information: -

Forthcoming Meetings: -

Thursday 16 March 2023 at 2.00 pm

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

9 FEBRUARY 2023

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Rob Cook (In the Chair)

Councillors: Allen, Cowie, Creevy, Falconer, Hall, Loynes and D Nicholson

Co-opted Members:

Martin Slimings and Tracy Squires, Independent Members

Also Present: Ray Martin-Wells, North Tees and Hartlepool Foundation Trust
Daniel Ahmed and Sally Harris, Foundations

Officers: Chris Little, Director of Resources and Development
Claire Robinson, Public Health Principal
Jill Blackett, Interim Head of Service
Beverley Hall Jones and Abigail Reay, Public Health Team
Joan Stevens, Statutory Scrutiny Manager
Gemma Jones, Scrutiny and Legal Support Officer
Denise Wimpenny, Principal Democratic Services Officer

69. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Feeney, Smith and Parish Councillor John Littlefair (Hart).

70. Declarations of Interest

None

71. Minutes of the meeting held on 12 January 2023

Confirmed

72. **North Tees and Hartlepool Foundation Trust – Verbal Update** *(Associate Director of Governance and Transformation)*

A representative from North Tees and Hartlepool Foundation Trust, who was in attendance at the meeting referred to a recent visit by the Prime Minister to the University Hospital of North Tees (UHNT) site to observe the discharge arrangements, given that North Tees was one of the top performing trusts in the country in relation to rate of discharge. The Prime Minister had also expressed an interest in visiting the University of Hartlepool Hospital (UHH) in future. Work was currently ongoing with the Council and the town's MP in relation to securing funding for a Centre for Excellence for Elective Care and Recovery at UHH.

A detailed external piece of work had been undertaken by Carnall Farrar in relation to options for collaborative working between UHNT and James Cook University Hospital (JSUH). Whilst the report outlining the finding of this piece of work had not yet been released, a joint meeting of both Trust Boards had agreed the creation of a Project Group to explore the report's findings and options for increased collaborative working.

Further details of the outcome of the Carnall Farrar work and Project Group activities are to be reported to Committee in due course. In the meantime, however, clarification was provided in relation to a number of queries:

- With regard to the membership of the Project Group, it was confirmed that Vice Chairs, Finance Directors and senior managers from both Trusts were to be members of the group;
- In terms of consultations with Hartlepool residents in relation to operational changes resulting from increased collaboration, it was confirmed that overview and scrutiny would continue to be updated. There was, however, no intention to change service provision and as such no formal consultations would need to be undertaken; and
- In relation to the establishment of a Centre for Excellence for Elective Care and Recovery at UHH, it was indicated that the process is in its very early stages with work ongoing in terms of funding and the development of a business case.

Recommended

That the contents of the update and comments of Members be noted.

73. **Treasury Management Strategy 23/24 Third Quarter Review 22/23** *(Director of Resources and Development)*

The Director of Resources and Development presented the report which set out the third quarter update of the 2022/23 Treasury Management activity including 2023/24 Prudential Indicators, Borrowing Strategy

2023/24, Investment Strategy 2023/24 and Minimum Revenue Provision Statement. The report enabled the Committee to scrutinise the recommended 2023/24 Treasury Management Strategy before it was referred to Full Council for approval on 23 February 2023.

In the discussion that followed, the Director of Resources and Development responded to queries raised arising from the report. Clarification was provided in relation to the potential impact in terms of continuing increases in interest rates and anticipated public health grant funding.

The Chair took the opportunity on behalf of the Committee to thank the Director and all members of the Finance team for their hard work and efforts in successfully managing the budget.

Decision

That Council be recommended to: -

Treasury Management Strategy 2022/23 3rd Quarter Review

1. Note the 2022/23 Treasury Management 3rd Quarter position detailed in section 4 of the report.

Treasury Management Strategy 2023/24 (Prudential Indicators)

2. Approve the prudential indicators outlined in Appendix A of the report.

Borrowing Strategy 2023/24

3. Core borrowing requirement – following the securing of exceptionally low interest rates approve that the remainder of the under borrowing is netted down against investments.
4. To note that in the event of a change in economic circumstances that the Director of Resources and Development may take out additional borrowing if this secures the lowest long term interest cost.
5. To authorise the Director of Resources and Development to implement Treasury Management arrangements which minimise the short and long term cost to the Council.

Investment Strategy 2022/23

6. Approve the Counterparty limits as set out in paragraph 7.7 of the report.

Minimum Revenue Provision (MRP) Statement

7. Approve the MRP statement outlined in paragraph 8.3 of the report.

74. Crustacean Deaths Working Group – Verbal Update (Councillors Creevy)

Prior to consideration of this item of business the Chair sought a nomination to attend future meetings of the Working Group as his permanent substitute due to his current family circumstances. It was agreed that Councillor Cowie be appointed to the Working Group as the Chair's permanent substitute.

Councillor Creevy provided the Committee with an update on discussions at the meeting of the Working Group held on the 3rd February 2023. Attention was drawn to discussions and evidence provided in relation to:

- Approval of the Terms of Reference for the Review with arrangements to be made going forward for:-
 - The Chair of the Parliamentary Committee, the MP for Whitby, David McCandless from North Eastern Inshore Fisheries and Conservation Authority (IFCA) and Dr Caldwell; and
 - Meetings to be held on the 3rd March and 31st March 2023, both of which are open to the public. Members were asked to notify Redcar and Cleveland Borough Council of any attendees in advance of the meeting.
- Environment, Food and Rural Affairs Select Committee Reports and correspondence:
- Independent Expert Assessment of Unusual Crustacean Mortality in the North-East of England in 2021 and 2022 - Compiled by a panel of independent experts convened by Defra's Chief Scientific Adviser (17 January 2023)

Members debated issues arising from the update and concerns were expressed regarding the impact of recent indications from DEFRA that the case was closed, the lack of clarity on the cause and a solution and the emotional and financial impact on the fishermen and their families. The Statutory Scrutiny Manager highlighted the large amount of information that was now available and should Members request access to some, or all of the documentation, arrangements can be made via the scrutiny team for access to the electronic library held by Redcar and Cleveland Council. Any other questions that Members wished to ask of the Group should be directed to the Committee's appointed representatives who will be able to raise them on their behalf.

Recommended

That the contents of the update and comments of Members be noted.

75. Substance Misuse Investigation - Session 2 - Review of the Reconfigured Substance Misuse Service and Needs Assessment Data *(Director of Public Health/Public Health Principal)*

As part of the committee's investigation in to the delivery of substance misuse services across Hartlepool, a detailed presentation by the Public Health Principal and representatives from Foundations, a commissioned provider of support and treatment for adults and young people who were experiencing issues with alcohol or drugs, explored:

- The draft Substance Misuse Needs Assessment 2022
- Development of a Hartlepool Substance Misuse Strategy
- Clinical Interventions
 - Integrated care offer
 - Evidence based interventions
 - Opiate substitute medications / therapy
 - Community based opiate detoxification
 - Relapse prevention medications
 - Immunisation (Inc. hepatitis A and B)
 - BBV screening, referral and onsite clinical treatment (Inc. hepatitis C and HIV)
 - Health care assessments (working with primary care partners to improve pathways to care)
 - Harm reduction services
 - Near fatal overdose team (a unique Hartlepool service)
- Drug Related Deaths
 - 1:3 European drug related deaths takes place in England
 - Most deaths are particularly in heroin users, particularly in the north east
 - More likely to die from a drug related death than a car crash in Hartlepool
- Collateral Damage
 - A heroin using lifestyle was associated with significant collateral damage including high rates of premature death; for survivors, physical and mental health problems, criminal records, unemployment, poor housing, damaged relationships were likely.
 - Young population
 - Asthma 200% above national average
 - COPD 225% above national average
 - Mental Health 193% above national average (increased risk of self harm / suicide)
 - Stroke/TIA – 50% above national average
 - High levels of DVTs
 - High levels of skin infections due to drug use in unsterile environments
 - High levels of Hepatitis C
 - Palliative care 211% above national average
- Trauma and Adverse Childhood Experiences (ACE)
 - Traumatic events that can have traumatic effects on health and wellbeing – abuse, household challenges, neglect
- Drug Use and Trauma – Rat park
- Stigma and Death – adverse press reports
- Working with Collateral Damage
 - Hard to reach population
 - Make every contact count

- Instant access to treatment
 - Walk in appointment
 - Infectious disease in-reach
 - Skilled knowledgeable staff
 - Safeguarding lead
 - Relaxed environment
 - Compassionate care
 - Trauma informed care
 - Proactive approach
- Harm Reduction
 - Rapid Access to Treatment
 - Harm Reduction in Hartlepool
 - Harm Reduction: We could do more:
 - Testing samples of drugs and providing feedback to users; and
 - Testing stations for individuals to test safety of substance they buy.
 - Diamorphine Assisted Treatment: Outcomes
 - Harm Reduction Examples – overdose prevention sites
 - Misuse of Drugs Act – Fit for Purpose?
 - START Inspection Report , Whitby Street – Effective Practice - overall rating – Good

The Committee welcomed the very informative presentation and gained an understanding of how the service is provided, the challenges it faces and commended the commitment of its staff in ensuring continued provision throughout the pandemic. Members discussed in detail:

- Usage of the service, with indications that 800 clients have been prescribed treatment in the last year, 600 of which have been prescribed treatment for a heroin addiction (whilst this is higher than the national rate, it mirrors the picture in coastal areas and areas with high levels of deprivation).
- Member noted that there are a number of ways which success can be measured and that they can vary dependant on the substance being misused. These included:
 - The number of patients kept alive and performance nationally against this was not good;
 - Stabilisation of patients addiction and improving their quality of life; and
 - Successful completions of programmes of treatment.
- The stigma that exists in accessing services, the prescription of methadone / buprenorphine and resulting impact in terms of under dosing. Attention was drawn to the small amounts of methadone that were prescribed (between 60 / 120mg) and a comparison made in terms of the openly accepted dosage of medications such as paracetamol (1000mg of routinely taken).

- The negative shift in perception that occurs between children who have issues as a result of experiencing ACE and those who then go on to experience substance misuse issues. The Committee explored the role of substance misuse as a ritualised / comfort seeking behaviour to cope with ACE's and the importance people feeling wanted by society as a factor to the success of services. Attention was also drawn to the need for Members to take into consideration the impact of ACE when thinking about the provision of prevention services and the potential need for Member awareness training.
- The importance of positive environments and experiences in preventing substance misuse, as demonstrated by the 'Rat Park' experiment.
- Drug Related Deaths. Concerns were raised regarding the increase in the number of drug related deaths and high levels of drug use in Hartlepool. Members questioned the potential factors contributing to such increases. The Committee was advised that contributory factors included trauma and adverse childhood experiences, details of which were provided. The importance of Members being mindful of prevention in childhood given the evidence around the factors contributing to drug use in adults.
- The mismanagement of opioid prescribing had resulted in guidance changes for GP's which had reduced access to opioids. This had impacted on all patient groups (not just those who misused them) and resulted in a lot of pain management now being provided via other therapies, rather than medication. It was acknowledged that the absence of legal access to opioids could result in a move to street drugs, as had occurred in America, however whilst there had been a slight shift in the UK it was not significant issue.
- In response to a query raised in relation to the proposal to relocate the treatment service from its current Whitby Street location, it was confirmed that the application was currently being considered by the Planning Committee. On the basis that the activities of Regulatory Committees cannot be investigated under overview and scrutiny arrangements, the proposed relocation of the services could not be discussed by the Audit and Governance Committee.
- Members were impressed to find that Hartlepool is the fastest place in England to get treatment, with no appointments required to access services and the removal of the assessment process. Harm reduction activities in Hartlepool were also highlighted, with particular attention drawn to the Near Fatal Overdose Team (equivalent to the Mental Health Crisis Team) and the provision of a mobile harm reduction vehicle.
- Members learned about harm prevention initiatives such as overdose prevention sites and drug testing services, some of which are not allowed in England at this time, and potential benefits in terms of reduced levels of overdoses.
- Members noted that the Misuse of Drugs Act is now 50 years old and supported the view that it is no longer fit for purpose, with heroin use up

25x, cannabis use up 4x and drug related deaths up 30x. Emphasis was placed upon the need for a review of the Misuse of Drugs Act and the circumstances in which Drug Rehabilitation Orders were recommended were questioned. The Public Health Principal agreed to explore this with police colleagues and provide feedback following the meeting.

- Reference was made to a problem solving initiative where drug and alcohol treatment requirements were currently being explored and was due to be rolled out at Teesside Crown Court in April. The aim of the programme was to enable individuals signing up to such treatment an alternative to serving time in custody, details of which were outlined. Following a suggestion on the need to consider introducing programmes of this type in the Magistrates Court, it was agreed that this be further explored outside the meeting.
- The position in relation to the ongoing public health grant and the resulting level of funding for the substance misuse service was queried. Members were encouraged to learn that whilst the grant for the coming year was not yet known, there had been no indication that the allocation would be reduced and there had also been an increase in substance misuse services funding as part of the national strategy.
- Whilst Members were pleased to find that the service was now rated 'good' by the CQC it was noted that officers had been disappointed not to achieve an 'excellent' rating. In terms of how the services could move to 'excellent', it was noted that whilst the environment the services is delivered from was an issue, it was only in its first year and it would take time to reap the benefits of the improvements put in place.

Members agreed that responses to questions from session one and today's session would be presented at session 3.

Recommended

- (i) The Committee agreed the final session proposal for reporting to Audit and Governance Committee
 - Session three 16 March 2023 – consolidation, vision and timescale for the substance misuse strategy and next steps.
- (ii) The Committee noted the progress taken to refresh the Substance Misuse Needs Assessment and the highlighted proposals and issues for consideration.
- (iii) That the restructure of treatment services in Hartlepool be noted and the additional national investment to enhance treatment quality.
- (iv) That the document would inform the development of a Substance Misuse Strategy and action plan and annual reports will be submitted to the Committee to show progress against priorities.
- (v) That the comments of Members be noted and actioned as appropriate.

- (vi) That the circumstances in which Drug Rehabilitation Orders were recommended be clarified following the meeting.
- (vii) That the problem solving initiative in relation to rehabilitation, currently being rolled out at Teesside Crown Court, be explored in the Magistrates Court.

76. Date and Time of Next Meetings

Members were advised of the following meetings to be held prior to the conclusion of the municipal year:-

Additional Meeting – 9 March 2023 at 10.00 am

Diariied Meeting – 16 March 2023 at 2.00 pm

The meeting concluded at 11.40 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

9th March 2023



Report of: Statutory Scrutiny Manager

Subject: HEALTHWATCH HARTLEPOOL CONSULTATION
REPORT - ACCESSING GP SERVICES IN
HARTLEPOOL - COVERING REPORT

1. PURPOSE OF REPORT

1.1 To update the Committee on:

- The content and findings of the Healthwatch Hartlepool Consultation report in relation to the 'Accessing GP Services in Hartlepool'; and
- The North East and North Cumbria Integrated Care Board (ICB) response to the results of the consultation and proposed / implemented actions.

2. BACKGROUND INFORMATION

2.1 During the latter half of 2020 and the early part of 2021 Healthwatch Hartlepool conducted a '#Because We Care' survey in line with Healthwatch England requirements. The aim of the study being to:

- Provide constructive patient feedback of recent experiences of accessing GP services in Hartlepool.
- Identify and highlight areas and locations in which patients have encountered problems and difficulties in accessing timely and suitable care service provision.
- Recommend key actions and next steps.

2.2 The findings, and resulting recommendations, of the visit are detailed in the report attached at 7.1(ii). Representatives from Hartlepool Healthwatch, the ICB and Hartlepool and Stockton Health (HASH) will be present at today's meeting to answer any questions the Committee may have in relation to the consultation, its results and any proposed / implemented actions in response to the consultations findings.

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee:-

- i) Note the content and findings of the Healthwatch Hartlepool consultation in relation to ‘Accessing GP services in Hartlepool’; and
- ii) Consider the actions proposed, or implemented, by the ICB in response to the findings of the consultation and seek clarification where appropriate.

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
Chief Executive’s Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

<https://www.healthwatchhartlepool.co.uk/report/2022-06-16/gp-access-report>

Healthwatch Hartlepool

Accessing GP Services

Consultation Report

March 2022

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Millennium Surgery	113-120
Seaton Surgery	121-128
McKenzie Practice/Throston	129-134
Victoria Medical Practice	135-141

Executive summary

Hartlepool is one of the most deprived areas in England, ranked 18th out of 326 local authority areas and with 7 of the 12 wards in Hartlepool amongst the 10% most deprived in the country.

Healthwatch Hartlepool recognises that many people in Hartlepool are significantly affected by health inequalities and high levels of ill-health. The delivery of supportive and accessible GP services in the town is vitally important and the response to our survey (269 forms returned) demonstrates the level of feeling amongst patients about these issues.

Our survey and consultations highlighted two key areas of concern:

- 1) Accessing GP practices by telephone to make an appointment is difficult, time consuming and for some patients poses significant barriers to accessing primary care services in a timely and appropriate manner.
- 2) Patients generally accept that Covid restrictions which saw most GP consultations delivered either on-line or by telephone were necessary to safeguard patients and health professionals and limit infection. However, the consultation showed significant concerns that the return of face to face appointments is too slow, and many patients feel that on-line or telephone consultations are a barrier to receiving the care, diagnostic rigour and reassurance that face to face consultations bring.

Overall findings from our survey and consultation activities are contained in the summary of findings section, and the feedback from individual practices can be found in Appendix 1.

Our consultation ran from 21st February until 18th March and has had a higher level of response than any other similar exercise conducted in the last 8 years.

“People’s views come first - especially those who find it hardest to be heard. We will champion what matters to the seldom heard and work with others to find solutions. We are independent and committed to making the biggest difference to residents.”

Background

Accessing GP Services Consultation Report

Throughout 2020 and 2021 Healthwatch Hartlepool was receiving feedback from the public on a wide range of health and care related services. By some considerable margin, the most regularly reported area of concern related to patient experience of contacting GP practices and accessing appointments.

During the latter half of 2020 and the early part of 2021 Healthwatch Hartlepool conducted our own #Because We Care Survey in line with Healthwatch England requirements. The results confirmed that over 50% of respondents viewed access to GP services to be a key area of concern. This was the highest individual area identified by residents who replied to our town wide survey. Since then, patients at GP practices in Hartlepool have continued to report difficulties contacting their surgery by telephone to book appointments.

The NHS Long Term Plan set out the ambition to offer “digital first primary care”, where patients use on-line tools to access primary care remotely. Whilst there has been general acceptance that a digital offer will have a part to play in future GP service provision, concerns have been raised about potential impact, particularly on patient privacy and safety and healthcare inequalities.

Prior to the first lockdown on March 23rd, 2020, the Royal College of GP’s estimated approximately 25% of appointments were carried out remotely. Covid 19 changed that dramatically, with the introduction nationally of a total triage process, and most appointments being delivered remotely

(online, by telephone or by video link) to protect patients and health professionals from the risk of infection.

Aim of Study

- To provide constructive patient feedback of recent experiences of accessing GP services in Hartlepool
 - To identify and highlight areas and locations in which patients have encountered problems and difficulties in accessing timely and suitable care service provision.
 - To recommend key actions and next steps.

Methodology

Despite the gradual easing of Covid restriction over recent months, GP access issues have continued to feature strongly in the feedback received from patients in Hartlepool. Consequently, a town wide consultation was launched to gather detailed patient experiences of accessing GP services.

269 completed surveys were returned, our biggest ever response, which demonstrates the strength of feeling amongst patients around this issue.

The town wide survey was made available via survey monkey (97 completed) and hard copies (172 completed) were made available for those digitally excluded. We utilised our network across Hartlepool to promote the survey including presentations to -

- Hartlepool 50+ Forum
- Hartlepool Carers Coffee morning
- Vision Support Lunch Club
- Cobden Area Resident Group
- Hartlepool Mothers Group
- Joint Healthwatch Hartlepool/Community Led Inclusion Partnership (CLIP) Have Your Say Event

All research was undertaken in the period from 21st February to 18th March 2022.

Particular attention was given to ensuring that the consultation reached carers and those with lived experience of providing care, lifelong conditions, and physical and sensory disabilities. Our activities with the groups and organisations listed above, and particularly the Have Your Say event, delivered jointly with CLIP proved invaluable in ensuring inclusivity.

Summary of findings:

Number of responses

Of the 269 surveys returned, the totals from each practice were as follows -

GP Practice	Surveys Returned
McKenzie House	49
Gladstone House	17
Victoria Road	13
Hartfields	4

Wiltshire Way/Throston	3
Wynyard Road	2
Bankhouse	28
Seaton	17
Havelock Grange	28
Chadwick House	35
Millenium Surgery	16
Hart Medical Practice	29
Headland Practice	16
Dr Koh and Trory	7
Total	264 +5 (surgery name not given)

How Do You Book an Appointment?

Method	Number	% Of total respondents using this method
Telephone	244	91%
In person	27	10%
On-line	18	7%
Text message	2	>1%
Via 111	2	>1%
A carer or family member	1	>1%
Other	7	3%

Most respondents (91%) from all practices use the telephone to book appointments. Some people identified more than one method (e.g., telephone and on-line) but the analysis clearly illustrates the predominant role of the telephone in contacting GP practices and the limited extent to which patients use on-line and other booking methods.

How Do You Rate Your Experience of Trying to Book an Appointment (1 very poor, 10 very good)

GP Practice	Surveys Returned	Average Rating
McKenzie House	49	1.8
Gladstone House	17	4.4
Victoria Road	13	3.0

Hartfields	4	2.5
Wiltshire Way/Throston	3	1.0
Wynyard Road	2	1.0
Bankhouse	28	5.2
Seaton	17	7.0
Havelock Grange	28	3.8
Chadwick House	35	4.1
Millenium Surgery	16	6.6
Hart Medical Practice	29	3.8
Headland Practice	16	5.8
Dr Koh and Trory	7	7.0
Total	264	4.2

Summary of Comments on Booking Appointments

Given the unprecedented circumstances we have lived through over the last two years and the impact that Covid 19 has had on all aspects of health care provision, it is not surprising that patients experienced difficulties accessing appointments and other services via their GP practice. However, it is noticeable that average ratings of the experience of booking appointments does vary from practice to practice and some noticeable trends are apparent in the feedback and comments provided. Key areas of concern which were consistently raised in the returned surveys are shown below, and a full summary by practice is contained in Appendix 1.

Patient comments across all practices confirm that Covid restrictions, have placed considerable strain on appointment system across all practices -

“Used to be very good, but the phones now take longer to answer” (Dr Koh and Trory)

“During Covid the system which is normally reliable suffered a little but is now returning to normal. (Chadwick House)

“Due to Covid 19 booking an appointment has become very difficult.” (McKenzie)

Many patients commented that to contact the surgery they needed to be on the phone as soon as lines opened (usually 8am or 8.30am,) and even then, it could take an hour or more to get through, by which time no appointments were available.

“You need to phone as soon as you can as by 8.30am all appointments have gone, and it is only telephone appointments.” (Hart Medical Practice)

“Told to ring at 8.30am but usually engaged, when you get through you are in a queue.” (Seaton Practice)

“Usually have to listen to recorded message over and over again or voice messages saying please try later as call handlers are busy.” (Bankhouse)

“Luck of the draw, sometimes impossible to get through.” (Havelock Grange)

“It is very difficult to actually get through to book an appointment and if you ring later than 9am there are no appointments available.” (McKenzie House)

“It’s nigh on impossible to get through. I attempted 186 times over 4 days to finally get through and be told there were no appointments and to call at 8.30am” (McKenzie House)

“Everyone has to ring at 8.30am which is stupid as that blocks the lines with everyone ringing at once!” (Hartfields)

Some patients who worked, and others with childcare and caring responsibilities said that the system and delays referred to above made it extremely difficult for them to book appointments.

“As I work full time it is a nightmare trying to get an appointment. Phone continually engaged and when you do get through appointments for that day have gone and the receptionist says ring again the following morning.” (Hart Medical Practice)

“Whenever I call before work, I can never get through.” (Chadwick House)

Can only book in early mornings, by the time you get through appointments are gone. Those with mental illness are not taken into consideration. (Hart Medical practice)

“There are no pre-bookable appointments available. You must call at 8.30am each morning, this is unfair for working people.” (Gladstone House)

Delays/lack of available appointments caused some patients additional pain, discomfort, and anxiety.

“It is virtually impossible to get an appointment within three weeks, very annoying when one is not an emergency but in considerable pain.” (Bankhouse)

“It’s a nightmare getting an appointment to get my medication.” (McKenzie)

“I can’t manage to get a face to face appointment regarding an ongoing health issue.” (Victoria)

Patients at some practices said that pre-bookable appointments were not available and for some walk -in and on-line booking had been suspended due to Covid.

“I don’t like that you can’t pre-book an appointment and have to wait until the next day at 8.30 till 9.00am. surely if you need an appointment, you need an appointment!” (Gladstone House)

Pre-Covid it was walk-in service, now struggle to get appointment as you must ring at 8am with the risk of not getting one.” (Headland)

Takes forever to answer the phone then when they do, are no appointments available. Prior to Covid you could go on-line and book appointments or e consult, but neither now available.” (Bankhouse)

“We cannot pre-book appointments at all. We must phone on a morning and try to book.” ((Havelock)

“Please bring back on-line appointment booking.” (Bankhouse)

Patients with some health condition reported that the process of booking an appointment was sometimes too demanding to undertake.

“Having difficulty booking an appointment - My last two attempts took 5 hours 40 minutes and 4 hours 30 minutes. With my dementia and other chronic health problems it is rare to be well enough to do this.” (Havelock Grange)

Some patients reported having to wait two weeks or more for an appointment.

“Must phone at 8am, phone always engaged, can try 100 times, may get an appointment 2 or 3 weeks away. (Wynyard)

“The receptionists take a long time to answer you call, then you have to wait two weeks for an appointment.” (Victoria)

“I prefer the option of booking an appointment in advance. I rang my surgery today to book an appointment, first available is in 10 days”. (Millenium)

“Must phone at 8am, phone always engaged, try 100 times. Can look on website. May get an appointment two or three weeks away.” (Wynyard)

Patients reported being offered nurse practitioner consultations when they wanted to see a GP.

“Difficult getting to see a doctor, they pass you to a Nurse Practitioner.” (Chadwick)

“Told no GP appointments available at all. Nurse appointments available in 2 weeks!” (Millenium)

“Your often not given an appointment with a doctor but with a nurse, which often means having to make another appointment with a doctor after a wasted appointment with a nurse who can’t deal with the problem.” (McKenzie)

Patients expressed concerns about triage procedures.

“Can’t get through, and when you do you have to talk to the receptionist for her to decide if you need an appointment.” (Hart)

“Can’t get past the front desk, they ask why you need to see doctor and what is wrong with you.” (Bankhouse)

“Difficult getting to see a doctor, they try to pass you to a nurse practitioner.” (Chadwick)

“I am almost angry writing this at how difficult it is to get an appointment to see a doctor! I don’t want to speak to a nurse to then be told I need to speak to a doctor!” (McKenzie)

Some Patients were complimentary about staff and the support they received.

“Great service, cannot complain with Gladstone House.” (Gladstone House)

“Reception staff are excellent.” (Seaton)

“Receptionist very good, once you eventually get through.” (Victoria)

“The staff are always lovely and helpful.” (Millenium)

Are there any times when it is difficult to get through to your surgery by phone?

Yes	No	Don’t Know
205	19	14
86%	8%	6%

101 patients specified mornings as being particularly difficult to get through to the surgery by phone, 86 patients said it was difficult getting through at any time and 15 said that it was most difficult on Monday’s.

How long after initially contacting your surgery did you wait for your appointment?

Same day	Next day	2-3 days	4-5 days	7+ days
65	28	43	22	69
29%	12%	19%	10%	30%

29% of patients were able to speak to either a doctor or practice nurse on the day they contacted the surgery. However, after initial triage, 30% of patients waited over 7 days before having a consultation with a doctor or practice nurse.

Was your appointment on-line or face to face?

As has already been mentioned, national restrictions brought in during the Covid 19 pandemic to protect patients and healthcare workers brought about some significant changes in the way in which services are delivered. In January 2019 the NHS Long Term Plan committed that every patient would have the right to digital-first primary care by 2023/24. The Healthwatch England report -Locked Out: Digitally Excluded People's Experiences of Remote GP Appointments (June 2021) found that people can be digitally excluded for various reasons and those who experience multiple barriers to accessing care particularly so.

Until the pandemic struck in March 2020 most patients still accessed their GP appointments in the traditional face to face manner. Some appointments were conducted over the telephone but very few appointments took place remotely. Consequently, the change to predominantly on-line or telephone appointments was a significant change in the experience of care for many patients.

On-Line and telephone appointments	Face To face appointments
148 (66%)	74 (34%)

As can be seen from the figures shown above, since the outbreak of the pandemic in March 2020 the predominant patient experience of primary care has been through on-line or telephone consultation. This is particularly so for GP consultations and many of the face to consultations which have taken place have been with Practice Nurses and other health care providers rather than GP's. For many patients, this has proved difficult, and a barrier to effective care provision. The average score awarded by patients who had experienced on-line, or telephone conversations was 4 (on a scale of 1 being very poor and 10 very good). Most patients who responded said that telephone consultations were preferable to virtual ones. Feedback from focus groups also indicated that some groups of patients found both on-line and telephone consultations particularly difficult (in some instances impossible) and their ability to access care was adversely affected.

"I find telephone appointments ok for some results, i.e., bloods, urine ok but more complicated results need to see in person." (Chadwick)

"Antibiotics have been prescribed after telephone conversation appointment, then another stronger prescription. Perhaps initial face to face appointment/examination would have resulted in shorter illness/recovery." (Chadwick)

"Much prefer face to face appointments, though all recently telephone." (Seaton)

"Phone appointments are not a substitute for face to face, where have all the doctors gone??" (Hartfields)

"I have a child with Down syndrome, and I often feel being seen face to face is better. Also helps my child build confidence with the GP practice." (Havelock)

"Telephone appointments mean you have to be available all day to wait for an appointment. You don't always have the privacy to talk about personal problems." (Throston)

"Go back to face to face appointments!" (Wynyard)

"On-line appointments are no good, you need a face to face appointment." (Victoria)

“On-line appointments can take twice as long for the GP to get back to you and can make you feel like you have been forgotten.” (Bankhouse)

“I require wheelchair access so don’t mind telephone appointments.” (Millenium)

“I am a carer for someone with additional needs and we were able to decline online and telephone in favour of face to face no problem during Covid restrictions. Surgery was happy to work with us to make sure my relative got the care they needed.” (Gladstone)

“More appointments face to face.” (Koh and Trory)

“I don’t like telephone appointments; I would rather do face to face in the surgery.” (Headland)

“Having Chemotherapy, there are times when I need a face to face appointment, other times given my condition I’m happy with telephone or on-line.” (Hart)

“Face to face visits for more patients, priority access for elderly or less computer literate or those without internet access.” (McKenzie)

Patients generally understood and appreciated why face to face appointments had been curtailed, but there was also a feeling that the re-introduction of face to face consultations was too slow. Many who completed the survey were concerned that they had been unable to see a GP face to face since the start of the pandemic. Some patients reported that it was now easier to get face to face appointments with a GP whist others said that it was still mainly telephone or on-line consultation at their practice.

“I have never been able to see a GP face to face since first lock down” (Chadwick)

“I hope it gets back to normal soon and I can see a doctor.” (Victoria)

“I don’t know what GPs are doing, they need to pull their fingers out and stop hiding behind Covid. The rest of us have to get on with our work and can’t use that as an excuse!” (Havelock)

“I am very disappointed in my GP surgery. I feel they do not offer the service they used to and should. You rarely see a doctor. Covid has changed the GP role. Now they are always behind the scenes.” (Chadwick)

How Satisfied are you with the time it took to provide your prescription and/or any other services you required?

Very satisfied	Satisfied	Ok	Dissatisfied	Very dissatisfied
70 (31%)	102 (45%)	20 (9%)	11 (5%)	24 (10%)

Of the 227 responses to the question, 76% were either very satisfied or satisfied with the time it took to receive prescriptions and 15% were either very dissatisfied or dissatisfied. Issues leading to dissatisfaction were often related to changes that had been to prescription processes to accommodate covid restrictions.

“Me and my partner were isolated, and I couldn’t get to the surgery to put in my prescription. I phoned and they weren’t happy that I asked if they could put it through this once as I was stuck.” (Hart)

“Should be able to phone in prescriptions.” (Koh and Trory)

“Prescription service is a bit of a challenge, if you have been told to reapply for prescriptions and you email for said medication and the clerk refuses, doesn’t speak to the doctor and doesn’t let

you know, so you are expecting your medication to be at your allocated pharmacy in three days and it isn't there." (Havelock)

"Prescriptions are now slower by 1 day than before which I find a little frustrating, but the service is great!" (Bankhouse)

Are you invited for an annual health check?

As part of the NHS preventative programme and "staying well" longer activities, all adults in the age range 40-74 should be invited for a health check at least every 5 years. The check involves a simple blood test, looks at lifestyle and focuses on minimising risk of heart disease, stroke, and diabetes. Adults with a learning disability should be invited for a health check annually.

Yes	No
65	155

The ability to provide routine health checks has been affected by the pandemic, but patient comments clearly indicate they are valued and seen as a valuable aspect of a practices patient care package.

"I receive yearly bloods and pressure checks." (Chadwick)

"Being invited for a health care check has been a great positive."

How could access to your GP surgery be improved?

Comments in this section largely reiterate frustrations and concern that have been covered in previous sections around difficulties contact practices by telephone and the provision of telephone/on-line rather than face to face consultations with a GP. Suggestions were also made around how GP surgeries could be made more accessible both in terms of appointment systems and opening hours.

Some patients expressed appreciation of the service and care they had received in difficult circumstances, but many also raised concerns about poor communication, inappropriate staff attitude, a decline in overall standards and accessibility and a desire to return as quickly as possible to face to face GP appointments

A sample of comments that appeared regularly across various practices is shown below -

"All staff at the practice work very hard, but there is a definite decline in service" (Chadwick)

"I think my GP surgery is not how it should be, especially the appointment system." (Victoria)

"Go back to face to face appointments." (Wynyard)

"We need more GP's." (Throston)

"By going to face to face." (Seaton)

"Perhaps Saturday appointments or after hours for people who work as it is difficult to get time off." (Millenium)

"We need more GP's." (Bankhouse)

"Bring back on-line booking, for people who work it is better." (Hart)

"More appointments face to face." (Dr Koh and Trory)

"Varied opening times, ability to book in advance when not urgent" (Gladstone)

“Put it back how it was.” (Hartfields)

“Return to walk-in surgery.” (Headland)

Better availability of appointments without 8.30am nightmare call. Return of pre covid face to face appointments as majority rather than minority.” (Havelock)

“More phone lines, more staff to operate phone lines and the option to book an appointment for other days and not having to ring back daily until an appointment becomes available.” (McKenzie)

Healthwatch Hartlepool/CLIP GP Access

Consultation Event

During the consultation period a discussion event was organised and delivered by Healthwatch Hartlepool and the Community Led Inclusion Partnership. The session took place at the South Area Hub on Thursday 10th March and was attended by 16 people, many of whom had lived experience of caring and a range of disabilities and health conditions. As with other feedback received, participants said that even before the recent pandemic struck, accessing GP appointments, particularly by telephone had often been problematic.

The process by which most practices allocate the majority appointments between 8am and 10am was viewed as a significant hurdle for those with caring responsibilities, parents with children, people who work and people with a variety of conditions, disabilities, and sensory impairment. Virtual and telephone appointments also posed significant difficulties for many of those present and relatives for whom they cared.

The session was attended by the Millenium Surgery Practice Manager who gave a perspective from his surgery and provided information on appointment and consultation processes and the impact of Covid restrictions. He also highlighted the importance of regular and accessible patient information and the benefits of patient involvement in the practice Patient Participation Group.

A summary of participant comments is shown below:



What The Group Said -

“Have times later in the day to book appointments, I am too busy between 8 and 10 to spend time on the phone”

“Turn one day a week over to walk in appointments”

“As a Deaf person I can’t make appointments by telephone, I must go to the surgery. On-line and telephone appointments no good. Why don’t all surgeries offer a text service?”

“Information isn’t always available in accessible formats, so there’s things we could do that we don’t know about...so frustrating!!”

“Why do I always have to ask for an interpreter and explain I am Deaf, surely its on my notes and this should just happen?”

“I only get to see a nurse practitioner, not seen GP since lockdown started!”

“I have learnt a lot today; I wasn’t aware of out of hours appointments!”

“Because of the changes during Covid ordering repeat prescriptions is really difficult.”

“Staff need more training, particularly around understanding sensory loss and disability awareness.”

“Surgeries need to communicate better with patients and in ways which are accessible and easy to understand.”

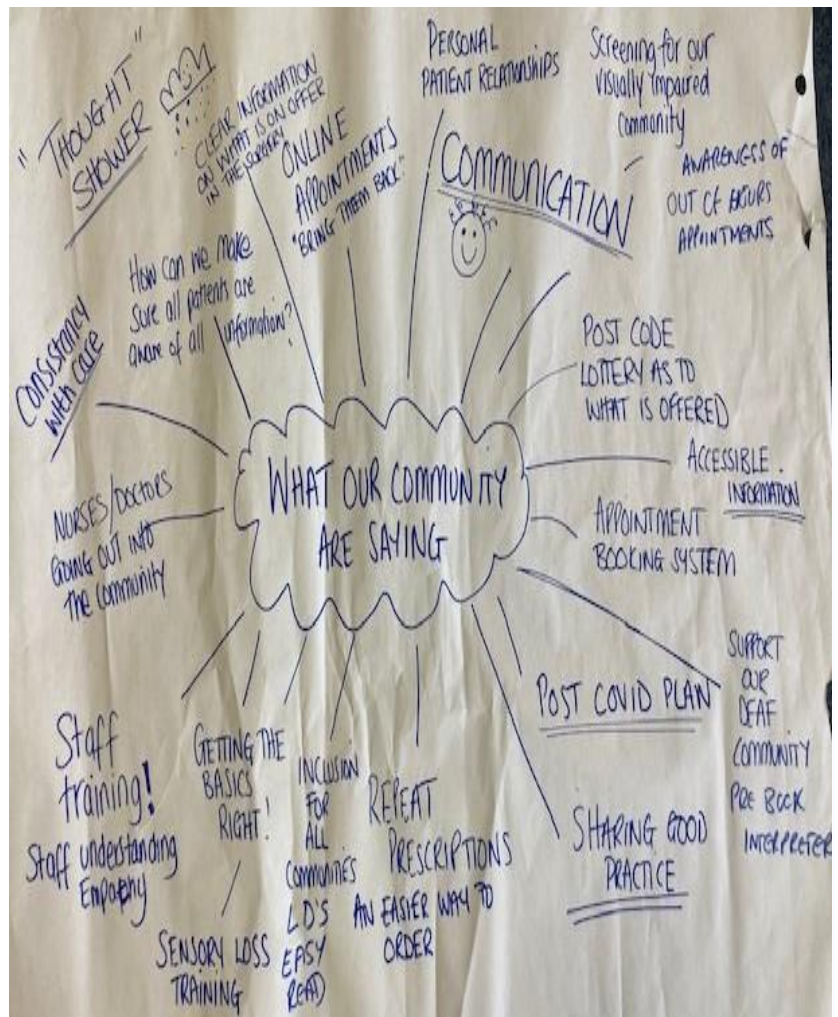
“It is like a postcode lottery, what is offered and how appointments work varies from one practice to another.”

“There are lots of different communities with different communication needs, the way things are working at the moment means some are missing out.”

“The appointment booking systems need to be looked at, and patients must be involved”!

“One size doesn’t fit all; patients are very different and what works for one won’t always work for another.”

“I am partially sighted, accessing technology is impossible. I want to talk to a doctor in person.”



Final Comments and Recommendations

The findings from the consultation highlight significant difficulties and areas in which improvements are urgently required in the systems by which patients contact GP practices to make appointments. Problems have been exacerbated by Covid restrictions, but it is also clear that many issues with appointment systems pre-date the pandemic. It is evident that the extent of the difficulties experienced by patients at different practices varies considerably, with patients at the McKenzie Group reporting the greatest level of difficulty in accessing surgeries and obtaining timely appointments.

Feedback from the surveys and focus group highlights that a “one size fits all” approach to GP appointments is fundamentally flawed. Patients who work full-time, parents with school age children, patients with caring responsibilities, patients with certain lifelong conditions and disabilities all reported difficulties making phone calls between 8am and 9.30am when most appointments are allocated. On-line booking was a viable alternative for some, but for others who did not have access to the internet or who had a disability that prevented them doing so, this was not an option.

Feedback from patients with disabilities and sensory impairments demonstrates clearly that telephone and internet are not viable forms of communication for some. Practices have a legal and moral obligation to make information and services fully available and inclusive to all.

Information dissemination and communication with patients has been detrimentally affected by covid restrictions and levels of awareness of out of hours and walk-in services are lacking in some area.

Findings overwhelmingly demonstrate a desire from most patients for a return to pre-pandemic routine face to face consultations with GP’s. Patients expressed anger, frustration, and concern at the slow rate of the reintroduction of face to face appointments and for some, on-line or telephone appointments are simply not viable.

Patients’ generally recognise that on-line appointments and consultations will have a part to play in future service provision, and in some instances may be the patients preferred method. However, the overwhelming view of patients is that first and foremost, when patient choice is for a face to face appointment, then a face to face consultation should happen.

Recommendations

- All GP practices in Hartlepool should review current appointment processes and in particular their effectiveness in enabling patients to access appointments/consultations quickly. Hartlepool and Stockton Health (HASH) should provide support as appropriate.
- Practices should make extended times available for patients to phone and book appointments, the introduction/re-introduction of on-line bookings and evening/weekend arrangements.
- Patients must be involved in the review process and be consulted about proposed changes to appointment processes.
- All practices should introduce texting services for Deaf patients to use to book appointments and general communication.
- All key practice information must be available in accessible formats appropriate to the needs of patients with sensory impairments and other conditions and disabilities.

- The availability of face to face appointments should be reinstated as quickly as possible in line with government guidelines and safety considerations.
- Practices introduce/re-visit staff training to increase awareness of the communication needs and preferences of different patient groups (Deaf, visually impaired, people living with dementia, learning disability etc).
- Practices ensure that information dissemination systems are as effective as possible, and that patients are fully informed of all appointment (including out of hours) and prescription services and arrangements.

Acknowledgements

Thank you to everyone that has helped us with our consultation including:

Members of the public who completed our survey and shared their views and experiences with us

People who attended and contributed at the consultation event at the South Area Hub

Hartlepool 50+ Forum

Cobden Area Residents group

Hartlepool Mothers Group

Hartlepool Carers

Hartlepool Vision Support Lunch Club

Community Led Inclusion Partnership (CLIP)

Wharton Annex Youth Group

Hartlepool Borough Council and in particular staff at South Area Hub

All our amazing staff and dedicated volunteers

AUDIT AND GOVERNANCE COMMITTEE

9th March 2023



Report of: Statutory Scrutiny Manager

Subject: GP EXTENDED HOURS – COVERING REPORT

1. PURPOSE OF REPORT

1.1 To update the Committee on:

- The content and findings of the Healthwatch Hartlepool Urgent Care enter and view visit; and
- Actions proposed, or implemented, by the North Tees and Hartlepool NHS Foundation Trust (NTHFT) in response to the visit report.

2. BACKGROUND INFORMATION

2.1 Since the 1st October 2022, Primary Care Networks have been required to provide enhanced access between the hours of 6.30pm and 8.00pm Mondays to Fridays and between 9.00am and 5.00pm on Saturdays. The aim of the enhanced access arrangements being to:

- Remove variability across the country and improve patients understanding of, and access to, available services; and
- Utilise the full multidisciplinary team, and offer a range of general practice services, including “routine” services such as screening, vaccinations and health checks, in line with patient preference and need.

2.2 An example of questions frequently asked about the provision of extended access to primary care is provided at **Appendix A** and representatives from the North East and North Cumbria Integrated Care Board (ICB) and Hartlepool and Stockton Health (HASH) will be present at today’s meeting update the Committee on the implementation of the enhanced arrangements in Hartlepool.

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee note the update and seek clarification / further information as required.

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Chief Executive’s Department – Legal Services
Hartlepool Borough Council
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BACKGROUND PAPERS

No background papers were used in the production of this report.

Extended Access to Primary Care in Hartlepool

Frequently Asked Questions

What is a Primary Care Network (PCN)?

Primary Care Networks (PCNs) are groups of practices working together to focus on local patient care. PCNs were introduced into the NHS in 2019, allowing general practices to be part of a network, typically covering 30,000-50,000 patients.

There are three Primary Care Networks in Hartlepool:

- One Life Hartlepool
- Hartlepool Health
- Hartlepool Network

This piece of work is lead by all three PCNs working together to look at care across the town.

Which PCN is relevant to me?

-One Life Hartlepool: Bankhouse Surgery, Chadwick Practice and Havelock Grange)
-Hartlepool Health: Headland Medical Centre, McKenzie Group Practice* and McKenzie House Surgery

-Hartlepool Network: Drs Koh & Trory, Gladstone Surgery, West View Millennium Surgery, Hart Medical Surgery and Seaton Surgery.

*McKenzie Group includes Hartfields, Wynyard Road, Throston, Victoria Road and McKenzie House.

Why are the different Hartlepool PCNs working together on this?

By joining forces, the three PCNs in Hartlepool are able to look collectively across all Hartlepool, to plan and deliver bookable (non-emergency) appointments outside of core hours. Primary care staff across all practices will take the feedback from this engagement exercise to understand:

- What times would you ideally like to see them?
- What services you would like providing?
- Which NHS staff would you like to see?

What is Extended Access?

General practice is required to provide essential services during core hours, which are 8.00am to 6.30pm Monday to Friday, excluding bank holidays and public holidays.

Appointments outside of these core hours are sometimes referred to as extended access. Currently each individual practice has its own arrangements in place to provide extended access appointments.

Extended Access is already in place for patients and is arranged by each practice. From October 2022 the services will be delivered by PCNs rather than individual practices to give stability around staffing, enhanced leadership and increased support across our communities to ensure high quality, consistent levels of care.

What sort of appointments are covered in Extended Access?

Extended Access covers bookable non-emergency appointments with a range of primary care staff. This includes appointments with GPs, Advance Nurse Practitioners, nurses and a range of specialist staff including community pharmacists, physiotherapists, mental health staff etc.

Our survey is seeking views on which staff you would like to see, which services you would like us to provide and what times would you ideally like to access these appointments. This information will help us plan our services to best meet your needs.

Is Extended Access the same as 'Out of Hours'?

Extended Access refers to planned (bookable) appointments, typically during these hours:

6.30pm to 8.00pm Monday to Friday

9.00am to 5.00pm on Saturdays

Out of Hours refers to non-planned emergency appointments and can include home visits. Out of Hours is typically delivered:

6.30pm - 8.00am Monday to Friday

6.30pm - Friday to 8.00am Monday

In Hartlepool the out of hours service is provided by The Hartlepool & Stockton Health GP federation (H&SH). Hartlepool & Stockton Health work with the University Hospital of North Tees and Hartlepool Foundation Trust to provide an Integrated Urgent Care service based in the hospital sites in Stockton and Hartlepool. These centres provide GP out of Hours, Walk-in and Minor Injuries support for the local population. Integrated Urgent Care and Extended Access are separate NHS services.

Are Extended Access appointments held at my GP practice or elsewhere?

Currently Extended Access is delivered by individual GP practices, though may currently involve a patient visiting another practice depending on capacity, facilities and availability of appointments. From October 2022 practices will work together to plan bookable appointments across Hartlepool, which may also involve accessing care at different practices.

The aim is to provide appointments as close to home as possible, with consideration of the need for both easy access and high quality of care. Transport and parking will be taken into account when designing the PCN-led service.

If we already have Extended Access what is changing?

We would like to provide as wide a range of primary care services as possible outside of core hours. Primary care staff across our three PCNs are seeking views on:

- What times would you ideally like to see them?
- What services you would like providing?
- Which NHS staff would you like to see?

AUDIT AND GOVERNANCE COMMITTEE

9th March 2023



Report of: Statutory Scrutiny Manager

Subject: HEALTHWATCH HARTLEPOOL URGENT CARE
ENTER AND VIEW VISIT– COVERING REPORT

1. PURPOSE OF REPORT

1.1 To update the Committee on:

- The content and findings of the Healthwatch Hartlepool Urgent Care enter and view visit; and
- Actions proposed, or implemented, by the North Tees and Hartlepool NHS Foundation Trust (NTHFT) in response to the visit report.

2. BACKGROUND INFORMATION

2.1 On the 30th September 2022, Healthwatch Hartlepool undertook an ‘enter and view’ visit at Hartlepool Urgent Care Centre. The purpose of the visit being to:

- Engage with service users of the Urgent Care Centre and understand how dignity is being respected in the Hospital.
- Identify examples of good working practice.
- Observe patients and relatives engaging with the staff and their surroundings.
- Capture the experience of patients and relatives and any ideas they may have for change

2.2 The findings, and resulting recommendations, of the visit are detailed in the report attached at 7.3(ii). Representatives from Hartlepool Healthwatch, and North Tees and Hartlepool NHS Foundation Trust (NTHFT) will be present at today’s meeting to answer any questions the Committee may have in relation to the visit and actions proposed / implemented in response to the report’s findings.

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee:-

- i) Note the content and findings of the Healthwatch Hartlepool Urgent Care enter and view visit; and
- ii) Consider the actions proposed, or implemented, by the North Tees and Hartlepool NHS Foundation Trust (NTHFT) in response to the visit and seek clarification where appropriate.

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
Chief Executive's Department – Legal Services
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Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

Enter & View visit to Urgent Care Centre - Healthwatch
([Hartlepoolhttps://www.healthwatchhartlepool.co.uk/report/2023-01-18/enter-view-visit-urgent-care-centre](https://www.healthwatchhartlepool.co.uk/report/2023-01-18/enter-view-visit-urgent-care-centre))

Enter and View report

September 2022

Urgent Care Centre

North Tees & Hartlepool NHS foundation Trust

University hospital of Hartlepool



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1 Introduction

1.1 Details of visit

In March 2020 Healthwatch England instructed all local Healthwatch organisations to follow government guidance and stop all face to face engagement with the public, including Enter and View visits. This prompted local Healthwatch organisations to develop other ways in which the delivery of health and care services could be observed and monitored. This was partially achieved by the development of virtual visits which enabled limited, but valuable insight into the delivery of services in health and care settings.

With the gradual lifting of Covid restrictions it has become possible to reintroduce face to face Enter and View visits and our visit to the Urgent Care Centre is our first “live” Enter and View visit to a hospital setting since their reintroduction in April.

However, Covid 19 is still with us, and the visit to Urgent Care was conducted in a proportionate and responsible manner. This was achieved by means of a two person visit to the ward and additional virtual discussions with the Ward Manager and Trust Patient Engagement Manager. The visit followed parameters and safeguards mutually agreed by all parties which were formalised in a Risk Assessment which can be found in Appendix 2.

Details of visit:	
Service address:	Urgent Care Centre, University Hospital of Hartlepool, Holdforth Road, Hartlepool, TS24 9DQ
Service Provider:	Urgent Care Centre
Date and Time:	30 th September 2022 at 10am
Authorised Representatives:	Margaret Wrenn & Margaret Metcalf
Contact details:	Healthwatch Hartlepool, Greenbank, Waldon Street, Hartlepool, TS24 7QS



1.2 Acknowledgements

Healthwatch Hartlepool would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visit.

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

- To engage with service users of the Urgent Care Centre and understand how dignity is being respected in the Hospital
- Identify examples of good working practice.
- Observe patients and relatives engaging with the staff and their surroundings.
- Capture the experience of patients and relatives and any ideas they may have for change.



2.2 Strategic drivers

- CQC dignity and wellbeing strategy
- Hospital Trusts are a Local Healthwatch priority

2.3 Methodology

This was an announced Enter and View visit which was carried out at a time and date which had been agreed with the service provider.

This was the first physical enter and view visit conducted by Healthwatch Hartlepool since the outbreak of the Covid pandemic to a hospital setting and as such required considerable preparation and planning. The visit process commenced with an on-line discussion with the Senior Clinical Matron Nicola Grieves, Deputy Lead Matt Sheridan and the Trust's Patient Engagement Manager Alison Connelly which took place on Tuesday 27th September. Also present were the two members of the Enter and View visiting team, and Stephen Thomas from Healthwatch Hartlepool. The meeting initially focused on the role and function of the Urgent Care Centre. Nicola then talked us through her responses to the Ward Manager Questionnaire, (a summary of which can be found in Appendix (i)). Finally, we discussed the visit Covid precautions which are outlined in the Risk Assessment which can be found in Appendix (ii).

This was followed by a two-person Enter and View visit to the Urgent Care Centre which took place on Friday 30th September. In addition to the visit, a questionnaire was also made available for patients and carers to complete during a three week period which followed the date of the visit. This was available as a paper copy in Urgent Care but could also be accessed on-line via the Healthwatch Hartlepool website. A copy of the questionnaire and a summary of responses can be found in Appendix(iii).

2.4 Summary of findings -Arrival

Due to the nature of the Department, where patients are seen triaged, streamed, diagnosed and treated as rapidly, safely and professionally as possible, it was not always possible to follow through to the outcome with some of the those to whom we spoke at this visit.

We found the Urgent Care Centre at the side of Hartlepool General Hospital, well signposted. There were also plenty of signs asking those attending to wear a face mask whilst inside the building.

The reception desk was straight ahead as we entered the department and introduced ourselves to the receptionist who immediately contacted Nicola Grieves and Matt Sheridan, who would show us around the building, and explain the daily running of the Department. We were given visors to wear, so that we could converse easily with the patients at this visit. Before our visit we had carried out lateral flow tests, which were both negative, and this information was shown to the staff members before the visit started.



We were shown around the department by Nicola and Matt. It was a large department, very bright and clean, and well served with offices, and plenty of waiting areas for those going to X-ray or awaiting the results of the same. Nicola explained to us that this was a GP led service and was open 24hrs a day 7 days a week. There were 2 crash trolleys (Resuscitation) one for adults and one for children. These were checked daily and kept covered and available for use at any time. There was an office complete with computers which was used by SPA (Single point of access) staff NEAS (North East Ambulance Service) staff, Paramedics, Community Nurses, and Physiotherapy staff. The department computers are compatible with System One, which is used by the GP practices in the Town. ICE for tests, PACS for x-rays.

The office where the Medication Vending-type machine (Omnicell drug cabinet) was housed, was permanently locked until staff needed access to supply medication to the patients. This was very secure in the fact that staff members used a specific number to be able to access the machine.

There was so much information given to us regarding the running of the department that the majority will be contained in Appendices at the end of the report

In reception there were plenty of signs for patients to follow once they were called. There was a large television screen directly in front of the chairs where patients' names were flashed up, informing them which room they needed to go to which would enable them to start their patient journey.

2.5 Results of visit

The department was very large, light and airy, very clean and there was no clutter anywhere.

At this visit, we saw nine patients, four of whom we were able to follow through to the outcome, but the rest were called in for treatment whilst we were speaking to them. We do not hinder the work of the staff, so that is why some of the answers given only apply to the time we were able to spend with those particular patients.

Of the nine patients, 6 were female, 1 adult male and 2 children also male.

Of these, 1 Back and hip pain, 1 kidney pain (pregnant) 1 insect bite, 1 dressing change, 1 ankle injury 1 trapped fingers. 1 Injury to elbow 1 injury to leg 1 cough of 1 weeks' duration.

Of these, 7 had been before. 2 were first visits.

Of these 7 were self-referrals, 1 GP referral 1 advised to attend.

Of these 5 came by car, 2 by taxi 2 worked at the hospital

Of these 3 were accompanied, the rest were alone 1 parked in the surrounding streets (too expensive to park in the car park) 1 person had a blue badge, to use a disabled space so was able to drop off one of the patients from there.

1 accompanied Gentleman from local care home had to wait overnight to attend because there were no wheelchair taxis available when his accident occurred.

All patients found the signage and accessibility to the department quite easy.

There was no problem with help and advice if the patient had requested either of these.

All patients said their experience at reception was good. The reception staff 'were lovely' Was a comment made by a number of the patients.

All patients spoken to were very positive about their Triage experience

All patients said that the waiting time at Reception and Triage was very short

All patients were kept informed about the waiting times, but patient throughput was very rapid throughout.

There was wheelchair access to the department,

None of the patients were suffering from Sensory Loss, 1 patient was hard of hearing only.

Covid Precautions There were lots of notices advising patients to wear masks whilst in the department, these were provided at the reception desk. Although all patients were aware, only two wore masks when asked by a member of the visiting team. **All staff members wore masks.**

Patients usually waited just seconds. 2 waited about 15 minutes 1 was seen straight away (The longest wait was after X-ray whilst waiting for the results and diagnosis)

All patients were kept informed by staff members when they were waiting to see a doctor.

All of the patients felt safe in the department.

All patients had access to water in the department, refreshments were provided for those with diabetes, or who had to wait a longer time than usual. Some of the patients had brought their own bottled water with them.

All patients had support and assistance available to them if necessary. N/A at this visit.

All except one patient were comfortable. That patient had back pain and decided to move around a little to alleviate the pain whilst she waited a short time for treatment.

The whole department was clean and hygienic, the toilets, disabled ones too were well signposted, also all very clean, Lit by blue lighting.

At this juncture - 5 patients were not seen again by us.

Consultation - 2 patients were seen by a doctor, 2 seen by a nurse practitioner, all then continued on to physio or X-ray.

Diagnoses - 1 patient viral infection, mum advised cough syrup for him. 1 patient with insect bite was given a prescription and advised to monitor the area and return to the department if necessary. 1 dressing changed. 1 below-knee plaster applied to a 2-year-old. His mum was advised re any further treatment.



Ongoing treatment - 2 members of staff who worked at the hospital, were able to return to work. The rest had letters sent to their GP's. All patients understood what would happen next.

Patients returning home - 2 by taxi, and 2 by car.

2.6 Additional findings

Overall experience

The waiting times were quite short at this visit, 10-15 minutes, slightly longer after X-rays, awaiting results and diagnosis, but still quite acceptable.

Patients were all positive about the staff attitude and care they received. They were equally positive about their treatment, and any advice given to them. Disability support was available in the event it was needed. Further treatment or advice was given and explained clearly.

None of the patients could suggest improvements at this visit.

All of the patients to whom we spoke rated their experience as 5 = Excellent.

Many thanks to Nicola and Matt for their help, co-operation openness and total professionalism shown at this visit. Their obvious pride in the department is well deserved. They are constantly evaluating the work in the department to ensure the best possible service is available to the patients, whilst working within NICE guidelines.

We were both very impressed at this visit.

2.7 Recommendations

- 1) For Nicola and Matt to pass on the Good Practice from this department whenever and wherever possible.
- 2) For the Hospital Trust to continue to maintain the department in the future.



Appendix (i)

Senior Clinical Matron Questionnaire Summary

A. About Urgent Care

- **What is Urgent Care and how is different to ED, GP and other health care.**

The urgent care centre is for level 3 patients with illness and injury. The centre can be accessed through pre-booked 111 appointments as well as walk-in appointments. Emergency Department is now for level 1 patients with a higher acuity of illness and injury. Unlike GP practice we are unable to test / treat for long term / chronic conditions, for example scans or bloods.

- **Is Urgent Care at UHH provided 24/7**

Yes, it is a GP led service that is open 24/7 with admin staff, GP and an Urgent care Practitioner.

- **Staffing, nurses, doctors, reception, other?**

Tues-Thurs day 2 Urgent Care Practitioner's, 1 Minor Injury Practitioner, 1 GP. 1 Urgent Care Practitioner & 1 GP overnight, 1 Health Care Assistants, 8-8:30, Reception 24/7

Fri-Mon day 3 Urgent Care Practitioner's, 1 Minor Injury Practitioner's, 1 GP. 1 Urgent Care Practitioner & 1 GP overnight, 1 Health Care Assistant 8-8:30, reception 24/7

- **Training and staff skill development?**

UCP - All completed degree level adult clinical skills. Approx. 60% have completed paediatric clinical skills, 2 more booked on and plan to have staff on each course going forward. Minor Injuries Practitioner's TUPE'd (Transfer of Undertakings Protection of employment) from Emergency Department and have all had injury training in house and some through university. Currently no courses available in-house or with Teesside University, on the job training available through mentors / senior Urgent Care Practitioner's for new staff.

Currently 5 practitioners have completed master's degree. 4 currently on Advanced Clinical Practitioner MSc apprenticeship, 7 non-prescribers, 1 currently on course. Minor Injury Practitioner's don't need prescribing.

- **Staff sickness, recruitment, use of bank staff.**

1 full time Urgent Care Practitioner post currently out to advert. 1 trainee Urgent Care Practitioner post going through finance for approval.

We use our own staff on NHSP

Sickness 1.89% (latest figure) top 3 reasons stress, respiratory and covid.

- **Current Covid policy, masks, ppe etc, staff and patients/carers/family?**

Currently we still wear masks in clinical areas due to increased risk in front of house environment, we encourage patients to wear them but often face challenge.

- **Other relevant policies and procedures?**

Streaming Standard Operative procedure



Transfer Standard Operative Procedure

Violence and aggression em07

Induction policy

Media policy

Covid clinic Standard Operative Procedure

B. Patient Journey

- **How do patients access Urgent Care (e.g via 111 referral with appointment, turn up without appointment, referral from other NHS service, pharmacy, unable to access timely GP appointment, other?)**

111 pre-booked appointments

Walk-ins

Referral from pharmacy as walk-in.

GP's send patients when they have no capacity / appointments.

- **Do patients make their own way or is transport ever provided?**

Patient can access transport from 111 if required, not controlled by Urgent Care Centre. We do, if required, provide transport to other services, such as transfer to James Cook University Hospital or Emergency Department North Tees General Hospital. In special circumstances we can provide transport home.

- **What issues / conditions do patients present with, any related statistics?**

As per separate document.

Top 3 presentations 1 - rash, 2 - abdominal pain, 3 - sore throat.

- **Patient information on arrival**

Slightly different to North Tees General Hospital, all patients are booked straight into Urgent Care Centre by admin on System 1. They are then streamed by a band 7 practitioner, to ensure they are in the right place.

- **Streaming process, how does it work?**

Observations done by Health Care Assistant when on shift, brief history taken and decision made to stream away, book alternative care or to be seen in UCC by GP or practitioner.

- **Waiting times, refreshments?**

Café in main entrance during the day, vending machines in main hospital evenings.

Operations manager is currently getting a system to operate in waiting room to inform regarding waiting times.

- **Onward referral and post visit communication (e.g. ward, Emergency Department, GP, other)**

If admitted to ward bed booked, patient informed and discharge letter given and transport arranged as required.

If discharged home information leaflets or verbal advice given.



If GP appointment needed Patient Process Facilitator, if available, will try to arrange appt.

If patient discharge a discharge letter is sent either electronically or on paper to GP surgery.

- **Non-attenders and frequent flyers?**

Non-attenders standard operational practice for did not attend's.

Frequent flyers details sent to Emergency Department secretaries to add to monthly meeting.

- **Complements, complaints and feedback.**

Compliments fed back at patient safety meeting and sent to named staff and discussed at Senior Clinical Matron and Matron huddles.

General feedback e-mailed to staff involved in compliments or complaints.

Broad feedback at staff meetings.

All complaints contacted by Senior Clinical Matron or Deputy Lead and followed up as appropriate.

C. Other Issues

- **Changes to services due to Covid, any on-going / permanent?**

Used telephone triage / treatment to reduce footfall.

Remote prescribing - still using this.

Covid clinics were available to access.

- **Medication and equipment held and given out?**

Omnicell all drugs on Patient Group Directive's for non-prescribers

Emergency resus drugs, palliative drugs.

Crutches, moonboots, nebuliser spacers, dressings.

Home First provide further equipment.

- **Sensory support (blind, deaf and DSI)**

Can access language line. Also have hearing loop system built into desk. 24/7 access to Trust contracted translation and interpreter service (everyday language solutions).

- **Accessibility and signage**

Monthly accessibility meeting to discuss challenges.

Health Care assistant 1-1 for blind or support from Urgent Care Practitioner / reception.

Trust contracted a full accessible audit of all North Tees and Hartlepool NHS Foundation Trust sites. Peterlee complete, Hartlepool underway and North Tees to follow. Audit is a walk around of the site from bus stop/car park through all patient journeys to ensure site is accessible for patients who require reasonable adjustments and this including signage.



- **Dementia awareness and staff training**

Over 95% staff compliance with electronic staff record only 2 still require to undertake training.

- **Mental health support and referral**

Child and Adult Mental Health Services

Crisis Team

Roseberry Park assessment suite access

TEWV 24/7 emergency access

- **Bloods, swabs, x-rays etc. do they happen at UC or elsewhere?**

Hartlepool do not have access to do bloods. We do undertake urine samples, wound swabs and x-rays.

- **Computer System**

SystemOne

ICE for tests

PACS for x-ray

- **ISPA, social services and care providers**

Integrated Single Point of Access area based in the Urgent Care Centre on an evening to support patients to stay at home. We also have 24/7 access to duty Social Services team. We have close links with North East Ambulance Service as we work as an alliance, they support home visits.

- **Visiting team and Covid, masks, PPE, lateral flow, vaccination.**

Masks are supplied PPE is available to all staff & patients as required. We no longer lateral flow test staff unless they are symptomatic. All staff apart from 1 are fully vaccinated.



Appendix ii

HEALTHWATCH HARTLEPOOL

Draft COVID RISK ASSESSMENT- ENTER & VIEW VISIT

Location of Visit Urgent Care Centre UHH

Assessment Prepared by Stephen Thomas

Date of Assessment 23/09/22

Date of Visit 30/0922

Date Checked and Agreed by Senior Clinical Matron

Comments - DRAFT Risk Assessment for proposed Enter and View visit to UCC at UHH (date to be confirmed) by Healthwatch Hartlepool

<p>What are the hazards/risks associated with the visit? What could happen? Please list</p>	<p>Who is particularly at risk?</p>	<p>What precautions or existing control measures are presently taken?</p>	<p>Risk of accident/dangerous occurrence of non-compliance High/Medium/Low</p>	<p>Actions</p>
<p>Risk of infection (Covid, Flu or other) from members of the visiting team</p>	<ul style="list-style-type: none"> • UCC Staff • Patients, Family members and friends 	<p>Pre-visit Precautions</p> <ul style="list-style-type: none"> • The visiting team will be limited to two Healthwatch Hartlepool E&V representatives. • The visitors will be fully up to date with Covid vaccinations. This will be evidenced prior to the visit through presentation of their Covid Vaccine Passport, to the Healthwatch Development Officer. • If available, visitors will have had the annual seasonal flu vaccine. 	<p>High</p>	<ul style="list-style-type: none"> • Pre-visit virtual meetings with Senior Clinical Matron (or designated representative) to agree visit protocols and parameters • HWH Development Officer to ensure that visitor presents all relevant vaccination documentation prior to the visit and that it is made available to other parties on request.

		<ul style="list-style-type: none"> • Visitors will take a Lateral flow test on the day of the visit and provide proof of a negative outcome to the UCC Manager or representative before the start of the visit. • • The Senior Clinical Matron will provide HWH with any relevant H&S policies which the visitors are required to be aware of and observe during the visit. • The visitors will attend a pre-visit virtual meeting with the HWH Development Officer, Senior Clinical Matron (or designated representative) to agree final visit H&S arrangements and protocols. 		<ul style="list-style-type: none"> • Visitor to ensure they have undertaken required tests prior to the visit and that evidence is provided of a negative outcome. • Visitor to attend any virtual preparatory meetings with HWH Development officer, Senior Clinical Matron (or designated representative) as required. • Senior Clinical Matron (or designated representative) to provide HWH with copies of all relevant Covid and general H&S policies prior to the visit
Risk of infection (Covid, Flu or other) from members of the visiting team	<ul style="list-style-type: none"> • UCC Staff • Patients, Family members and friends • E&V visitor 	<ul style="list-style-type: none"> • Visit Precautions • On arrival at the Home, the visitors will present all relevant documentation referred to above and their HWH Identity Card. • The Senior Clinical Matron (or designated representative) will provide a full briefing around H&S requirements which the visitors will be expected to follow during the visit. • The visit will be limited to communal/waiting areas and 1:1 discussion with patients, family members or staff in designated areas. 	High	<ul style="list-style-type: none"> • Identification of best practice to ensure risk minimisation at pre-visit virtual meetings • Agreement of strict set parameters within which the visit will be conducted • Development of pre-visit questionnaire for residents' family members and visitors to minimise the need for face to face contact • Cancellation of visit if levels of Covid increase significantly.

		<ul style="list-style-type: none">• The visitors will at all times follow UCC policy on PPE and any other underpinning legislative requirements relating to health and safety during the visit.		
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<p>General Visit Safety measures</p>	<ul style="list-style-type: none"> • UCC Staff • Patients, Family members and friends • E&V visitor 	<p>General Requirements</p> <ul style="list-style-type: none"> • The visitors will dress in a manner which minimises infection risks (e.g., short sleeved shirt, no jewellery except wedding ring) HWH person ID badge will be displayed at all times. UCC Manager with rights to refuse visitor entry to the ward if visitor does not fully comply. • Visitors will observe all general H&S policies and practices of UCC and any instruction received from UCC staff during the visit. • The visitors will have completed the full HWH E&V training programme, have a recent and verified DBS check and will all be experienced E&V representatives. • The visitors will notify the HWH Office that they are safely home at the end of the visit. • At no time during the course of the visit will members of the visiting team interfere with the delivery of care services to patients or any other aspect of the day to day operation of UCC • If visitors fail to comply with any of the above during the course of the visit the Senior Clinical Matron should immediately suspend the visit and inform the HWH Office accordingly. 	<p>High</p>	<ul style="list-style-type: none"> • HWH Development officer to ensure the visitors are aware of and compliant with all policies, procedures and requirements relating to the conduct of the visit • Visitors to contact HWH to confirm safe arrival home on conclusion of the visit. • HWH to provide contact details of HWH office. • HWH Development Officer to ensure Senior Clinical Matron is fully aware of the personal and legislative parameters visitors must observe during the course of E+V visits.
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Appendix (iii)

Urgent Care Patient Survey - 15 responses received

Q1) What was your reason for visiting Urgent Care?

- Feeling unwell (5)
- Adverse reaction to vaccine
- Chaperoned my uncle who had recently had a fall
- Child with earache
- I passed a kidney stone and was advised to come by 111
- With my mother who had a UTI
- Took my daughter who had a pain in her lower spine
- Took my son who had fallen and injured his collar bone
- Post operation infection
- Had a fall which caused injury to my foot and leg
- Injury

Q2) Why did you choose Urgent Care?

- GP advised me to come, no appointments at surgery (2)
- No appointments available with GP (3)
- GP shut (2)
- Sent from nursing home
- Last Saturday night child not able to sleep with pain, did not want to wait till Monday for GP appointment
- 111 advised me to come and booked appointment
- GP in Liverpool, rang 111 and they advised me to come
- I suspected it was a fracture and knew it could be identified and treated at Urgent care. I rang 111 for an appointment so we didn't have to wait too long
- Tried to get appointment via 111 but not possible due to IT issues so self-presented
- Nearest place to come to
- Needed an injury checking to make sure no breaks

Q3) How did you get to Urgent Care?

- By car (12)
- Wheelchair taxi (1)
- Lift from friend (2)

Q4) On arrival, did you have any problems finding Urgent Care?

- No (10)
- Signage adequate, no problem locating
- None, it was clearly signed, and I have visited before
- Parking information is terrible
- Yes
- I was told at main reception where it was

Q5) If you needed assistance getting to Urgent Care, were hospital staff helpful?

- Not needed (10)
- Nursing staff, doctors and reception staff all lovely, kind and helpful
- Help was offered, but I managed to access myself

Q6) If you have a disability, do you feel Urgent Care is accessible?

- N/A (6)
- Lovely department, nice big toilet, all flat surfaces and spacious
- Yes - doors to office spaces - (consultation rooms are quite heavy to manage)
- My uncle mobilises via wheelchair, whilst the paths have ramps, they are very uneven and often uncomfortable to those in wheelchairs
- Poor signs to disabled toilets
- It is ok
- Physically accessible but from an autistic perspective it was quite difficult
- There isn't much room for wheelchairs in the waiting area, and none at all in the triage area

Q7) When you arrived, how long did you wait to be seen?

- A few minutes
- 10 minutes (2)
- 15 minutes
- 20-30 minutes
- 40 minutes and I was told about waiting times
- 20 minutes, I was told to take a seat, that was it
- 45 minutes
- A few minutes I think
- 1.5 hours, I saw triage and had observations done. I was able to tell them my concerns and they explained a clinician would see me next
- On arrival a receptionist was very helpful, she came from around the desk to talk to me as she could see I was anxious and a little nervous, pointed me to a quiet area
- Approximately 1 hour and no explanation needed
- Was booked to be seen at 7.30 by 111 and was seen after 9. I sat in pain, nobody checked on me despite asking when I would be seen, and my symptoms worsened
- Approximately 2 hours, initial assessment done quickly, longer to see doctor
- Two hours and nothing was explained to me
- On the time I was there at 6am I didn't wait at all. Previously with my arm, 20 minutes

Q8) Were You advised as to Urgent Care's Covid Policy?

- Yes (7)
- No (3)
- Yes, when I turned up signage on desk



- I was wearing a mask on entry. Covid signage visible to all. However, some people did not follow guidance and requirements. The receptionist asked those few to wear a mask or visor
- No advice and no mask offered
- No, and nobody had them on, staff or patients
- Not of their policy, but masks were on offer

Q9) After arrival triage, how long did you wait before receiving treatment?

- Approximately 5 minutes
- Approximately 10 minutes (3)
- Approximately 20 minutes
- Approximately 40 minutes
- Approximately 1hr 45mins
- Approximately 2.5 hours
- Approximately 1.5 hours (2)
- Approximately 4 hours
- I went straight to the appointment as had called 111
- Sent home after triage. No further tests recommended. Crutches were given out

Q10) Did you feel safe and comfortable whilst waiting to be seen?

- Yes (9)
- Yes, music on, comfy seat, clean environment
- Yes, I was accompanied by husband
- Yes, as not very busy, however, embarrassing having to do a water sample
- No, the place was overrun by rude and aggressive patients and their families
- Felt very anxious as unit was very busy
- Not always, mostly yes, but at times felt not entirely safe due to some other people there

Q11) Were refreshments available?

- No (8)
- Water on desk only, no vending machines
- Didn't see any (2)
- I don't know, man behind reception very unhelpful, not approachable for things like water
- Water (2)
- Yes

Q12) If you have a disability or sensory loss was support offered?

- N/a (7)
- Yes, asked by all staff (2)
- Both treatment staff opened double doors and ensured my uncle was comfortable throughout
- I had my hearing aids and managed fine
- N/a but I do think they need to have something there for the visually impaired as only have names flash up on screen, not said aloud



Q13) Were toilet facilities clean and available?

- Yes (7)
- Yes, very clean, blue lighting affected my vision on leaving toilet
- Yes, very clean (3)
- They were clean
- They were available
- N/a (2)

Q14) Who did you see for treatment?

- Doctor (2)
- Nurse (6)
- Nurse Practitioner (2)
- Nurse and Radiographer
- Nurse, despite being told by 111 it would be doctor
- Triage nurse then Doctor (2)
- Nurse and X-ray Technician

Q15) Were you happy with the consultation you received?

- Yes (7)
- Yes, better than my own GP, better at listening, took time, more comprehensive examination
- Yes, very clear treatment
- Yes, both were thorough, friendly and easy to understand
- Yes, prescription provided there and then
- Yes, but the nurse was quite rude to both me and my son
- For the most part yes. The doctors were all lovely as were most nurses, but some don't seem to understand the role carers play when accompanying those we care for.
- No
- No. Staff was very abrupt in manner causing meltdown for the patient who was very distressed. Staff then proceeded to raise voice and refer to "No Tolerance Policy". I had to intervene and tell them patient was autistic and to give her a few moments to compose herself. Staff wasn't happy but remained quiet until I calmed patient and we continued

Q16) Did you understand your diagnosis, and what would happen next?

- Yes (11)
- Yes, I was advised of findings and what to do if things didn't improve
- Yes and ensured that both were written down to give nursing home staff. The Triage Nurse explained the X-Ray and next step thoroughly
- Very unhelpful, wasted time going, I should have gone to hospital

Q17) How do you rate your experience of Urgent Care?

- Unacceptable - 0 (0%)
- Poor - 2 (13.3%)
- Ok - 2 (13.3%)
- Good - 7 (46.7%)



- Excellent - 4 (26.7%)

Q18) Have you any suggestions as to how Urgent Care could be improved?

- Found it to be a good service
- With the GP surgeries not seeing anyone these wonderful people need a pay rise, they are the way forward, shining stars!
- It is a small space, waiting areas are a little claustrophobic, in waiting area 2 clearer signs on where to go next needed.
- None from this visit. Staff were friendly and professional. It was mid-morning, and few people were attending so seen quickly. We are fortunate to have a service like this.
- More information on what will happen while you are there and approximate waiting time.
- Don't pre-book times or get 111 to if you can't stick to them. Make the waiting area more comfortable and staff should know about when you need to pay for parking
- Make parking cheaper, £4 for 30 minute stay is very expensive
- If more people used 111 and got appointments this would help with flow, but always going to be need for walk-in service
- More fresh air in waiting room
- More staff training around hidden disabilities
- The streaming room that is used for triage is too hot and too small. It is not big enough to get more than one person in without second being in the way. There are no spaces to put a wheelchair when you are in the waiting room. Better signage needed and couldn't reach hand sanitiser as equipment in way.

Q19) Any final comments

- GP service not fit for purpose, so Urgent Care invaluable service
- Meet and greet is the first point of contact at Urgent Care. The day of my visit (26/9/22) the receptionist was most kind and caring. In my opinion the lady set the tone, I felt important and that is what you need, well done!
- Only one comment about getting to Urgent Care. I tried the previous evening to bring my uncle for assessment but only one wheelchair taxi and that was on its way to Gateshead. Accessible taxis are very limited, cannot be booked in advance and more expensive.
- Returned 6 days later as antibiotics didn't work. Saw GP in Urgent Care who was really good. Second course of antibiotics given, and infection cleared.
- Staff work hard and are fabulous, just not enough of them
- Pleased I didn't have to wait long as was in pain
- Earlier this year nurse in triage room refused to let me in with husband because of covid. I informed them I was his carer and showed my carer card and offered to stand by doorway and not in the room. Nurse went on to say he couldn't have memory issues because he didn't have a head trauma, only anxiety (he has numerous health problems). Staff need education around important role of carers and support they give. Also, more education around mental health issues and debilitating impact of long term depression. Cannot dismiss mental health issues and if I hadn't stood up my ground



husband could have been left without the care he needed while trying to get help for being unwell.

2.8 Service Provider Response

Hi Stephen

Thank you for the draft report. No comments on the Report. Nic did make a couple of comments re patient's feedback FYI:

From the 2 comments regarding the streaming rooms/waiting room:

We have 3 separate waiting areas with room for wheelchairs in the 2 bigger waiting rooms.

During the height of the pandemic regrettably we were only allowed 1 person in the streaming room as the discussion was to get a brief history and a set of observations, however, please be reassured that carers were still allowed in clinical rooms to see clinicians as they were better sized.

We look forward to the final report.

Please let me know if you need any further information.

Kind regards

Ali

Alison Connelly

Patient Experience Manager

North Tees and Hartlepool NHS Foundation Trust

