

**November 2021**

***'Let's Talk'* How have the changes in Urgent and Emergency Care, due to the pandemic, affected patients?**

Urgent and Emergency Care are critical to patients' health and wellbeing. Urgent Care services such as NHS 111, Urgent Treatment Centres, Minor Injuries Units, Pharmacies and out-of-hours GP appointments can provide help and advice for an illness or injury that requires urgent but not life-threatening attention. In addition to Rutland patients' own General Practice (GP) surgeries, care for urgent illnesses and minor injuries can be accessed in Oakham, Corby, Peterborough, Oadby, Melton Mowbray and Stamford. The opening times and services offered have changed during the pandemic, patients are therefore advised to telephone the NHS 111 service which operates a 24-hour service, 7 days a week. NHS 111 staff will, if necessary, book a face-to-face appointment at the most clinically appropriate and available location.

Emergency Care includes services such as 999, the Ambulance Service and the Emergency Department (ED) (this can also be called Accident and Emergency [A&E], or Casualty). The NHS website states that these services should be used if someone is seriously ill or injured. For Rutland patients Emergency Department provision can be accessed at the nearest locations; Peterborough City Hospital (PCH), Kettering General Hospital (KGH) and Leicester Royal Infirmary (LRI). In the case of a life-threatening situation, people should telephone 999 and request an ambulance.

The patient experience is important to us at Healthwatch Rutland. We have recently sought out people's experiences of accessing Urgent and Emergency Care during the pandemic. This report looks at the impact changes made to these services during COVID-19 have had on people. 9 people responded to our quick poll and we received feedback from 4 people while researching other subjects. Here is an overview of what they said:

**Initial Access -**

Many patients access Urgent or Emergency Care by dialling 111 where the calls are triaged according to clinical need. Responses from NHS 111 include: telephone advice; referral to a medical professional; a booked face-to-face appointment in a healthcare setting; a home visit; or a 999-ambulance call-out.



*“111 was good.”*

*“111 were excellent.”*

*“Everyone was extremely professional and pleasant from my first phone call to 111.”*



If the situation is life-threatening 999 ambulance services can be called. These calls are triaged, prioritised and dealt with according to the severity of the emergency. The response units that could be dispatched to you include: an ambulance; a paramedic in a rapid response vehicle or a community first responder. People who used this emergency service gave positive feedback:

*“EMAS Ambo [East Midlands Ambulance Service]. Fantastic!”*

*“The paramedics came out and they were lovely ...they really helped.”*

*“111 were excellent and sent a local paramedic who arrived within a few minutes. She then decided my husband was having a stroke and called an ambulance. They arrived within about 20 minutes. They blue-lighted him from Oakham to Leicester Royal Infirmary and got him there in time to have treatment to stop the stroke getting worse. Thank goodness they did! We are so, so grateful for everything.”*

In one serious, but non-life-threatening case the ambulance response time was longer:

*“My husband fell off a loft ladder. We phoned the ambulance and waited for about 2 hours. He was lying on the floor unable to move and we worried he had broken his back. They came for him and I was so anxious as I couldn't go [to hospital] with him.”*

In the past two years, East Midlands Ambulance Service workload has increased and there have also been lengthy delays in handing patients over to hospital Emergency Departments (EDs). To counteract these delays, and to relieve pressures on hospital services, EMAS have made some care pathway changes during the pandemic. For example, the ‘See and Treat’ pathway involves treating people in their home, when clinically appropriate - sometimes in consultation with the patient’s GP. Or the patient might be ‘signposted’ to alternative services such as a pharmacist. One person spoke positively about her experience:

*“The Ambulance arrived within 20 minutes and, following the paramedic’s diagnosis, arranged an appointment with a GP that same afternoon.”*

## Receiving Care-



Some of the systems for accessing hospital care during the pandemic have changed. For example, temperature checks were required before entering the ED, patients were unable to be accompanied by a significant other (unless needing a carer or advocate) and inpatient visiting restrictions were enforced (this subject was explored more fully in the Hospital Visiting report which can be read on this website). Some spoke positively of their experiences:

*“The two nurses on duty very quickly determined what treatment was needed and got on with it.”*

*“Overall, the care received was fantastic.”*

*“A&E was initially good.”*

*“They were all great. Nothing could be improved with our personal experience. A brilliant service and many thanks to all involved.”*

However, organisational and communication problems occurred:

*“[I was] promised bloods scans - never happened. No discharge letter (still). No clinical evidence-based decisions. Life turned upside down. About to formally complain as letters and emails have not been answered.”*

With the changes and closure of some Urgent Care services, Rutland patients were left unsure and were often moved around different providers, as the following people described:

*“I was scheduled to have my stitches removed after a hip replacement. On the day in question all the nurses called in sick and were expected to be off all week. I was referred to Stamford Hospital, but on arriving there found it closed for the duration of the pandemic. I was then referred to Rutland Memorial Hospital. On arrival, reception refused to provide the service, saying that they were able to insert stitches but not remove them. I contacted 111 who were unable to handle a necessity that was not ill health - they offered to refer me to Grantham Hospital and promised to call back, but they never did. Finally, I went to Grantham Hospital where the removal was carried out most professionally.”*

*“[On attending Rutland Memorial Hospital] It was closed! No treatment available for anything. The receptionist apologised and said we had to go to Corby Urgent Care, so I drove him there....They took a quick look and said he needed an Ophthalmologist but there was not one on duty, so we ended up going to Eye Emergency in LRI.”*

*“I was told I would need to go to Leicester or Loughborough for an urgent care appointment, despite an ‘Urgent Care Centre’ [Rutland Memorial Hospital] supposedly being 5 minutes from my house. And it wasn’t out of hours!”*

While staff shortages and changes during the pandemic are understandable, the experiences described above by Rutland patients compound the difficulties they may already be experiencing such as illness, disability or lack of transport. Better communication would have helped these people and should be incorporated into the care of future patients.

Administrative elements were also problematic:

*“The process at Rutland [for attending the Memorial Hospital] was ridiculous; filling out forms to do a temporary registration with Oakham Medical Practice when we're already registered at a Rutland GP surgery. Then 2 hours waiting outside in the cold with a badly injured 5-year-old. Then being told the forms I'd taken across at the start were lost... Madness!”*

## Discharge and Follow Up -



7 out of 9 people who answered our quick poll said they were given information about their condition on discharge either verbally or as a printout. However, one person described going to pick up her husband (the patient) from hospital:

*“When I went to get him [at 11:30 pm] he was standing alone outside [Peterborough City Hospital] with no shoes on as we were so stressed and upset [when he went in the ambulance], we didn't think to pack his things. No one came down with him. There wasn't even a porter or a wheelchair. He was about to collapse because of painkillers and no food, and the stress of the day. I had to rush to the shop and get him something to eat. They wouldn't let me go in and get him. As his family, I didn't see any medical staff. We also didn't get any follow up. The GP said he didn't get any notes.”* [This patient did receive a follow-up about three weeks later, in the form of a telephone call].

Another main theme that has emerged out of recent feedback is that Rutland people are confused and unsure of what service is on offer and when, where and how they can access it:

*“Urgent care came across...very patchy. It's a mixed bag and it's not clear. People don't know what they're getting from their service...It's all those nuances that people just can't cope with.”*

The comment above further reinforces the feedback Healthwatch Rutland regularly receives from people who want extended Urgent Care provision within the county:

*“We need the Urgent Care Centre [Rutland Memorial Hospital Minor Injuries Unit] that's in the county to be made available to people. We need a walk-in without needing to ring 111. It's costing people a lot of time, money and patience to get seen and it really shouldn't be the case. It's having a negative impact on people's physical and mental health - the latter*

*because it's causing a lot of additional stress to travel for an hour and then worrying about how you're gonna get back at night."*

The current urgent care service provision is clearly confusing with patients having mixed experiences. The feedback shows that Rutland residents want and need clear and consistent information and communications so they can easily access the most appropriate and convenient care for themselves and their families. As the respondents' accounts show, timely, efficient and empathetic care can reduce the impact of injury and illness. Feedback also suggests that local people want to access this care within the county as part of their 'place-based care'.

If you would like to provide us with your feedback on this subject or any other health and social care experiences, then why not get in touch. We greatly value your input!