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Feedback Report: The Future of Urgent Care Services in Croydon

Patient and Public Quarterly Forum

Wednesday 25 February 2015

Croydon District and Masonic Hall, Oakfield Road Croydon





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## The future of Urgent Care Service in Croydon

Agnelo Fernandes, introduced the session on Urgent Care.

The current contract for provision of urgent care services, in Croydon, will have to be renewed in 2017. The CCG is in the process of reviewing current provision, in order to decide what arrangements should be in place when the contract is renewed, and gathering the views of patient and public stakeholders is an important element to ensure the CCG commissions the right services for the future.

A copy of the presentation can be found here: [Review of Urgent Care in Croydon](#).

Following the presentation, attendees worked in table groups to share views and experiences for the following questions:

The feedback highlighted the following themes:



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## Theme 1: Care Homes

### Barriers

- Care homes are risk averse, so go straight to hospitals.
- Care homes need to think/work better; this should be included as part of engagement.

### Utopia

- Discharge and discharge packages should include proper engagement with carers.

## Theme 2: Purley/Purley Minor Injury Unit

### Barriers

- No X-Ray facilities.
- Purley local people are/were not properly informed; no advertising.
- Reduced GPs in Purley area.
- Incorrect information about services.
- Not directing people to correct services (Parchmore websites).
- Lack of relevant/timely/user friendly information.
- No access to GPs; can't get appointment.
- Service needs to be available 24/7
- Need confidence and trust in GPs and to be seen by GPs on the same day.
- Need to monitor 'frequent flyers.'
- Cannot refer to X-Ray unit or take blood tests at Purley Minor Injury Unit.
- Patients can't have minor procedures at Purley Minor Injury Unit.
- No availability of the Minor Injury Unit in the morning.

### Utopia

- Lots of different services should go into Purley Minor Injury Unit.
- SLaM (South London and the Maudsley) should have a dedicated room at Purley Minor Injury Unit and at A&E.
- X-Rays should be available at Purley Minor Injury Unit.



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## Theme 3: Mental Health

### Barriers

- People don't know about mental health community and home treatments and are afraid of stigma.
- There are physical and mental barriers at all levels.

### Utopia

- Better advertising and information is needed about mental health.

## Theme 4: Education and knowledge about the NHS

### Barriers

- Lack of understanding of the system.
- All people are dealt with in the same place regardless of their condition.
- There is no perceived difference between Urgent Care and A&E.
- There is too much complexity regarding the number of options available, which causes confusion regarding the best place to go.
- Ask local people for local knowledge.
- Ask people who attend why they attend.
- Perception among 30-40 year olds is that A&E is a safe place and the best place to go.
- There is a need for a 'middle bit' - not GP service but not A&E, at Croydon University Hospital.

### Utopia

- Guidance sheets so people know where to go.
- Going to schools to explain system.
- A seamless service in one location.
- Health and Wellbeing Board should have a practical element.
- Triage with sign posting.
- Croydoc worked for signposting out of hours.
- School curriculum to include education on health and care system.
- Communicate what services are and where they are.
- People need to know what is and isn't available.
- Patients able to pick the right sites.

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## Theme 5: Self-care Barriers

- People not understanding/having the knowledge to manage their own health.
- Patients not properly understanding their conditions.
- How do we persuade people it's in their best interest to look after themselves?
- People are not assuming care for their own health. There is still a generation who believe 'Dr knows best.'
- People with long term conditions (e.g. diabetes) need to know how to self-care/manage.
- Sometimes people have to be allowed to take back control.
- Older population is increasing and can be very care intensive.
- Information from internet can get diagnoses wrong.

## Utopia

- First aid training should be compulsory.
- People taking more responsibility for their own health.
- Patients and Clinical people using technology.
- Training to enable patient empowerment.
- Long Term Condition clinics provided and led by GPs.
- Better education to promote and enable self-care.
- More use of technology e.g. self-blood testing.
- Workshops re first aid held in GP Practices, with young families.
- Fine people who waste A&E time.
- Should go back to education; teaching physiology so people know how their bodies work.
- PHSE (Physical Health and Social Education) at schools should include how young people can look after their own health.
- Better education in schools, communities and faith communities.
- Better understanding and education, about symptoms, for carers of children.
- Support to help better understanding of medication.
- Long term care and support for patients.
- Better education and more support about nutrition and exercise.
- Help people self-manage.
- Education for self-management of different conditions.
- Proactive prevention. E.g. domestic violence; homeless; refugees.
- More individual care.
- Changed behaviours from patients and GPs.
- Change in culture of the NHS.
- Need proactive care to stop urgent care i.e. prevention.
- More support on discharge on how to look after one self to prevent re-admission.



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## Theme 6: Staff

### Barriers

- Lack of GPs and Community based professionals.
- Time; lack of for proper patient care.
- Too many single/double handed GPs in old premises.
- There is limited room for expansion.
- Not enough availability of nurses.

### Utopia

- GPs have walk-in appointments.
- Phone people who don't attend appointments.
- Text people about appointments.
- More polyclinics in London.
- More nurses and pharmacies.
- More availability of appointments.
- Better triaging by nurses.
- Better team work with Surrey Downs.
- More nurses and pharmacists.
- Bring back District Nurses.
- Peripatetic triage nurses.
- Shared records and joined up teams.
- Pharmacists should be more proactive.
- Social issues as well as health. See people as whole rather than parts.
- Pharmacists know what they can help with.



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## Theme 7: Communication

### Barriers

- Language used is complicated and full of jargon.
- Lack of communication with the public.
- Need a clear definition of urgent.
- Lack of information targeted at BME Groups.
- Need media savvy people who know how to communicate well.
- I.T. services are different across different services.

### Utopia

- More information.
- Better information.
- Campaigns.
- Pharmacists should advertise more about what they can do. Campaigns on TV/Radio.
- Local papers should be used for communication regarding local pharmacies.
- Marketing.
- Sign at the door : 'Stop if you have a cold'
- Banner outside GP surgeries.
- Better communication.
- Go and talk to community groups, church organisations; schools to explain how the NHS works and what is available.
- Manage expectation i.e. Polish population expecting to be referred.
- Stroke campaign.
- Information needs to be consistent.
- Proactive care to stop urgent care.
- More Youth outreach and drugs education.

## Theme 8: Access



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## Barriers

- Borough's hospital is in the north.
- Public transport.
- People are generally not supportive of polyclinics.

## Utopia

- Pharmacists need to stay open in specific areas.
- More Health centres where everything is done in one place.
- Provision of 'lower grade' services in the same location.
- Transparent complaints system which shows the results.
- Not changing services from year to year.
- More services in the community at levels 2 and 3.
- Refuse to treat if in the wrong location.
- 8.00am – 8.00pm walk-in service; nurse led at level 2 level and level 3
- Consistent competencies across all services.
- Level 2 needs to be like Level 5 - concentration of excellence; people know they are in the right place with the right skills.
- Pharmacies available 24/7.
- Better GP access.
- More community services.
- GPs/Consultant available 7 days a week.
- Patients are able to speak with someone who will tell them where to go.
- Patients given the choice as to where they can go to be treated.
- Telephone consultations.
- One telephone number; staff have the knowledge to give a solution.
- Advocacy for people who need support.

## Theme 9: NHS 111

### Barriers

- NHS 111 tends to err on the side of caution.

### Utopia

- Messages are communicated through Minor Injuries Unit and NHS 111 direct to A&E.
- Duty GP at NHS 111.





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## When I'm not sure, I need...

- To be told quickly where to go, on the phone.
- Need advice from GP Reception
- Need a help line.
- An easy check list/flow chart to put up in kitchen.
- Need to be sure and have confidence in source of advice.
- Somebody knowledgeable to talk to and advise me.
- It all depends on the problem.
- A dependable service ready and available with suitable answers and not being asked endless questions.
- Immediate access to good quality information by a professional trained person so that I can make an informed decision.
- A phone line with a person.
- Pharmacist
- Help Line
- Purley Urgent Care Centre
- To speak to a human being who is calm and understands
- To talk to someone on the phone who is medically trained within a short period of time
- Possibly, 111 needs to be first point of call with fast transfer to ambulance if need be; Phone triage needed to work.
- Expert advice
- To have confidence in the person helping me.
- Clear advice.
- I need someone to talk to give me advice and guidance to ensure I am making the right decision.
- Ask a BME Group leader what to do as they understand me better in language and culture.



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## When I am panicking, I need...

- To speak to someone who knows; I rang 111, this was on 31 January 2015. They reassured me.
- Someone to 'talk me down' and help me understand what is going on.
- To speak to a human being who is calm and understands.
- GP; Good helpline
- Help!! Someone to treat me urgently – ambulance if necessary.
- Quick authoritative advice.
- A person to reassure me.
- Someone to contact who will reassure me, listen to me and advise me.
- I need to know I am going to get the correct sign posting.
- To contact my GP to give me advice and relieve my anxiety and stress.
- A knowledgeable person at the end of a phone line.
- Access to GP.
- Access to transport where I will get help.
- The right medication
- Someone to talk to.
- Friendly advice.
- Clear advice.
- Quick help.
- Direct number/Human being (999)
- To speak to someone who can reassure me, calm me down and direct me to the most appropriate source of help
- To breathe into a brown paper bag.
- I need to talk to someone in language I can understand.



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## What is your definition of urgent?

- Life threatening.
- Time critical.
- Difficulty breathing.
- Excessive bleeding.
- I know I need treatment or care within the next few hours.
- Heat attack.
- Stroke.
- Extreme bleeding.
- Would get worse if left.
- Something that needs more than is available at my GP surgery and needs to be looked at today.
- Something that requires urgent attention and causes panic, pain or severe injury.
- Immediate help; life threatening.
- Lots of blood.
- Needing professional attention very quickly.
- In pain and confused are my 2 indicators.
- In severe pain.
- Broken limbs.
- In danger.
- Severe bleeding.
- Severe vomiting.
- Feeling faint.
- Feeling suicidal.
- When it's endangering life or limb.
- Something needs to happen now.
- This varies with my state of mind.
- Need immediate attention, such as cuts/strokes fear.
- Whatever I say it is; what's urgent will depend on circumstances.
- Life and death situation i.e. heart attack etc.
- Not able to help one's self.