

# Accident & Emergency



## Wolverhampton Urgent and Emergency Care Services Report

March 2021

# Introduction

Healthwatch Wolverhampton are the local public voice in the delivery of health and social care services. We collect feedback from the public about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to develop service improvements. One of the ways that we collect feedback is to carry out focused projects around particular services. On this occasion we carried out a project looking at how and why the urgent care services in Wolverhampton had been used prior to Covid-19, after and during the two national lockdowns in 2020.

This project was identified by Healthwatch Wolverhampton after meetings with Wolverhampton Clinical Commissioning Group (CCG), GP's, Royal Wolverhampton NHS Trust (RWT), Black Country Partnership Foundation Trust (BCFPT) which discussed how Urgent, and Emergency Care Services were being delivered in Wolverhampton and future changes to the service over the next five years.

## Methodology

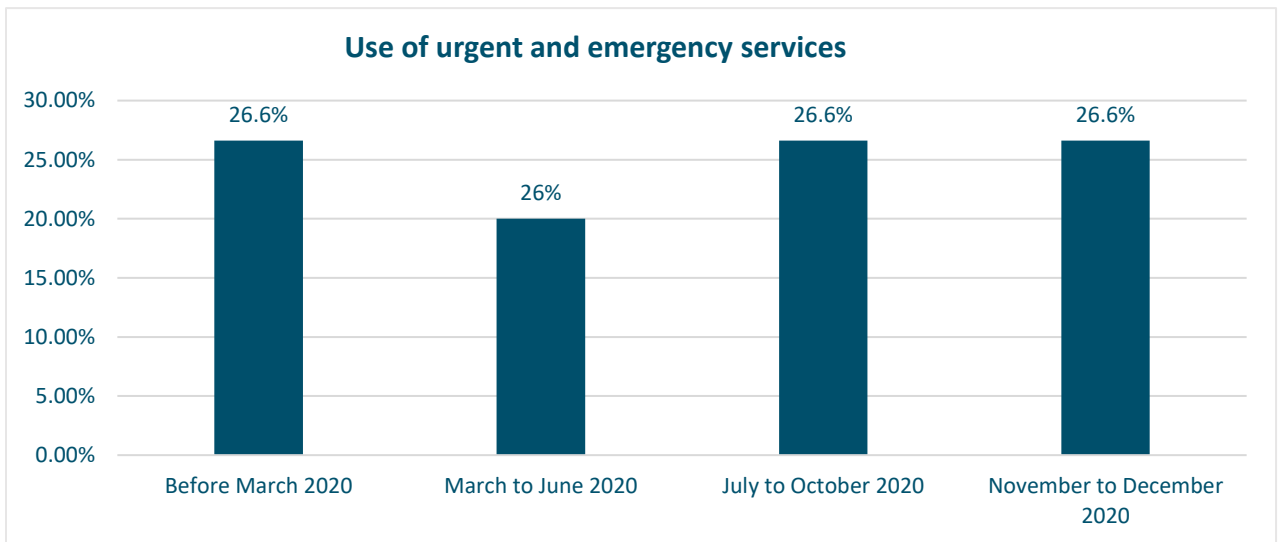
Due to Covid-19 and not being able to carry out face to face engagement, a single methodology was used to capture feedback from patients about access to urgent care services, across 2020. An online survey was chosen and shared across our social media channels and website. It was also shared via email across our network to various stakeholders to share amongst their contacts.

The survey was aimed at all that had used the services within the previous 12 months. We were also aware that the CCG were carrying out their own survey to capture additional information on urgent care services, so we chose to delay the launch of our survey so not to coincide. We received 15 responses in total.



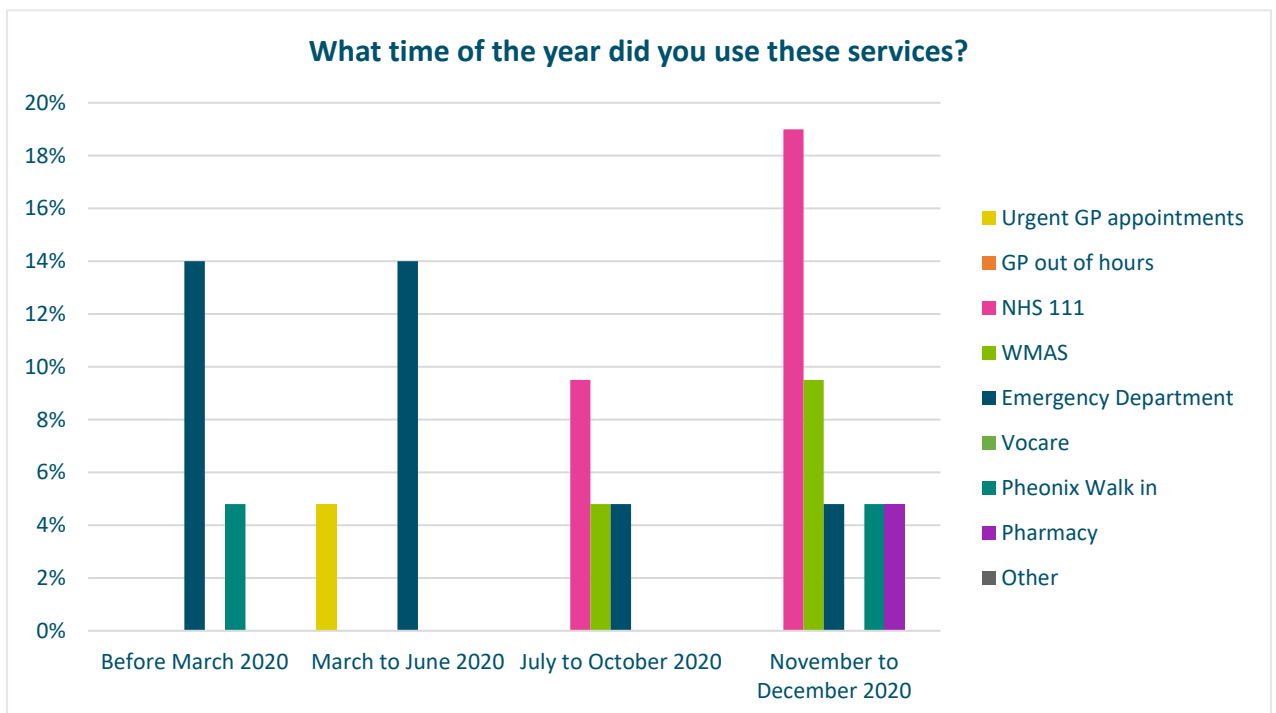
# Findings

Participants were asked to identify if they had accessed any urgent care services in 2020, within the following timescales; before March (pre-Covid-19), between March and June (during the first national lockdown), between July and October (prior to the second national lockdown) and between November and December (during and after the second national lockdown). Response rates were similar, and services had been accessed roughly equally across the year, except for during the first national lockdown where use of services was lower.

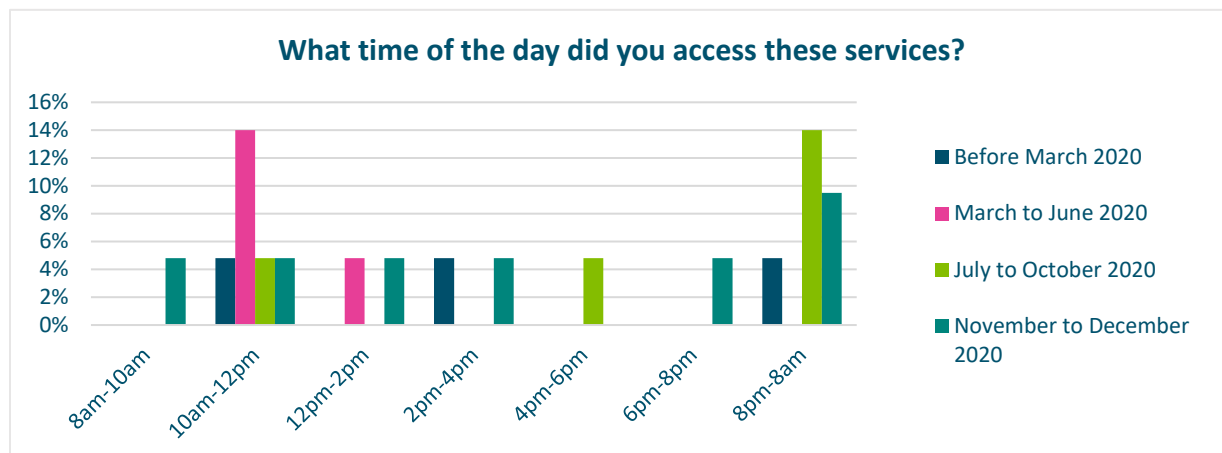


## Access

Across the four date ranges, the majority (38%) of participants used the Emergency Department across the year. NHS 111 was used by 28.5% of participants but only in the latter half of the year. Neither GP out of hours nor the Vocare walk in centre were accessed by any participants.



The busiest time of the day for services to be accessed across the four timescales was midmorning (10am-12pm) or overnight (between 8pm and 8am). Participants were also asked what day of the week they accessed urgent care services. The busiest days were Fridays and Saturdays, with no participants selecting Sunday. The access across weekdays was split roughly evenly.



Participants also gave more information into how they accessed the urgent care services. Across the year there is a clear trend that patients were advised by other services to use urgent or emergency care services. Particularly in the latter half of the year where the majority of patients spoke to 111. One said; *“GP told me to ring 111 as they couldn’t get me in for an appointment. When I rang 111 it kept telling me to use the online services first, so I did that, which then said to ring them”*.

### Patient Experience

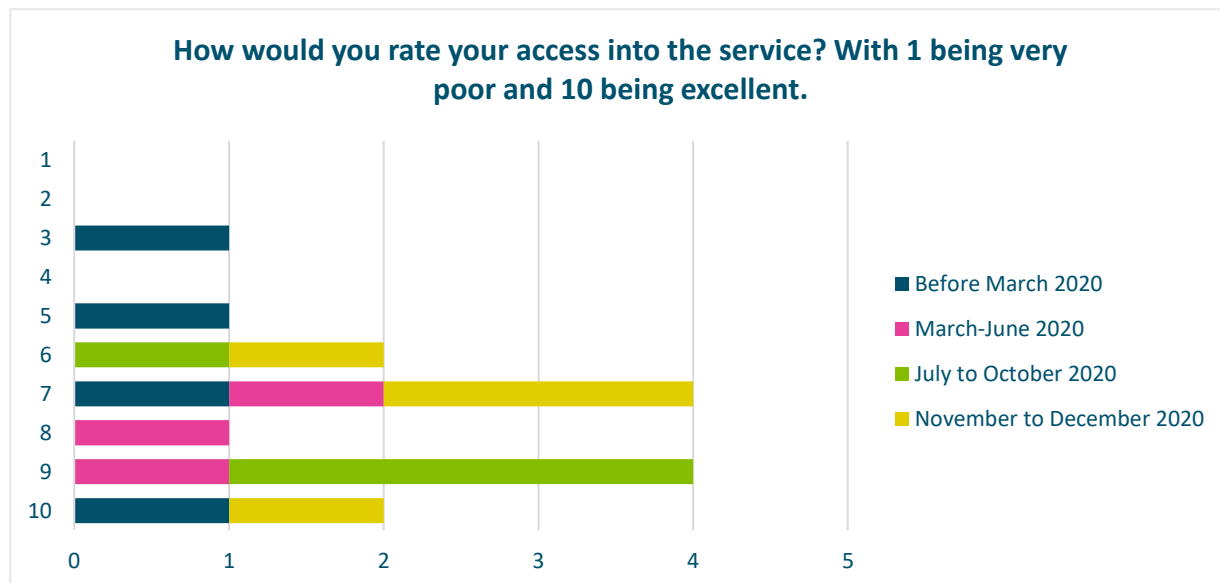
The majority of participants (58%) told us that they felt they had been given appropriate treatment for the reasons they attended or used the emergency or urgent care services. Participants that felt they were not given appropriate treatment were able to give more information. Two participants who both used the emergency department told us; *“A&E not examined, or bloods done, or meds prescribed. A&E prior to that no Xray”*, the second participant told us; *“I didn’t have a mental health assessment”*.

69% of participants were asked by the service to seek further medical advice or follow up treatment. Most were referred to go to the hospital or an ambulance to be sent out, one told us; *“an ambulance was sent out to me, they stayed with me for a while but suggested that I get checked out at the hospital as they [the ambulance service] can only do limited tests”*. Participants were very positive about their experience of care they had received across all services. The majority of respondents (73.3%) rated their experience out of 10 as a 7 or above.



## Choice

Participants were also asked to rate their access into the service out of 10. Again, the responses were generally very positive across the four date ranges, with 73.3% of respondents rating access as 7 or above. Two respondents voted their access as 5 or below both used A&E, prior to the first Covid-19 lockdown in March.



When asked why they chose to use an emergency or urgent care service over another, participants suggested it was due to it being a medical emergency or other services not being available during the night. One told us they had; *“contacted NHS 111 as it was early hours in the morning that I was having the pains in my chest”*. Another said, *“middle of the night ambulance sent out”*. Only 7% of participants had attended their GP or used a pharmacy prior to using an urgent service, the remaining 93% again indicated that their choice of service was based on the need for it being an emergency or due to the time of day. One participant highlighted they could not use a pharmacy due to being Covid-19 positive.

Participants were finally asked if they had ever been told what appropriate use of emergency care services is, the majority (64%) answered yes and were asked to give more information. These responses included *“emergencies, physical or mental”*, *“use in an emergency or accident or life-threatening incident”*, *“I understand that A&E is for emergencies only, that is why I contacted NHS 111 and was guided by them”*, *“only use if no alternative”* and *“on TV screen in GP surgery”*.



# Conclusion

There are some common themes across all the participants that took part in the survey. Most had a positive experience using the urgent and emergency care services in Wolverhampton and had little issue with both treatment and access. It was clear that services were used less between the months of March and June. This may be related to the first lockdown and not having a need for the service due to spending more time at home. However, the results also showed an increase use of services on Fridays and Saturdays, particularly overnight, this was the same for all months of the year.

Participants understood the use of urgent services and the importance of using them for emergencies. They were able to justify their choices of using emergency services in those instances only, unless advised to by another health professional, clinician or being unable to use their GP or pharmacy due to the time of day.

No participants that took part in the survey accessed either GP out of hours or the Vocare urgent care centre and only a small proportion of participants accessed the pharmacy. Therefore, we recommend that more work is done in increasing the awareness of services that can be utilised by patients prior to using the Emergency Department at New Cross Hospital.

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