Older People’s use of Accident and Emergency

Background
NHS North, Central and South Manchester Clinical Commissioning Groups are committed to listening to the patient and public voice. The views, thoughts and experiences of the population are vital in shaping health services in Manchester.

We aim to engage with as many people as possible throughout Manchester to ensure that the services that are commissioned represent the needs of the local communities. This approach is in line with NHS England’s 5 year vision and the ambition to achieve a patient led NHS by putting patients at the heart of everything we do.

By engaging with patients, carers and the public we can ensure that decisions about services and patient care are made in partnership.

As part of our 2015/2016 engagement programme we wanted to understand why some patients present at Accident and Emergency departments when an alternative healthcare setting may be more appropriate.

Manchester Care and Repair is a registered charity that works across Greater Manchester to improve the lives of older people living with a disability. They are commissioned by the three Clinical Commissioning Groups to provide a “Home from Hospital” service and undertook this engagement activity with patients who had been discharged from North Manchester General Hospital, Central Manchester Foundation Trust and University Hospital of South Manchester.

Aims
The aim of the engagement was to listen to the experiences of older people who had used NHS services. Manchester Care and Repair spoke with older people by telephone following their discharge from hospital. Older people were asked a series of questions to allow the CCGs to understand why they had presented at Accident and Emergency, how they had been transported to Accident and Emergency and whether, on reflection they felt that Accident and Emergency was the most appropriate healthcare setting to meet their needs, or whether they had considered an alternative pathway of care.

Findings
During December 2015 and January 2016, 168 patients completed the survey. All the patients were between 50–90 years of age.

The following graph shows the breakdown of hospitals that patients attended:
The following word cloud shows the reasons why these patients attended Accident and Emergency departments:

The following are some of the specific reasons that resulted in patients attending Accident and Emergency:

- Muscle frozen in back
- Suspected stroke
- Pains in side/leg or back
- Headache
- Clips removal
- Pneumonia
- Constipation
- Breathing difficulties
- Chest pains

Patients were asked whether they had considered going to an alternative healthcare provider prior to attending accident and emergency department. The graph below shows their responses:

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Did you consider going to a different healthcare provider before going to accident and emergency?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes</td>
<td>71%</td>
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<tr>
<td>No</td>
<td>57%</td>
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Less than half of the patients surveyed, only 71 (43%) patients had considered attending an alternative pathway of care prior to going to Accident and Emergency.

The following graph shows the alternative healthcare settings considered by patients prior to attending Accident and Emergency:

Of the 71 patients who stated that they had considered an alternative pathway of care, 58 patients stated they had considered attending their GP practice, however qualitative feedback suggests that due to the difficulties in obtaining an appointment in a timely manner this option was not pursued.

The following word cloud displays why patients did not consider an alternative pathway of care:

Here are some of the patient’s comments:

- “In too much pain to ring 111 and no GP at 5 am”
- “GP cannot take clips out at the practice”
- “GP not open on Saturday”
- “No GP on Sunday morning”
- “Needed a dressing putting on wound”
“Wouldn’t wait 5 hours, went home and took paracetamol then went to GP. GP wasn’t open at 8 pm”
“Saturday lunchtime. Patient thought GP would send for stitches anyway. Patient did not require stitches”
“Too late for GP, 5:50 pm and hard to get an appointment with GP anyway”
“ Lives closer to hospital than doctors”
“Easier to go to A&E”
“Needed dressing”
“Not heard of 111. Can never get in GP”
“GP shut New Year’s day, not heard of 111”
“No appointments. Still in pain after 3 days so went to A&E”
“Couldn’t go to chemist as it was closed - has had problems with constipation for a while”
“Had a telephone conversation with Doctor and wasn’t satisfied so went to A&E”
“Considered GP but no appointments available”
“Rang Doctor but couldn’t get an appointment, receptionist told me to go to A&E!”

Analysis of the 139 responses suggests that the main reasons that patients did not consider an alternative are as follows:

1. The episode of ill health occurred on either a Saturday or Sunday, or late in the evening and patients were not aware they could access GP services out of normal working hours
2. Patients are not aware of the NHS 111 service which is available 24 hours a day, 365 days a year and provide advice or referral to the most appropriate pathway of care
3. Patients stated that it is difficult to obtain an appointment with their GP and went to Accident and Emergency department instead
4. Patients needed a wound dressing or dressing changed but were unsure where to go
5. Pharmacy was closed

Patients were asked whether they had considered contacting NHS 111 for urgent advice, several patients said that they had not heard of NHS 111.

Summary
The findings from the survey demonstrate that a high number of patients use Accident and Emergency departments inappropriately. Difficulties in obtaining an appointment at their GP practice contribute to inappropriate use, along with lack of awareness of other services available, such as extended access to GP practices, NHS 111 and their local pharmacy. Patients are unaware of the opening times or what facilities/signposting NHS 111 can offer.

Recommendations
The CCG should continue to raise awareness with the public of the NHS 111 service who are able to provide information of out of hours GP services and the extended access to GP practices when patients are unable to obtain an appointment at their own GP. This would result in fewer patients accessing accident and emergency departments inappropriately.

Alternatively GP practices could consider alternative methods of appointments with their patients such as all patients being triaged at the point of contact to ensure that those patients who need to see a doctor urgently are able to obtain an appointment rather than presenting at accident and emergency.

GP practices could also consider offering facetime or Skype appointments which may reduce time taken and also encourage those patients who are unable to travel or who choose to access accident and emergency as they live closure to consult their GP.
Information is needed to support patients and carers to understand which services offer wound dressings and changes and how these services in Manchester can be contacted. There is inconsistency across Manchester as to what is offered, the information available on the services and the knowledge of NHS professionals about these services.

**Next steps**

The Communications and Engagement team will continue to obtain feedback from older people on their experiences of using health and wellbeing services, along with educating and promoting the appropriate use of NHS services, including a focus of the role of the pharmacist, the minor ailment scheme, extended hours for GP practices and NHS 111 for urgent health advice when it is not considered an emergency.

The introduction of the new patient experience game will raise awareness of the costs to the NHS of accessing Accident and Emergency as opposed to a more appropriate pathway of care.

We are also engaging with the Age Friendly Manchester programme and their networks to share information widely and improve our communication with older people.

This report will be shared with lead commissioners to inform the development of the city-wide Urgent Care First Response work-stream and with the Primary Care Quality Improvement Group.