



Healthwatch Hounslow

Insights from patients in the Urgent Care Centre and Accident & Emergency Department of West Middlesex University Hospital

November 2017

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Executive summary

In September 2017, Healthwatch Hounslow (HWH) undertook a survey of patients reporting to A&E (Accident & Emergency) and the UCC (Urgent Care Centre) of WMUH (West Middlesex University Hospital) in the London Borough of Hounslow (LBH). The aim of our survey was to find out the possibility of reducing non-emergency attendance by local patients at the UCC and A&E department of WMUH.

To obtain data, we decided to contact and request information from a cross section of local patients reporting to WMUH's UCC and A&E units. Besides information collated from patients, we also planned to gather statistical data from WMUH's A&E and UCC. To gather our data, we prepared a questionnaire. We received feedback from 250 patients waiting for treatment in the UCC and A&E waiting areas inside WMUH. Our feedback was obtained predominantly directly from patients themselves and in a few instances indirectly through their family/carer or through the parent/parents when a patient was a minor.

The objective of our survey was to ascertain the following:

- Patients' understanding of the UCC and A&E;
- Patients' understanding of the difference between the UCC and A&E;
- Patients' awareness of other local health services available to them in the LBH;
- Patients' understanding of the NHS' present crisis situation and how they might help the NHS.

On the basis of our findings gained through the survey, our ultimate aim was to try to make some practical recommendations to reduce patient attendance at the UCC and A&E without endangering patient safety and patient wellbeing.

Responses from patients and their family/carers revealed the following findings, amongst others:

- 78% of respondents said that they were aware of the health conditions for which they should go to A&E and those for which they should go to the UCC. However, despite this, it became apparent from the explanations they gave about their understanding of the UCC and A&E, that many respondents did not have a clear understanding of the UCC and of the difference between the UCC and A&E.
- The largest group of 147 patients (59%) mentioned a variety of reasons to explain why they had come to the UCC/A&E.
- 74% of respondents said they knew that they could go online to book their GP appointments. Out of this group total of 185 patients, 32% said that they had not encountered difficulties while going online to book their GP appointments. However, this does not indicate that online bookings are popular among patients.
- 80% of our respondents said they were aware of the availability of advice and help about health conditions from clinical pharmacists in Hounslow.
- 70% of respondents said they were aware of the services of nurses in their GP surgeries. On the other hand, only 34% of our respondents said they knew about health care assistants (HCAs) in GP surgeries.
- The majority (76%) of our respondents said they were aware of the NHS 111 telephone service.

- 84% of respondents said they were aware that, by accessing A&E/UCC services appropriately, patients could help the NHS run with greater economy and efficiency.

It was also evident from patient responses that some patients in the UCC waiting area had come for their routine dressing of wounds. Also, that some patients were unaware of the availability of services being provided through Hounslow CCG's commissioning of at least one GP surgery in each of the five localities operating with extended hours. Furthermore, some younger patients aged between 16 – 35 years, especially those who belonged to some ethnic minority groups of immigrants, tended to know less about some NHS services than older patients in our sample.

Data was made available to us by UCC staff from which it was evident that some patients who arrived at WMUH's UCC/A&E could, after some initial fact-finding and assessment, be redirected to other service providers. However, from information provided to us, we have also gathered that the percentage of patients redirected is very small. In the period from September 2016 – August 2017, it ranged from a little less than 1.5% to a maximum of a little over 3%.

On the basis of our analysis of the feedback provided by patients and service providers, we would like to make the following recommendations:

- To reduce the information gap noticeable in local patients, there is a clear need to take steps for raising patients' awareness of WMUH's UCC services as well as of the difference between WMUH's A&E and its UCC. We recommend that this be done by disseminating user friendly information in suitable formats to patients via local organisations well-linked with patients so that they receive wide publicity.
- To reduce inappropriate patients reporting to the UCC and A&E, it might be worthwhile to consider building up the NHS 111 service as the route by which patients are referred/routed or signposted to the UCC/A&E.
- Levels of awareness need to be raised about services to which WMUH is reported to be directing patients who report inappropriately to the UCC/ED, such as the out of hours hubs, the dentist, and community pharmacists.
- Raising awareness of weekend opening of a surgery in each of Hounslow's five localities.
- Consider the financial viability of GP surgeries/practices that are open at weekends on a rotational basis in various localities in Hounslow, to function as walk-in centres with some scope for qualified nurses to provide urgent dressing of wounds for patients, without patients having to book any prior appointments. This is proposed with a view to bring down the number of patients who tend to turn up at WMUH's UCC because they fail to get an appointment to be seen at their surgery by a surgery nurse for the dressing of their wounds.
- Need to continue targeting patients who live in the UK but are not registered with any GP and signpost/facilitate their registration with a suitable local GP.

We hope our recommendations will help reduce inappropriate patient attendance at the UCC and A&E at a time when WMUH, like hospitals all over the country, struggles to continue providing safe and appropriate services to a larger number of people who are living longer than ever before. Furthermore, it is also having to cater for patients with complex needs in the midst of financial austerity and the fears and uncertainty of the impact of Brexit on an already over-stretched NHS.

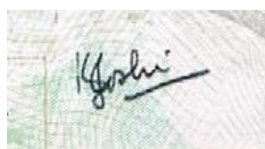
Acknowledgments

On behalf of Healthwatch Hounslow (HWH) I thank staff of the Urgent Care Centre (UCC) and the Accidents & Emergency (A&E) department at West Middlesex University Hospital (WMUH) in Hounslow. In the UCC, Wendy Martin, the Senior Services Manager, agreed to help make arrangements for HWH staff and a volunteer to visit and talk to patients in the UCC and A&E waiting areas. It was because of her cooperation that, despite some delay, we were able to obtain feedback on patients' understanding of the services offered by WMUH's UCC and A&E departments, the difference between the two services, why they had come there, whether they had been referred or directed to come there, and whether they were aware of some other out of hospital services available in the London Borough of Hounslow (LBH).

Besides the UCC, I was helped by staff in WMUH's A&E department – Tina Benson, Hospital Director/Deputy COO, and Emma Bhuva, Matron, A&E.

Among local practice managers, Saira Juma of the Firstcare Practice and Vijay Jambulingam of the Blue Wing Family Practice deserve special mention for promptly providing information about the nature of the services provided by nurses in their surgeries.

Within the HWH team, I am grateful to Cynthia Roshni Thomas (Intern) for completing a large number of surveys and for her sharp observations. Namrata Pandey, Corporate Services Officer, helped with adding pictorial material and finalising tables used in this report. I also thank Chief Officer, Tim Spilsbury, for helping with quickening access to WMUH's A&E management and staff and his willing support.



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Background, Scope, Tools and Objectives

Background

In September 2017, HWH undertook a survey of patients reporting to A&E and the UCC of WMUH in the London Borough of Hounslow. The aim of our survey was to find out the possibility of reducing non-emergency attendance by local patients at the UCC and A&E department of WMUH.

Scope

We made WMUH the main focus of our study. Located on London Road, Isleworth, in West London, WMUH is an acute hospital that serves a local population of around 400,000 people in the London boroughs of Hounslow and Richmond on Thames and neighbouring areas. It is run by the Westminster and Chelsea Hospital Trust. The main commissioners of acute services here are the clinical commissioning groups (CCGs) for Hounslow and Richmond.

To obtain data, we decided to contact and request information from a cross section of local patients reporting to WMUH's UCC and A&E units. Besides information collated from patients, we also planned to gather statistical data from WMUH's A&E and UCC.

Survey tools

To gather our data, we prepared a questionnaire (please see the Appendix for our Patient Questionnaire). Before commencing our survey, we (as always) sought permission and help from the managers of WMUH's UCC and A&E department so as to receive their consent to access some of their patients. We found that explaining the project idea was not difficult. However, it soon became apparent that we would have to make a special effort to allay the concerns of some managers within WMUH before we would be able to commence our survey. Though their concern for patient safety and confidentiality was admirable, we had to convince them that we were in full agreement with them.

It was, therefore, only after some exchanges of emails and face to face talking that we were able to convince them that what we wanted was:

- (1) (Not to give advice TO but) to obtain feedback from their patients about their understanding of the UCC and A&E and their awareness of other available local services; and
- (2) That we had absolutely no intention to make their patients feel that they had erred by coming to the UCC and/or A&E or to tell them that they should avoid coming to the UCC or A&E in the future.

After gaining permission to start our patient survey, we also decided to approach some GP practices with which HWH has an ongoing professional working relationship. The main aim of this was to get their feedback on some services that are currently being provided to patients not through GPs, but through some other healthcare professionals in GP surgeries in the LBH.

Objectives

The objective of our survey was to ascertain the following:

- Patients' understanding of the UCC and A&E;
- Patients' understanding of the difference between the two services, i.e., the UCC and A&E;
- Patients' awareness of other local health services that are available to them in the LBH;
- Patients' understanding of the NHS' present crisis situation and how they might help the NHS.

On the basis of our findings and understanding gained through the survey, our ultimate aim was to try to make some practical recommendations to reduce patient attendance at the UCC and A&E without endangering patient safety and patient wellbeing.

Patient Respondents

For our survey we received feedback from 250 patients waiting for treatment in the UCC and A&E waiting areas inside WMUH. Our feedback was obtained predominantly directly from patients themselves and in a few instances indirectly through their family/carer or through the parent/parents when a patient was a minor.

Our sample included both males and females. Their age ranged from between those aged 16 – 24 years to 75 years and above. The overwhelming majority of our respondents were heterosexuals and the number of disabled people was small. However, people from diverse ethnic backgrounds responded to our survey. Some details about our respondents have been provided in the table below:

<i>AGE GROUPS OF RESPONDENTS</i>		<i>%</i>
<i>16 – 24 years</i>	37	14.8
<i>25 – 34 years</i>	61	24.4
<i>35 – 44 years</i>	49	19.6
<i>45 – 54 years</i>	33	13.2
<i>55 – 64 years</i>	38	15.2
<i>65 – 74 years</i>	24	9.6
<i>75 – 84 years</i>	4	1.6
<i>Did not answer (DNA)</i>	4	1.6
<i>Total</i>	250	100

<i>GENDER</i>		<i>%</i>
<i>Male</i>	82	33
<i>Female</i>	158	63
<i>DNA/Prefer not to say (PNS)</i>	10	4

<i>SEXUAL ORIENTATION</i>		<i>%</i>
<i>Heterosexual</i>	192	77
<i>Gay</i>	2	0.5
<i>Bisexual</i>	2	0.5
<i>DNA/PNS</i>	54	22

<i>TRANSGENDER</i>		<i>%</i>
<i>Yes</i>	0	0
<i>No</i>	201	80
<i>DNA/PNS</i>	49	20

<i>ETHNICITY</i>		<i>%</i>
<i>White</i>	82	33
<i>Asian</i>	92	37
<i>Black</i>	18	7
<i>Other Ethnic</i>	10	4
<i>Mixed</i>	4	2
<i>DNA/PNS</i>	44	17

<i>DISABILITY</i>		%
<i>Disabled (Yes)</i>	14	6
<i>Disabled (No)</i>	190	76
<i>DNA/PNS</i>	46	18

<i>EMPLOYMENT STATUS</i>		%
<i>Full time</i>	52	21
<i>Part time</i>	39	16
<i>Looking after family/home</i>	17	7
<i>Unemployed/looking for work</i>	3	1
<i>At School/FT education</i>	23	9
<i>Retired</i>	21	8
<i>Unable to work due to long term sickness</i>	4	1.6
<i>Other</i>	29	12
<i>DNA/PNS</i>	61	24
<i>Carer</i>	1	0.4

Questions and Patient Responses

The questions included in our questionnaire and a summary of the responses received for each of them, are presented below:

Questions	Totals	%	Other observations
<p>1. (a) Are you aware that you attend A&E only in an emergency affecting your health and the UCC when your health need is urgent/immediate?</p> <p>(b) Can you explain your understanding of A&E/the UCC?</p>	<p>Yes – 194</p> <p>No – 56</p>	<p>78%</p> <p>22%</p>	<p>Although the majority of our respondents said they were aware of what the UCC and A&E services stood for, their responses to 1. (b.) revealed that many of them did not know about the UCC or its services nor did they understand the difference between the UCC and A&E.</p>
<p>2. Please tick the answer that describes why you went to A&E/the UCC instead of going to a GP:</p> <p>- I tried to get a GP appointment, but</p>	30	12%	<p>Our respondents mentioned a variety of interesting reasons about why they had come to WMUH's A&E or UCC. Many gave multiple reasons for their coming into WMUH.</p>

<p>could not get through;</p> <ul style="list-style-type: none"> - I thought it would take a long time to get a GP appointment: - Other (please specify) 	<p>48</p> <p>Other – 147</p> <p>DNA – 25</p>	<p>19%</p> <p>59%</p> <p>10%</p>	
<p>3. Do you know you can book GP appointments online?</p> <p>4. Have you experienced any difficulties using the service? Please specify if you had any difficulties going online.</p>	<p>Yes – 185</p> <p>No – 65</p> <p>DNA – 16/185</p> <p>No difficulty – 60/185</p>	<p>74%</p> <p>26%</p> <p>9%</p> <p>32%</p>	<p>Though the majority of our respondents said they knew about online GP appointments, most of them said they did not go online because of a variety of reasons.</p> <p>Some respondents mentioned various difficulties regarding making GP appointments online (for details see our Findings from Patients section below).</p>
<p>5. Do you know that you can get advice from a clinical pharmacist in your local pharmacy or chemist for advice on simple health conditions?</p>	<p>Yes – 200</p> <p>No – 50</p>	<p>80%</p> <p>20%</p>	
<p>6. Do you know that you can ask for an appointment to get health advice or services from a trained health care professional in your GP practice, for example:</p> <ul style="list-style-type: none"> - Healthcare assistants (or HCA); - Nurses (or N). 	<p>HCA only:</p> <p>Yes – 12</p> <p>N only:</p> <p>Yes – 102</p> <p>DNA – 10</p> <p>Know both</p> <p>HCA & N – 73</p>	<p>5%</p> <p>41%</p> <p>4%</p> <p>29%</p> <p>21%</p>	

	Don't know either – 53		
7. Do you know that you can call the free NHS 111 service for advice on any health condition affecting you or causing you concern or worry?	Yes – 190 No – 60	76% 24%	
8. Do you know that by going to A&E only in an emergency and to the UCC when you have an urgent/immediate health need, you can help your NHS save a lot of money?	Yes – 210 No – 39 N/A – 1	84% 16% 0.4%	Only one respondent said it was not relevant for them to reply to this question as they paid their taxes.

Findings from Patient Responses

Responses from patients and their family/carers revealed the following:

Q.1a. – Patient awareness of WMUH's A&E/UCC and the difference between A&E and the UCC:

A significant number of respondents (78%) said that they were aware of the health conditions for which they should go to A&E and those for which they should go to the UCC.

Q.1b. – Patients' understanding of A&E/the UCC:

Despite many of our respondents saying that they were aware of the difference between A&E and the UCC, it became apparent to us from the explanations they gave about their understanding of the UCC and A&E, that many of them did not have a clear understanding of the UCC and of the difference between the UCC and A&E. For instance, many of them said they "Know about A&E but have no idea about the UCC".

Q.2 – Reasons for patients coming to WMUH's A&E/UCC:

Those who said they had come to WMUH's A&E/UCC because they had failed to get a GP appointment made up 12% of our sample. Those who said they had come to WMUH's A&E/UCC because they had thought it would take a long time to get a GP appointment made up 19% of our sample. However, upon adding up the percentage of patients who had come to WMUH's A&E/UCC because of not getting access to their GP (12%) with the percentage of those who had felt that trying to access their GP would be difficult or delayed (19%), the total increased to 31%.

The largest group of 147 patients, who formed 59% of our total sample, consisted of patients who mentioned a variety of reasons to explain why they had come to the UCC/A&E. Within this sample, the largest sub-group (67/147 or 46%) consisted of those who said they had come because they knew it was an emergency or had an intuitive awareness that it was essential for them to come or bring the person they were caring for, to WMUH's A&E/UCC. The chief health conditions they mentioned included the following: severe chest pain, high blood pressure, severe illness, fractures and injuries sustained in an accident.

The second largest sub-section within the same group, which was made up of 24% of this sample of 147 patients, consisted of those who said they had been sent to WMUH's A&E/UCC by their GP or by surgery staff.

Q.3 and Q.4 – Patients' awareness of the scope to go online to book their GP appointments and expression of any difficulties faced by patients in going online for their GP appointments:

A large majority of our respondents (74%) said they knew that they could go online to book their GP appointments. Out of this group total of 185 patients who admitted being aware of the possibility of going online for booking GP appointments, 60/185 or 32% also said that they had not encountered difficulties while going online to book their GP appointments.

The high level of patient awareness of the availability of booking GP appointments online and some positive patient feedback on the absence of problems while using online services, however, does not indicate that online bookings are popular among patients. On the contrary, it is evident from patient responses that:

(1) Most patients do not go online to book their GP appointments for a wide variety of practical reasons;

and

(2a) Many patients also mentioned experiencing difficulties/problems while going online to book their GP appointments; and (2b) some also said that they feel or think they will have to face difficulties if they try to book their GP appointments online.

Regarding various reasons (1) for not going online, patients mentioned the following:

- I don't have any internet connection;
- I'm not computer literate;
- I don't have a computer;
- I'm not registered with any GP;
- I've never gone online;
- I prefer phoning;
- I like to ring my surgery or go to my surgery and book an appointment;
- It's easier to telephone;
- I prefer communicating with some person at the end of my telephone line or speaking to someone face to face, instead of an impersonal online booking.

Regarding difficulties/problems (2a) faced while going online, patients listed the following:

- There are long delays or a long waiting time of up to two weeks if I try to book online;
- There are few, limited or an inadequate number of appointments available online;
- It's complicated to go online;
- It's not easy to go online;
- I don't know how to go online.

Regarding difficulties of going online (2b), patients who had not used online appointments mentioned the following:

- I guess it's not easy to go online;
- I'm not comfortable going online.
- I've never used online;
- Too complicated!
- Don't know how to register online and use password etc.!

Q.5 – Patients' awareness of the availability of the services of clinical pharmacists in some pharmacies and chemists in Hounslow:

A big majority, made up of 80% of our respondents, said they were aware of the availability of advice and help about health conditions from clinical pharmacists in Hounslow.

This demonstrates that patients are evidently very well aware of this service. Though many of our respondents said they had received a professional service from their pharmacists, some patients appeared to have doubts about the reliability of the advice given by pharmacists and said they preferred going to their GP.

Q.6 – Patients' awareness of the availability of the services of health care assistants and nurses in GP surgeries:

The majority (70%) of our respondents said they were aware of the services of nurses in their GP surgeries. On the other hand, only 34% of our respondents said they knew about health care assistants (HCAs) in GP surgeries. Interestingly, 21% of our respondents said they knew neither about nurses nor HCAs or what HCAs did.

Most of the patients who said they knew about the services of nurses and HCAs, said that they had gone to a nurse or HCA in their surgery because they had been directed by their GP to book their services. They were also not aware whether they could independently seek appointments to see a nurse or HCA in their GP surgery for various issues or for information affecting their health/wellbeing.

Q.7 – Patients' awareness of the free NHS 111 telephone service:

The majority (76%) of our respondents said they were aware of the NHS 111 telephone service. Some said they had been recommended to come to WMUH's A&E/UCC after they had phoned them and explained their situation to them. Some added that as they weren't sure about what to do, they had contacted NHS 111 and had been helped by NHS 111 staff. They also tended to voluntarily provide positive feedback about the telephone advice they had received on the day and on previous occasions from NHS 111 staff.

Q.8 – Patients’ awareness that by going to A&E only in an emergency and to the UCC when faced with an urgent/immediate health need, they could help the NHS to make essential savings in a climate of severe austerity:

The vast majority of our respondents (84%) said they were aware that by accessing A&E/UCC services appropriately, patients could help the NHS run with greater economy and efficiency.

Only one patient said that they paid their taxes and it wasn’t their concern to help the NHS in their economy drive.

Some other issues noticeable from Patient’s Responses

The following issues were also evident from our responses from interaction with patients:

1. Some patients in the UCC waiting area said that instead of resorting to their GP surgeries for their routine dressing of wounds, they had come to the UCC and this was not the first time they were doing so.

The reasons they gave were either that their dressing couldn’t get done in their GP’s surgery as they couldn’t get an appointment with the surgery nurse and so their GP had told them to go to the UCC. Patients were also noticed to be saying that it was not unusual for them to come to WMUH for wound dressings as they always received a very good service from UCC staff and so they did not mind waiting in WMUH instead of trying for surgery appointments which they might or might not get.

2. Some patients were unaware of the availability of services being provided through Hounslow CCG’s commissioning of at least one GP surgery in each of the five localities operating with extended hours. Had they known this, they might have gone to their locality surgery instead of coming to WMUH’s A&E/UCC.

This was evident from responses received from 15 patients (who constituted 10% of a sample of 147 respondents to our survey). They said that their GPs weren’t available on weekends so they had had no choice but to come to WMUH to attend to their health needs.

9. Some younger patients aged between 16-35 years, especially those who belonged to some ethnic minority groups of immigrants (e.g. Arabs/Polish, Lithuanian, Somali etc.), tended to know less about some NHS services than older patients in our sample.

4. A small percentage made up of 4% of a sample of 147 patients who had responded to our survey, said they had come to WMUH because these patients were not registered with any GP.

5. We also noticed that an even smaller number of patients were individuals who were visiting friends or relatives from overseas and had suddenly fallen ill.

Providers’ Perspective

Data was made available to us by UCC staff from which it was evident that some patients who arrived at WMUH’s UCC/A&E could, after some initial fact-finding and assessment, be redirected to other service providers.

As mentioned in their information, “Redirection can be defined as the identification of patients whose clinical condition does not require UCC/ED assessment or treatment and assisting them in safely accessing the right care in a timely manner with the most appropriate service.”

From information provided by WMUH, it is apparent that redirected patients can be sent to any of the following:

- Patients’ own GP
- Out of hours hubs
- Maternity triage
- Dentist
- Community pharmacy.

From information provided to us, we have also gathered that the percentage of patients redirected is very small. Thus, in the period from September 2016 – August 2017, it ranged from a little less than 1.5% to a maximum of a little over 3%.

The low percentage of redirected patients from the UCC/ED is due to the very limited time within which their staff have to complete their initial assessment of each patient (i.e., only a few minutes), and the responsibility they have to safeguard patients’ health and wellbeing that they are rightfully expected to give top priority.

At WMUH, there is also a considerably long list of health conditions for which staff are not supposed to redirect patients to other services/providers. The full list is as follows:

- All injuries occurring within the previous one month
- All patients under five and over 80 years of age
- Any chest pain or breathlessness
- All patients who are obviously unwell
- Headaches of under five days’ duration
- Fever over 37.5c
- Vomiting
- Mental health issues
- Poorly immobile patients who are not usually immobile
- Patients who are bleeding (other than reported resolved epistaxis and minimal reported haemoptysis)
- Anyone refusing to be redirected
- Patients for whom language barriers do not enable a thorough assessment to be undertaken by the streaming nurse
- Patients who appear to have complex medical histories.

Our recommendations

On the basis of our analysis of the feedback provided by patients and service providers, we would like to make the following recommendations:

- **RAISING AWARENESS ABOUT UCC SERVICES**

To reduce the information gap noticeable in local patients, there is a clear need to take steps for raising patients’ awareness of WMUH’s UCC services as well as of the difference between

WMUH's A&E and its UCC.¹

We recommend that this be done by disseminating user friendly information in suitable formats to patients via local organisations well-linked with patients such as various patient forums, schools, the LBH, local newspapers, community/voluntary organisations and HWH so that they receive wide publicity.

We would note that the Hounslow Clinical Commissioning Group (HCCG) has already produced a mini poster and fridge magnet that has some useful information, which is apparent at a glance, on what patients should do when faced with issues pertaining to their health or that of members of their family. Since this mini poster includes some easily comprehensible information on when to contact A&E and the UCC, and also because we received positive feedback when we handed out this poster to some WMUH staff and patients during our survey, we feel that this information resource can be used as a useful tool to inform patients about when to appropriately resort to these services. Wherever required, translations of this information or versions in large print or in easy read can be provided.

- **RAISING PATIENTS' AWARENESS OF THE FREE NHS 111 WITHIN YOUNGER PEOPLE FROM SOME ETHNIC MINORITY GROUPS**

Our survey has revealed that general awareness about the Free NHS 111 telephone line is high. Nevertheless, our evidence suggests that it might be beneficial to make a special effort to inform some younger patients, i.e., in the age groups 16 – 24 and 25 – 34 years, about NHS 111 services.

For instance, it is apparent that out of eight respondents from our sample of 16 – 24 year olds and 14 out of the 25 – 34 year olds who said they did not know about this service belong to various ethnic minority immigrant communities viz., Other ethnic e.g., Arabs and Other White e.g. Lithuanian, Slovak, Portuguese, Polish.

- **CONSIDER BUILDING UP THE FREE NHS 111 SERVICE INTO THE ONLY ROUTE FOR PATIENTS FOR ACCESSING WMUH's UCC and A&E SERVICES**

To reduce inappropriate patients reporting to the UCC and A&E, it might be worthwhile to consider building up the NHS 111 service as the route by which patients are referred/routed or signposted to the UCC/A&E. We would recommend this especially since the service has trained staff and NHS 111 is already performing this kind of advisory and sign posting role for many patients. Also, because many of our respondents told us that they had come to WMUH because they contacted NHS 111 and had been advised/signposted by them to come to WMUH's UCC/A&E.

- **RAISING PATIENTS' AWARENESS OF SOME KEY OUT OF HOSPITAL SERVICES (OOH)**

Levels of awareness need to be raised about services to which WMUH is reported to be directing patients who report inappropriately to the UCC/ED, such as the following:

- Out of hours hubs

¹ Apart from our survey, the information gap about the UCC among a section of local people who are bound to benefit from being well-informed about the UCC also became evident to us during a meeting of a local housing forum of people with a disability. We were asked to give a presentation to these people in mid-October at Brent Lea, a Sheltered Housing accommodation scheme in Brentford.

- Dentist
- Community pharmacists.

Regarding community pharmacists, our survey indicates that while some patients go to their pharmacists for advice, some of them are not aware that clinical pharmacists are trained professionals and therefore seem a bit unsure of the benefits of seeking their advice. Patients might perhaps benefit from being reassured that clinical pharmacists are trained individuals whose services are commissioned by local health providers and can therefore be accessed safely for help and advice regarding some minor ailments and health conditions.

- **RAISING AWARENESS OF WEEKEND OPENING OF A SURGERY IN EACH OF HOUNSLOW'S FIVE LOCALITIES**

This measure would help reduce the lack of patients' awareness of the availability of restricted GP openings in each locality in Hounslow at weekends.

- **INCREASE PATIENTS' AWARENESS OF NURSES AND HCAs IN GP SURGERIES**

This would serve to reduce the information gap we noticed in our survey about the role of nurses and about how to access them, especially HCAs about whom patient awareness is lower than that of nurses.

- **IMPROVING PATIENTS' URGENT ACCESS TO A GP**

To reduce inappropriate attendance of A&E and UCC services at WMUH, there is need to ensure that patients receive quick/timely access to their GPs when their health needs are urgent.

- **NEED FOR PATIENTS TO BE REASSURED THAT GPs WILL GIVE THEM PRIORITY APPOINTMENTS IN URGENT SITUATIONS**

GP surgeries also need to make deliberate efforts to remove doubts and fears among patients that urgent cases might not be treated with urgency by GP practices.

- **CONSIDER THE FINANCIAL VIABILITY OF GP SURGERIES AND GP PRACTICES THAT ARE OPEN AT WEEKENDS ON A ROTATIONAL BASIS IN VARIOUS LOCALITIES IN HOUNSLOW, TO FUNCTION AS WALK-IN CENTRES WITH SOME SCOPE FOR QUALIFIED NURSES TO PROVIDE URGENT DRESSING OF WOUNDS FOR PATIENTS, WITHOUT PATIENTS HAVING TO BOOK ANY PRIOR APPOINTMENTS²**

We would like to propose this with a view to bring down the number of patients who tend to turn up at WMUH's UCC because they fail to get an appointment to be seen at their surgery by a surgery nurse for the dressing of their wounds. They don't mind waiting for a few hours at the UCC to get what they generally feel is a good service from the UCC staff instead of waiting for several days for an appointment to see the nurse in the GP surgery where they are registered.

- **NEED TO CONTINUE TARGETING PATIENTS WHO LIVE IN THE UK BUT ARE NOT REGISTERED WITH ANY GP AND SIGNPOST/FACILITATE THEIR REGISTRATION WITH A SUITABLE LOCAL GP**

² Some local GP surgeries in Hounslow reported that they have nurses on duty doing various shifts during the week who provide a wide range of services. This does not function as a walk-in service but generally as a service that needs to be booked in advance by patients.

To reduce inappropriate attendance at the UCC and A&E, we consider that the work of the UCC to identify Hounslow residents who have not registered themselves with any GP and helping them to get registered is serving a useful purpose and needs to be continued.

Conclusion

We hope our recommendations will help reduce inappropriate patient attendance at the UCC and A&E at a time when WMUH, like hospitals all over the country, struggles to continue providing safe and appropriate services to a larger number of people who are living longer than ever before. Furthermore, it is also having to cater for patients with complex needs in the midst of financial austerity and the fears and uncertainty of the impact of Brexit on an already over-stretched NHS.