HWW PROJECT PLAN

URGENT AND EMERGENCY CARE 2021

LEAD RESPONSIBILITY FOR BUSINESS PRIORITY:

Director: Jo Ringshall

EO / Team Member: Margaret Reilly

WHY THIS PRIORITY?

Increased demand on Accident & Emergency (A&E) Departments and simultaneous decrease in walk-in patients at Minor Injuries Units

Emergency Departments (ED), particularly the A&E Department at the Worcestershire Royal Hospital, is once again experiencing acute pressure.

ED Departments are experiencing increasing demand at the same time as walk-ins to the County's Minor Injury Units (MIU's) are decreasing.

Recent work undertaken by the NHS system partners locally looked at attendances at the Alexandra and Worcestershire Royal Hospitals A&E Departments between April – June 2021. They estimated that of **the 38.4k attendances, 8265 could have been seen or treated somewhere other than an ED**

Of these potential non-attenders (people who may have been able to be treated elsewhere), the 6-17yr age group is the largest group, followed by the 18 to 24 yr age group.

The study suggested that Injury of Shoulder / Arm / Elbow / Wrist / Hand or to the Hip / Leg / Knee / Ankle / Foot equated to 48% of all the possible non-A&E attendances. The study suggests that these injuries could have been treated other than at an A&E Department, including at MIU's

It was also noted that people who lived close to A&E Departments were more likely to attend for avoidable reasons, and that attendance was higher on a Sunday, when fewer alternative options were available to patients.

A targeted communications plan had been developed. Monitoring showed that, although this may not be directly attributable to the plan, MIU attendance had increased by an average of 10% following media campaigns.

NHS 111 First

The intention is that every patient needing either Urgent Care or an Out of Hours (OoH) service should contact NHS 111. Patients are asked to first visit the website, and then, to ring NHS11 if directed by the website algorithm. The NHS 11 telephone service will then "triage" the patient to a Pharmacy, their own GP, a GP OoH Service, MIUs or A&E.

NHS 111 are able to pre book a timed "slot" at A&E Department and Minor Injuries Units for patients to attend. These patients are defined as "heralded" patients

(i.e. the Department is aware that they are attending). Patients who "walk-in" to A&E are deemed as "unheralded".

It is unclear the extent to which the general public are aware of the NHS 111 first message, and how making this contact may be of benefit to them.

What is driving visits to the A&E Department?

It is unclear at present what is driving visits to the A&E Department. There are likely to be a complex, and potentially interconnected, range of factors.

The following hypothesis have been suggested:

Complexity & lack of information about alternatives to A&E (such as MIU)

A study of Urgent Care carried out by HWW in 2014/5 found that whilst people were aware of MIU's they lacked detailed information about how Minor Injuries Units could be of benefit to them. One of HWW recommendations was that there should be improved communication around MIUs: existence; opening times and range of services, and that consideration should be given to the possibility of X-ray department opening hours matching those of the MIU, and increasing the range conditions treated by the MIUs.

A recent study undertaken by NHS system partners suggests that there is potential to increase the use of MIU's by targeted messaging about what they can offer to patients.

From a patient perspective the Urgent Care landscape is complex, understanding who to contact and where to attend. Going to A&E has the benefit of familiarity and simplicity.

Difficulties Accessing Primary Care

HWW has had an increase in feedback from patients who are experiencing difficulties accessing primary care. This includes getting through to the GP on the telephone and being offered a face to face appointment.[1]

Long waits for Outpatient appointments and non-urgent treatment

In September 2021 the waiting list total is 54,681, with 25,252 waiting over 18 weeks and 5,914 waiting over 52 weeks.

Outpatients over 29000 are waiting for 1st appointments

14032 patients are waiting for diagnostics of which 6531 have been waiting for longer than 6 weeks, of this group 2636 are waiting for longer than 13 weeks.

Patients may visit A&E because they are concerned about a decline in their health or worsening of their symptoms whilst they are on waiting list for an outpatient appointment, diagnostics or treatment. A&E may seem to patients to be a way of getting quicker access to treatment and medical care.

[1] HWW-GP-Feedback-Summary-April-to-September-2021.pdf (healthwatchworcestershire.co.uk)

Gaps in pathways - A&E seen as the gateway to treatment

Patients may use A&E as a gateway to some treatment pathways that they are unable to access directly. For example people requiring specialist equipment for a trauma injury may believe that they can only access, or can more quickly access, Trauma & Orthopaedic treatment by going through A&E first.

Referrals from within or outside the NHS

Patients may be being sent to A&E by other health providers (pharmacy, physio, GP) or other settings (e.g. schools). A study by HWW in 2014/15 found that 109 of the 296 people surveyed considered they had been referred to Urgent Care.

Health Inequalities

Some people experiencing health inequalities, for example people who are sleeping rough or who are homeless, may be more likely to use A&E for avoidable reasons[2]

This could also apply to those who do not have easy access to primary care services for a variety of reasons such as working patterns or digital exclusion.[3]

Practicality / Proximity

The NHS system study found that patients living in close proximity to an A&E Department were more likely to use this for avoidable reasons.

It should be noted that there are no geographically local Minor Injuries Unit / Walk In Clinics for patients living in Worcester or Redditch, which is likely to mean that patients see A&E as their first option for Urgent Care or Out of Hours, even though the NHS may classify these visits as "avoidable".

SKILLS AND RESOURCES

The project is intended to provide a snapshot on use of A&E Departments at the three Hospitals run by the Worcestershire Acute Hospitals Trust at various times on a specific day/days (including evenings and a weekend) over a two week period.

WHAT ARE WE AIMING TO ACHIEVE?

1. We want to understand patients reasoning for walking into the A&E Departments at Worcestershire Royal Hospital, Alexandra Hospital
2. We want to understand what factors contributed to this choice
3. We want to understand what, if anything, can be done to influence patient's choice to attend A&E

2Multimorbidity and emergency department visits by a homeless population: a database study in specialist general practice, British Journal of General Practice 2019 Multimorbidity and emergency department visits by a homeless population: a database study in specialist general practice | British Journal of General Practice (bjgp.org)

[3] Locked out: Digitally excluded people's experiences of remote GP appointments - Healthwatch Halton

RISKS AND LIMITATIONS

- We will not be visiting Minor Injuries Units
- As the number of visits to A&E Departments will be limited by HWW capacity the sample size may be limited
- We will not know whether the days that we have arranged for our visits represent a "typical" sample of walk-in patients for that Department – factors outside of our control may cause them to be busier or quieter than usual
- We cannot analyse attendance by postcode area, but we can ask about distance travelled
- Patients who have walked-in may be reluctant to talk with us
- People may not be candid with us about their reasons for attending A&E
- Our work may be interrupted by patients being called in for treatment.
- There may be limited space – making talking to people in private difficult
- We may do these visits on our own during evenings and weekends – we will seek to avoid lone working, but if necessary we will follow the protocol for lone working set out in HWW Risk Assessment and staff should have a "buddy" that they inform when arriving and departing from A&E
- A&E Departments are potentially volatile environments – staff will need to be aware of personal safety
- Responses are anonymous, but patients may volunteer another experiences - DPIA will be required
- If patients report experiences other than those related to this Project these should be recorded on a Your View form or encourage people to use the website

COVID-19 RISK ASSESSMENT

In addition to the risks above we need to be mindful that these visits will be taking place during a time when infection rates from Covid-19 are rising. In order to mitigate the risks to ourselves and others we will do the following:

- HWW will discuss with the Chief Nurse the Covid risk of HWW going into the A&E Department & any infection control procedures we need to adhere to
- All HWW representatives must be double vaccinated, and have received a booster jab if this has been offered to them in order to take part in this project.
- If you develop any of the main Covid symptoms – Temperature, persistent cough and loss of taste/smell, do not undertake any visits and book a PCR test
- HWW representatives should take a Lateral Flow Test on the day of each of their visits and photograph the results. If a positive result is indicated no further visits should take place until a PCR test has been obtained.
- Hands – hands must be sanitised before, during and after the visit – hand sanitiser will be provided

- Face – face masks must be worn. HWW representatives can choose to wear masks under a transparent visor should they wish
- Space – it is acknowledged that social distancing will be difficult to maintain whilst completing Surveys face to face – as much distance as is practicable should be maintained
- Paper – Surveys should not be handled by patients and returned to HWW reps. If patients wish to complete their own Survey they should be directed to the website / QR code
- Dress – HWW T-shirts, bare below the elbow, no nail varnish/gels, minimum jewellery
- Do not enter any room in A&E other than waiting areas unless invited by NHS staff
- HWW staff may decide to leave the A&E Department at any time if they do not feel comfortable / safe

COLLABORATIVE WORKING

We will require the collaboration of the WAHT, and the cooperation of reception staff in the A&E Departments, to facilitate our access to patients.

WHEN WILL BE DOING THIS WORK?

This project will cover the period October 2021 – January 2022

The aim is to be onsite w/beg 29th November 2021

WHO WILL BE INVOLVED?

We will be engaging with people who are in the A&E Department waiting rooms at the WRH and the Alex. We will be speaking with people who have "walked in" or been referred to A&E. We will not be talking to people who have been conveyed by ambulance.

We will have no control over how representative the people we engage with will be of the profile of users of the A&E Departments, or of Worcestershire's population profile.

Neither will we have an opportunity to target people experiencing health inequalities. However we will ask some "About You" questions to collect demographic data which will include age, ethnicity, disability, housing status and whether the person defines themselves as a carer.

HOW WILL WE DO THIS?

- We will carry out a series of visits at different days and times across a defined period, including evenings and weekends
- Visits will be distributed between WRH & the Alexandra Hospital.
- We will aim to carry out two thirds of visits at the WRH, and one third at the Alex
- We will conduct face to face interviews with patients who have "walked in" or been referred to the A&E Department and who give their informed consent
- We will need to be mindful that, although the Surveys are anonymous, there is the potential for us to collect personal information and therefore a DPIA will be required
- We will investigate whether it will be possible to provide leaflets with QR codes and web addresses for A&E staff to provide to patients during the days that we are not visiting
- We aim to engage with approx. 10 patients per visit at the WRH and Alex hospitals over the course of this work.

ANALYSIS

Completed Surveys will be stored in the locked cupboard in the Office.

They will be entered onto Survey Monkey, and results exported for analysis.

This will include theming of the "open" question responses, and cross tabulation of the data by relevant variables.

REPORT WRITING AND APPROVALS

We will write up a Report of our findings

DISTRIBUTION AND COMMUNICATION - HOW WILL WE LET PEOPLE KNOW WHAT WE HAVE FOUND OUT?

Findings will be distributed to WAHT and to the H&W CCG, as well as other relevant parties in Worcestershire.

The Report will also be sent to HWE, HOSC and CQC

FOLLOW UP

This will be dependent on the recommendations made.

PROJECT ACTIVITY

Use the table below to set out:

- Activity
- Main Tasks
- Responsibilities
- Timescales

A calendar view can also be provided in the GANT chart below.

Project Plan

ACTIVITIES	WHOSE RESPONSIBLE	TIMESCALES - BY WHEN
TASK ONE: RESEARCH & PREPARATION *(e.g. desktop review of NICE guidelines, CQC reports, existing research & information, reports from other HW)*		
1. Gather relevant information	MR/JR	25/10 – 5/11
2. Meeting with WAHT to visit & discuss A&E and find out more information	MR/JR /CB	25/10 & further dates
3. Recruit staff and Directors to take part in project	MR	3/11
4. Draft Survey, refine	MR/JR	25/10 – 4/11
5. Distribute draft to HWW &WAHT	MR	w/beg 8/11
6. Receive feedback and finalise survey	MR	23/11
7. Tally sheet for interviewers – approached, refused, incomplete	MR/JR	25/10 – 4/11
8. Receive feedback and finalise checklist / Tally Sheet	MR	23/11
9. Carry out Data Protection Impact analysis	MR/JR	By 18/11
10. Identify HWW availability across the programme dates	MR	3/11 – 10/11
11. Write to WAHT to notify them of intent to carry out the visits	MR/JR	15/11
12. Identify timetable and organise visit programme	MR	11/11
13. Identify dates for training for everyone in HWW involved in the Project – add to Team Mtg on 24th Nov	MR/HW	3/11
14. Devise training materials – incl. safeguarding, background, code of conduct, Covid-19 risk assessment & practicalities. NB This is NOT Enter & View training	MR/JR	w/beg 15/11
15. Deliver training	MR/JR	24/11
16. Draft information for A&E staff as appropriate	MR	w/beg 15/11
17. Distribute Drafts to HWW/WAHT	MR	w/beg 15/11

ACTIVITIES	WHOSE RESPONSIBLE	TIMESCALES - BY WHEN
18. Receive feedback and finalise information	MR	w/beg 22/11
19. Draft leaflets / posters to promote Survey		w/beg 22/11
20. Create web page – add to website		w/beg 22/11
TASK TWO: ENGAGEMENT		
1. Pilot Survey at WAHT	MR/JR	22/11
2. Complete Checklist / Tally Sheet	MR/JR	23/11
3. Finalise survey content	MR/JR	23/11
4. Arrange for printing of surveys, scripts, leaflets, any instructions sheets for teams	MR/HW	w/beg 22/11
5. Organise visit packs for pick up	MR/HW	w/beg 29th
6. Put Survey onto Survey Monkey	MR	w/beg 22/11
7. Finalise Visit programme, confirm with volunteers & staff leads	MR	w/beg 22/11
8. Finalise communications on project if promoting Survey via Social Media	MR/ME	w/beg 22/11
9. Quotes for printing of leaflets / posters	MR	w/beg 15/11
10.		
11. Undertake visits and complete surveys	Authorised Reps	29/11 – 12/12
TASK THREE E.G. ANALYSIS		
1. Input all surveys from visits	HW	Ongoing during data collection
2. Analyse results – pull off spreadsheets from SM, identify cross tabs, pull off comments and code as positive / negative and theme, build up picture of results	MR/JR	Jan 22
3. Compare findings with other surveys where possible, begin to identify recommendations	MR/JR	Jan 22

ACTIVITIES	WHOSE RESPONSIBLE	TIMESCALES - BY WHEN
TASK FOUR E.G. REPORT WRITING & APPROVALS		
1. Draft Reports and Recommendations	MR/JR	Feb 22
2. Distribute Draft to JS / SA for comment	MR	Feb 22
3. Comments back from SA/JS	SA/JS	Feb 22
4. Revise report to produce final draft	MR	Feb 22
5. Distribute FINAL draft as per governance	SA	Feb 22
6. Report approved by HWW	SA	Feb 22
TASK FIVE E.G. COMMUNICATION AND DISTRIBUTION *(Send to Providers, CCG, WCC, CQC, HWE etc. Include communication tasks e.g. to participants; press release etc.)*		
1. TBC		March 22
2.		
TASK SIX – FOLLOW UP OF RECOMMENDATIONS *(e.g. Review after 6 months; publish commissioner / provider response on website etc.)*		
1.		
2.		
3.		
4.		

SEE CALENDAR VIEW BELOW

GANT CHART / CALENDAR VIEW

ACTIVITY	Oct/Nov	Nov/Dec	Jan 2022	Feb	Mar	Month
TASK ONE: RESEARCH						
TASK TWO: ENGAGEMENT						
TASK THREE: ANALYSIS						
TASK FOUR: REPORT WRITING & APPROVALS						
TASK FIVE: DISTRIBUTION AND COMMUNICATIONS						
TASK SIX: FOLLOW UP OF RECOMMENDATIONS						

CHECKLIST – TO COMPLETE

Checklist	*Y/N or Not applicable/ Don't Know*
Developing the Questions	
✓ Overall does the project ask the right question – is it pertinent; will it increase knowledge about health and social care service delivery?	Yes
✓ Will a diverse range of people be engaged – have you considered C&YP, Equalities and Carers?	DK/Yes
✓ Has consideration been given to how the findings will be used?	Yes
✓ Is the methodology appropriate for the question being asked?	Yes
✓ Has any potential bias been addressed?	Yes
✓ Have any ethical considerations been assessed and addressed appropriately?	Yes
✓ Has risk been assessed where relevant and does it include: risk to well-being; reputational risk and legal risk	Yes
Data Management	
✓ Is the collection, analysis and management of data set out within the project plan?	Yes
✓ Has data retention and security been addressed appropriately?	Yes
✓ Have DPA/ GDPR and FOIA been considered and requirements met?	Yes
Thinking about Research Participants	
✓ Has the well-being of participants has been considered and accounted for?	Yes
✓ Will participants be clearly informed of how their information will be used and assurances made regarding confidentiality/anonymity?	Yes
Collaborative Working	
✓ Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed?	NA
✓ Have any potential issues or risks that could arise been mitigated?	Yes
✓ Has Healthwatch independence been maintained?	Yes
Quality Assurance	
✓ Has a quality assurance process been incorporated into the design?	Yes
Conflicts of Interest	
✓ Have any conflicts of interest been accounted for?	NA
Intellectual Property and Publication	
✓ Will the project be communicated in a way that is accessible to the public?	Yes