



# Knowing which way to turn: Young Families and Urgent Care Centres Report

Healthwatch Central West London

June 2019





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## **Acknowledgements**

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A massive thank you to volunteers Amber Taft, Emma Wyatt and Stephanie Ntulo, who were the team behind this project, we also could not have done it without your help and time. Thank you to all the volunteers who helped with the outreach work at the Urgent Care Centres and A&E, which meant that we were able to capture the views of 165 patients.

Thank you to all the people who responded to our survey and those who gave up their time to attend the discussion groups.

We would also like to say a final big thank you to all the children who did the lovely pictures featured in this report while they were feeling poorly. We hope that this made you feel a little bit better while you were waiting to be seen.



## Introduction

The provision of primary care and urgent care is changing in West London. There is a move towards **Primary Care Networks\*** and an **Integrated Care Partnership model\*** for delivering care at community levels. Extended Hours GP Access is available to all patients and residents in Kensington and Chelsea, Queens Park and Paddington.

By talking to patients using the Walk-In Service at Half Penny Steps Health Centre, prior to its closure in March 2018, and through our Enter & View visit to the St Charles Urgent Care Centre, we found that families with young children frequently use Urgent Care services in Kensington and Chelsea. We decided that this group would make an informative subject for our study of Urgent Care in the borough.

The Kensington and Chelsea Joint Health and Wellbeing Strategy 2016-2021 found that children in Kensington and Chelsea attend A&E and other urgent care at a higher rate than the local or national average. Data from 2010/11 identifies over 7,000 attendances in a year in the borough among under-5s, around 20 a day, in many cases for conditions that could be managed in primary care.<sup>1</sup>

### \*Primary Care Networks

People today live longer and often with one or more long term health conditions. To meet these needs, GP practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas to form and strengthen primary care networks.

Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively caring for the people and communities they serve. Where emerging primary care networks are in place in parts of the country, there are clear benefits for patients and clinicians.

### \*Integrated Care Partnership

In an [integrated care system](#), NHS organisations work in partnership with local councils and others. These actors take collective responsibility for managing resources, delivering NHS standards, and improving the health of the local population.

By working with councils, local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

We initially planned to talk to parents and carers with children aged five years and under, in line with this data. However, during our outreach in Urgent Care Centres in Kensington and Chelsea, we observed that a high proportion of children aged up to seven years were brought in by parents, potentially with health issues that could be dealt with by their GP. We decided to extend the survey to parents and carers with children older than five years, but still of primary school age.

<sup>1</sup> Kensington and Chelsea Joint Health and Wellbeing Strategy 2016-2021 & JSNA – Kensington & Chelsea Highlights Report 2013-2014)



This report sits within the remit of *Maximising Health Opportunities*<sup>2</sup>. It contributes to the existing evidence base for the why Kensington and Chelsea's children attend Urgent Care and A&E services for treatment more than is typical for London. As such, the report and its recommendations are important for ensuring that local people's experiences of using health care inform future decisions about what local health services offer.

## **Aim of the project**

The aim of this project was for Healthwatch Central West London to understand why families with young children were using urgent care services. We wanted to learn more about their experiences of trying to get urgent medical attention for their children.

**Healthwatch Central West London completed this work through:**

- Conducting surveys in urgent care settings with parents and carers of young children:
  - **St Charles Urgent Care Centre** (in the north of the borough) from Monday 15<sup>th</sup> October 2018 - Friday 19<sup>th</sup> October 2018.
  - **Chelsea & Westminster Hospital Urgent Care Centre and A&E** (in the south of the borough) from Monday 22<sup>nd</sup> October 2018 - Saturday 27<sup>th</sup> October 2018.
  - In total we collected **165 responses**.
- Two discussion groups were organised in partnership with Maternity Champions to explore parents' and carers' experiences of urgent care services in more detail. These included;
  - Discussion group at the **Venture Centre** in the north of the borough.
  - Discussion group at the **Chelsea Theatre** in the south of the borough.
  - We spoke to 17 people altogether through the discussion groups.

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<sup>2</sup> In May 2019, Kensington and Chelsea Health and Wellbeing Board voted on priorities to focus on in 2019- 2020. *Maximizing Health Opportunities* was one proposal put forward, but it was not accepted as a priority. However, the stated intention is for any option not chosen as a priority to be brought to the Health and Wellbeing Board and other forums, to ensure the issue is given due attention.



The main themes we explored were parents' or carers':

- Reasons for attending an Urgent Care Centre\*
- Knowledge and experience of Urgent Care Centres and GP walk-in services
- Knowledge and experience of GP Extended Hours
- Difficulties accessing GP appointments

Other issues included:

- How well 10-minute GP appointments worked for families with young children
- Availability of prescriptions for antibiotics
- System changes in primary care and how well parents and carers with young children can navigate the system in order to keep their children well.

### **\*What is an Urgent Care Centre?**

Urgent care centres are an alternative to A&E, treating both children and adults. Urgent care centres provide treatment for minor injuries and illnesses that are urgent but not life threatening for example:

- Sprains and strains
- Minor broken bones, such as toes, ankles, wrists, fingers or collarbone
- Minor burns to small areas
- Minor cuts, including those that need stitches
- Common infections such as chest ear or throat

Parents and carers told us that their experience of urgent care services could be improved by:

- Access to urgent appointments with the GP.
- Shorter waiting times in Urgent Care Centres.
- Better communication from health professionals, which could reduce stress and allow parents and carers to manage their responsibilities for other children.
- Access to specialist urgent care paediatric doctors and facilities, particularly in the north of the borough.

Healthwatch Central West London wanted to understand parents' and carers' experiences of using Urgent Care Centres and A&E, as well as their views on what could make it easier to get urgent medical care for their young children.



## Methodology

We wanted to ensure that parents and carers had the opportunity to participate in co-designing the process. Parents and carers provided advice on the questions used in the study, and we designed a leaflet for parents and carers for regular outreach activities in the borough.

This process helped with the initial conversations about using Urgent Care services, and we used the questions to frame a skeleton survey. We then developed the survey to collect parents' and carers' experiences, which we tested with parents attending **Operation Cup of Tea\***. We also sent it to our Local Committee in Kensington and Chelsea, and to parents who had previously contacted us about their children's healthcare.

Maternity Champions Kensington and Chelsea advised Healthwatch Central West London on this project. They helped to ensure that our information gathering activities were attractive, clear and accessible for parents and carers with young children. They helped with selecting locations and groups for speaking to parents and carers.

### Operation Cup of Tea\*

In the summer of 2017 following the Grenfell Tower Fire, Operation Cup of Tea was a regular feature, providing a friendly face, local information and a heart-warming cuppa to the community. This has continued at various times, and Operation Cup of Tea still shares information with the local community about the local support that is on offer.

## Survey

We asked parents and carers with young children to complete the survey through outreach at:

- **St Charles Urgent Care Centre** waiting room, from Monday 15<sup>th</sup> October 2018 to Friday 19<sup>th</sup> October 2018 in the north of the borough.
- **Chelsea & Westminster Hospital Urgent Care Centre** and A&E children's waiting room from Monday 22<sup>nd</sup> October 2018 to Saturday 27<sup>th</sup> October 2018 in the south of the borough.

A copy of the full survey can be found at Appendix 1.

**In total we collected 165 responses;** of these, 14 were from outside Kensington and Chelsea.

We spoke to 74 parents and carers at Chelsea & Westminster Hospital Urgent Care Centre and A&E children's waiting room, and 71 parents and carers at St Charles Urgent Care Centre waiting room. This means that our study is balanced in its responses from the north and south of the borough.

To keep children engaged while their parents and carers completed the survey, Healthwatch CWL provided coloured pens and stickers for the children to make their own pictures.



The survey focused on the following themes:

- Identifying the age of children attending these Urgent Care and A&E services.
- Exploring the reasons for attending Urgent Care Centres or A&E.
- Capturing parents' and carers' experiences of accessing GP appointments for their children.
- Evaluating parents' and carers' knowledge and experience of walk-in services and GP Extended Hours appointments in the evenings and weekends.
- Finding out which areas parents and carers think could be improved to make their experience better.

Eight volunteers and four staff members ensured that this outreach work took place.

## Discussion Groups

The survey gave us an initial picture of Urgent Care and A&E from a parent and carer perspective, as well as insights into what could make it better. We organised two discussion groups with Maternity Champions to explore the survey's themes in more detail.

Maternity Champions recruited participants for the discussion groups, and the participants received £15 high street vouchers as a thank you for taking part. One discussion group was held in the north of the borough, at the Venture Centre, and one was held in the south of the borough, at the Chelsea Theatre.

We spoke to 17 parents and carers in total through the discussion groups.

All parents and carers who attended a discussion group lived in Kensington and Chelsea, had a child aged seven years or under, and had experience of using A&E or an Urgent Care Centre for their child.

Overall, we spoke to 182 people altogether during this project.

### Providing information

Throughout the project Healthwatch Central West London raised awareness about different ways that parents and carers can access medical assistance for their young children, for example through pharmacies, NHS 111, or GP Extended Hours. We provided parents and carers with printed information about what Urgent Care Centres are as well as more information on Extended GP Hours appointments in the borough.





## **Aims of the Report**

This report provides information about why families with young children use urgent care services, and what their experience of using these services are. It shares their views on what could be improved.

### **The main findings in this report are:**

- The reasons parents and carers gave for attending urgent care services
- That parents and carers often go straight to urgent care services before consulting other primary care services
- That the decision to attend urgent care services was due to a lack of awareness and information about Urgent Care Centres, GP walk-in services and GP Extended Hours.
- That GP appointments are considered difficult to access: some parents were unable to get a same day appointment for urgent treatment, sometimes waiting two to three weeks.

### **Other issues explored in this report include:**

10-minute GP appointments: the report found that families with young children considered appointments to be too short, especially for those who did not speak English as their first language or who were from Black and Minority Ethnic (BME) backgrounds.

- Prescriptions for antibiotics: Parents and carers expressed concerns that GPs were not prescribing antibiotics for their children, when they were sick.
- How well parents and carers with young children are able to navigate the primary care system in order to keep their children well.

### **Parents and carers told us that they wanted:**

- more information on the options available (e.g. walk in centres, Extended Hours)
- more knowledge about how to manage childhood illness themselves.

### **Parents and carers told us their experience of urgent care services could be improved by:**

- Shorter waiting times.
- Easier access to urgent appointments with the GP (same day or next day appointments).
- Better communication from health professionals: to help reduce stress and allow parents and carers to manage and coordinate their responsibilities for other children.
- Specialist paediatric doctors and facilities (particularly in the north of the borough).



## Findings

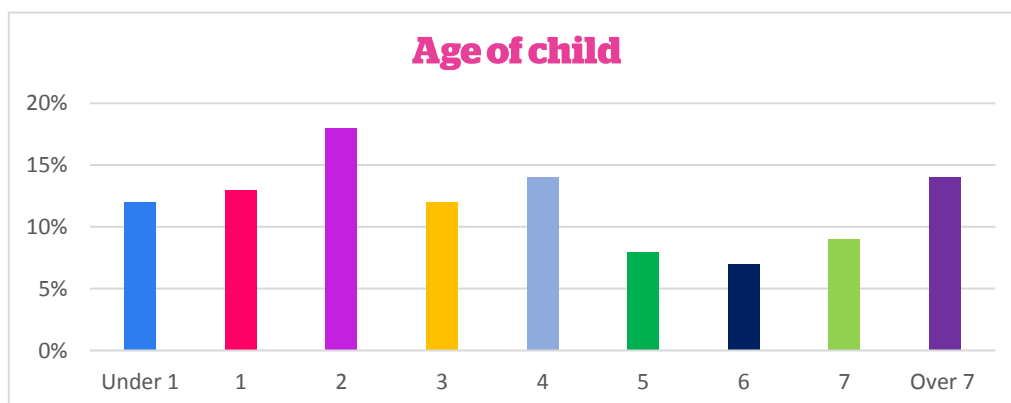
*Parents and carers told us about their experiences of getting urgent medical attention for their young child. In the following section, we present the ages of children visiting Urgent Care Centres, the conditions that they went to have treated, the parents and carers previous experiences of accessing Urgent Care Centres, and their knowledge of existing alternative services.*

### Age of children visiting UCC

We wanted to discern the ages of young children attending Urgent Care Centres and A&E. Of the respondents who answered this question: 20 children at the Urgent Care Centres were under one year old, 21 were age one, 30 were age two, 19 were age three, 22 were age four, 13 were age five, 11 were age six, 15 were age seven and 22 were older than seven.

Our initial intention was to talk to parents and carers with children aged five years and under, in line with data from Kensington & Chelsea Joint Health and Wellbeing Strategy 2016-2021 and the Joint Strategic Needs Assessment: Kensington & Chelsea Highlights Report 2013-2014.

However, whilst completing outreach activities in Urgent Care Centres in Kensington and Chelsea, we observed a relatively high proportion of children aged up to seven years who were brought in by parents, potentially with health issues that could be dealt with by their GP. We decided that it would benefit the study to extend our sample group to include parents and carers with children older than five years, but keeping the sample of primary school age.

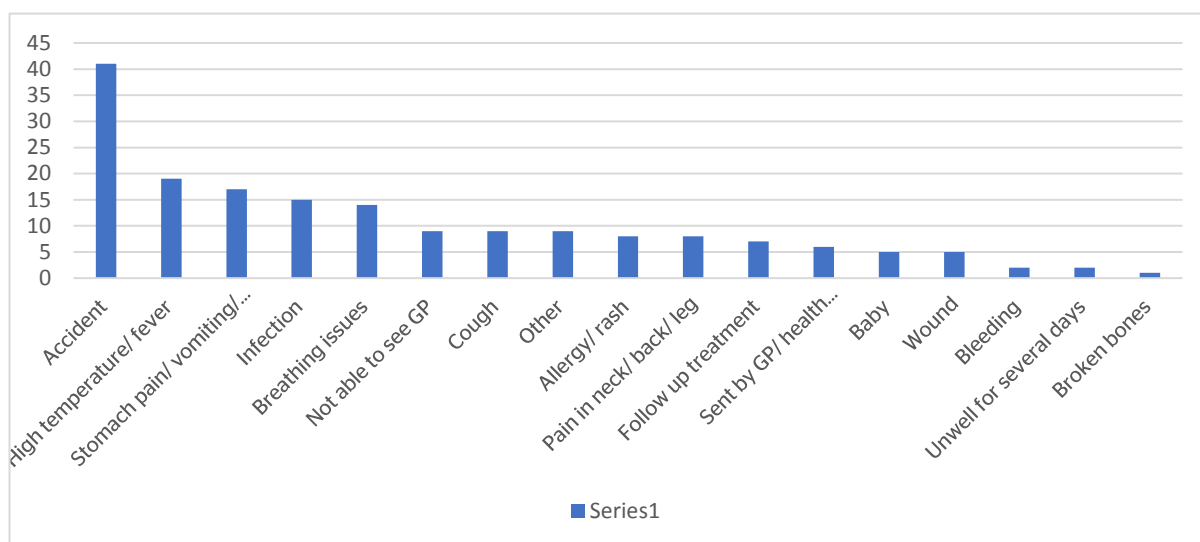




## Reasons for Attending Urgent Care Centres or A&E

We wanted to find out why parents and carers with young children were attending Urgent Care Centres. This was an open question in the survey; we grouped answers by themes when analysing the data. From the 165 surveyed, 155 supplied reasons for attending the Urgent Care Centre or A&E that day:

**36** parents and carers said it was because of an **accident**. This included a banged head, injury at school, fall, finger jammed in the door, sports injury or burn.



### Other reasons for attending included:

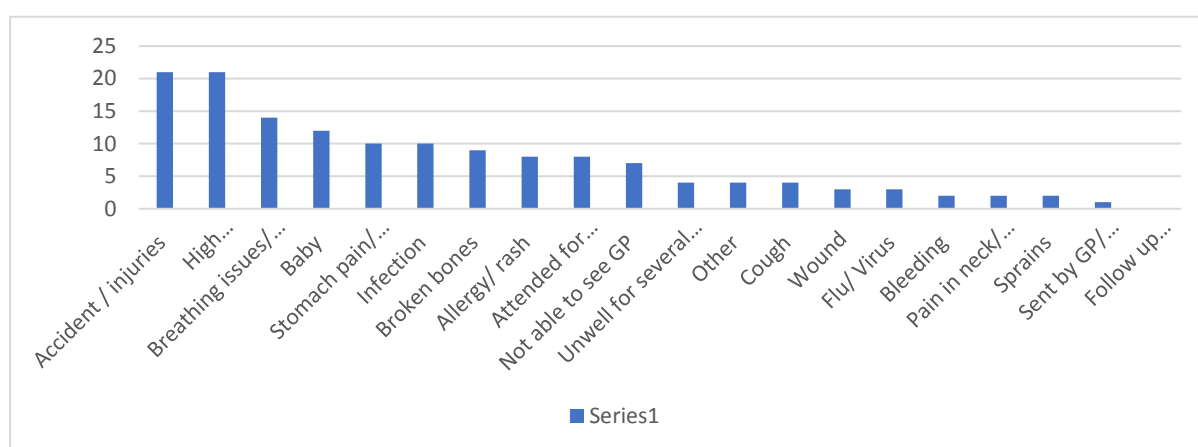
- **15** attended due to a high temperature or fever, and **15** because the child had stomach pain, vomiting or diarrhea.
- **15** children attended the Urgent Care Centre or A&E because of infection, with the most common being a suspected chest infection or tonsillitis.
- **13** parents and carers said that breathing issues was the reason for attending Urgent Care or A&E, while eight said it was because they were not able to see a GP.
- Other reasons for attending Urgent Care and A&E included coughs (8), allergy or rash (8), pain in neck, back or leg (8), wounds (6), bleeding (2), unwell for several days (2).
- **Three** children attended Urgent Care for follow up treatment, such as the re-dressing of wounds.
- Only **four** of those attended answered that they were attending was because they had been sent there by a GP and a further three attended because of their baby being unwell.
- Only **two** people attended because of broken bones.



## Past Experiences of Urgent Care Centres

To get a better general picture of why parents and carers attend Urgent Care with young children, we asked whether they had attended an Urgent Care Centre in the past and why. This was an open question in the survey, which we then grouped by themes when analysing the data. From the 165 surveyed, 130 respondents answered this question.

In contrast to the reasons for attending the Urgent Care Centre or A&E that day:



- 17 respondents said that they had attended in the past due to **accidents or injuries**, including a banged head, falls and burns.
- Another 17 respondents said it was because their child had a **high temperature or fever**; 13 parents and carers said they had attended in the past due to their child's **breathing issues** with many respondents specifically referring to asthma attacks.
- 10 respondents said they had attended before because their **baby had been unwell**; nine said it was due to their child having **stomach pain, vomiting or diarrhoea**; and nine also commented that they had attended because of **infection**, mainly referring to chest infections specifically.
- Furthermore, **eight** parents and carers said that they had attended Urgent Care and A&E for **many reasons** and **seven** said that they had attended because they were **not able to see their GP**.
- Only **two** said that they had attended in the past because they had been **sent by their GP**.

Other reasons for attending Urgent Care and A&E in the past included; broken bones (8), allergy or rash (8), being unwell for several days (4), cough (4), wounds (3), flu/ virus (3), bleeding (in stool) (2), pain in neck, back or leg (2) and sprains (2). No one said they had visited for follow up treatment before.



## Did parents and carers of young children go directly to Urgent Care Centres?

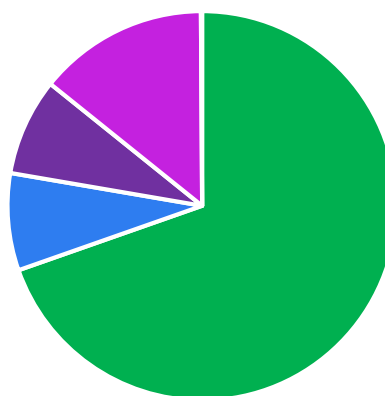
Of the 154 respondents who answered a question about whether they had come straight to the Urgent Care Centre and A&E, or had been directed by someone else:

- 107 respondents said that they had come **directly** to the Urgent Care Centre or A&E.
- 21 said they were directed by their **doctor** (GP).
- 12 said they were directed by **NHS 111**.
- 12 said they had been directed by a **receptionist** at their GP practice.
- Only **one person** said that they had been directed by a **pharmacist**.

We explored this issue further in the discussion groups.

Participants told us that they liked the service at St Charles and at Chelsea and Westminster Hospitals. St Charles was well liked in the community and people trusted them. When parents had had a good experience there in the past, they preferred to go straight there, especially if they had been unable to get through to the GP.

### Did you come straight here or did someone else direct you?



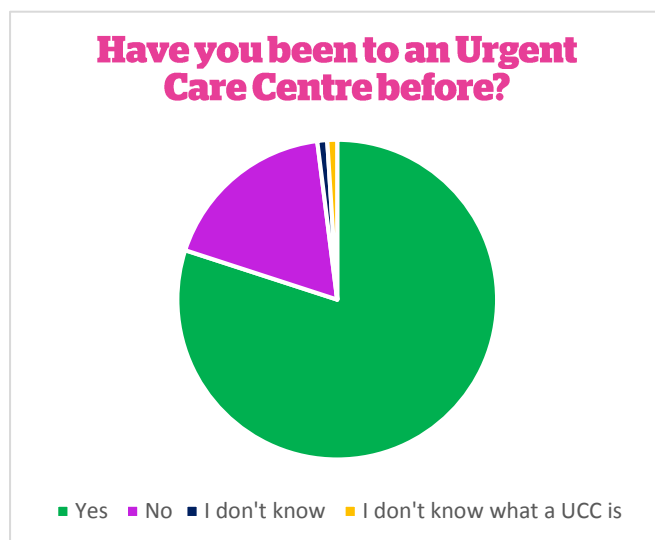
■ Came straight here ■ Receptionist ■ NHS 111 ■ Doctor ■ Pharmacist



## Do parents and carers of young children know what an Urgent Care Centre is?

Of those who answered the question about whether they had been to an Urgent Care Centre before (165), 134 respondents said that they had **been before**, 24 believed that they had **not been before**, only **two** said that they **did not know** if they had been to an Urgent Care Centre before and a further **two** said that they **did not know what an Urgent Care Centre was**.

However, from speaking to parents and carers, it is possible that higher numbers did not know what an Urgent Care Centre was. It is possible that some participants could have thought that they were either at A&E or a Walk-In Service, but may have been too embarrassed to say so.



Throughout this project, Healthwatch Central West London shared information about different ways that parents and carers can access medical assistance for their young children (e.g. pharmacies, NHS 111, or GP Extended Hours).

We shared printed information about what Urgent Care Centres are, as well as on Extended GP Hours appointments in the borough. However, the responses in this study indicate a clear need for

increased communication about these services with parents and carers.

## Knowledge and experience of GP walk-in services

Of those who answered the question (162) about whether their GP has a Walk-In Service, 92 of respondents answered that they did not think that their GP has a **Walk- In Service**; 45 said that their GP **does have one**; and 22 said that they **did not know if their GP had one**.





## Knowledge and experience of GP Extended Hours

GP Extended Hours were introduced in the evenings after 6:30pm and at the weekends to provide access to more GP appointments out of work hours, and thereby reduce the number of patients seen at Urgent Care Centres and A&E.

We asked parents and carers if they had been offered a GP appointment in the evening after 6:30pm or on the weekend.

Of those who answered the question (162), 121 of respondents said that they had not been offered a GP appointment in the evening after 6.30pm or at the weekend; 29 said that they had; and 12 said that they did not know.



However, some parents commented that they had been offered an appointment in the evening after 6:30pm but were so worried about their child's health that they chose to attend the Urgent Care Centre during the day, preferring to wait to be seen there than wait at home for a GP appointment in the evening.

Others mentioned that looking after several children made evening appointments difficult, especially with different bed time routines and the need to find childcare. There were also concerns that if the GP was worried, they would send parents to Urgent Care or A&E in the evening anyway.

However, parents and carers were positive about there being more GP appointments at the weekends.

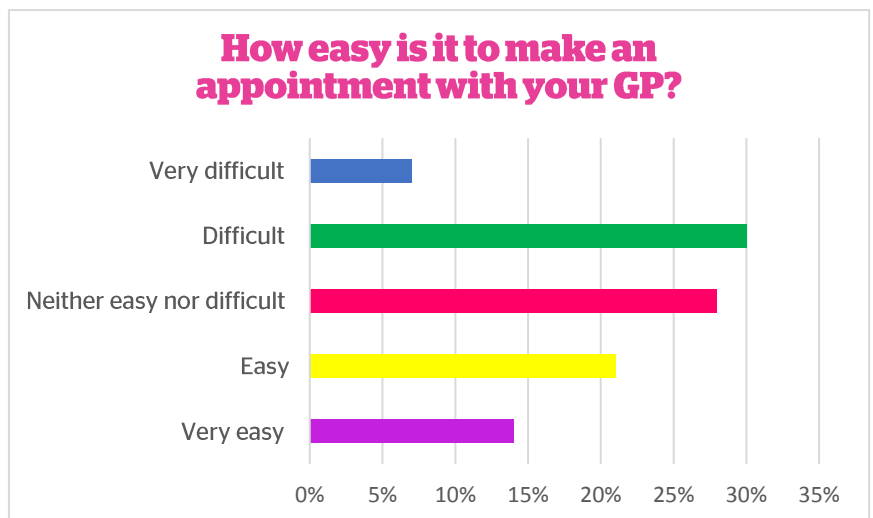


## How accessible did parents and carers with young children find GP surgeries?

Parents and carers described having difficulties accessing GP appointments and difficulty in both the survey and discussion groups. In the surveys, 18 Kensington and Chelsea parents and carers specifically mentioned having to wait for two or more weeks to get a GP appointment. A further 27 parents and carers said that it was difficult to arrange a GP appointment, explaining that they often had to wait a long time to see a GP. They did not specify how long.

As the graph shows, when asked how easy it is to make an appointment with the GP:

- 10 respondents said it was very difficult
- 48 of respondents said that it was difficult
- 41 said that it was neither easy nor difficult
- 30 said that it was easy
- 22 said it was very easy.



This suggests that a respondent's experience of accessing their GP may be dependent on their GP practice and in likelihood varies across the borough. This was echoed in the discussion groups, for example, when parents said:

*'We changed GP and [the] new GP gave them a different medication that worked straight away. If we call before 9 we can get an appointment for that day.'*

*'It also depends on the GP, because when I changed my GP, I got the right medication within a month.'*





## Accessibility of GP services continued

When asked to give more information about accessing their GP, 55 parents and carers gave negative comments and raised similar issues and themes.

### Issue 1: having to wait two to three weeks for a GP appointment.

*'No appointment available with the GP and I couldn't wait 2 weeks.'*

*'Every time I call GP always say that there is no available appointments and it's full.'*

*'Waiting times for appointments can take 2 or 3 weeks.'*

*'Sometimes it is difficult to find an opportunity to see a doctor despite several attempts made to speak to a receptionist.'*

*'It's hard to get an appointment with GP.'*

Parents also specifically commented on calling the GP practice in the morning at 8am to try to get an appointment and either not being able to get through or not being able to get an appointment that day.

*'Normally two weeks' wait. I call in the morning and all appointments have gone by about 8:15am. It normally takes 15 minutes to get through because the lines are so busy.'*

*'It is impossible to get an appointment, even after holding for 30 minutes.'*

### Issue 2: not being able to get same day appointments for urgent situations.

*'Because it's not that easy that you will be seen on the same day.'*

*'Because sometimes we need to go urgently but they don't have an appointment.'*

*'I called my GP for an emergency appointment and they never called back.'*



*'Need to ring at 8am, the phone is not picked up and so cannot see GP on the day. They used to have walk in clinic [but] now stopped.'*

*'When I get an appointment, my GP is great, but it's getting the appointment to see him that's hard.'*

*'[It is] hard to get an urgent appointment with your GP. I prefer to see the family doctor but it's very hard to see them.'*

Parents said that a lack of access to GPs (and primary care) is one of the reasons why they use Urgent Care services. When they are unable to see a GP, many parents and carers feel that the only choice they have when they are worried about their child's health or need an urgent appointment is to go to an Urgent Care Centre or A&E. Parents and carers made it clear that they would prefer to see their GP.

*'There is no way you can get an appointment. The last time I asked for a GP appointment to get medication for my kids, they told me to have to wait until beginning of the September, this was in the middle of August. I came to the GP at the start of September and they said they didn't have any until October...I then went to St Charles and they gave me the prescription and medication.'*

*'It is much harder to book an actual appointment, so I must admit [that] I use the walk-in service for everything'*

As a result, parents and carers take their children to Urgent Care Centres and A&E, even though their preference would be to see their GP. Some of the conditions or illnesses that parents and carers take their children to be treated for could be dealt with through the GP.

In the survey, 53 parents were positive about accessing their GP. The main reason that they were positive was because they were able to **access same day or next day appointments** and were able to **speak to someone on the phone**.

*'Call in is easy [and] often get an appointment on the day.'*

*'Normally I can get an appointment the same day.'*

*'I was given the appointment the same day I asked for it.'*

*'Receptive on the phone and always giving appointments within 24 hours'*

*'Easy to contact and book an appointment.'*



*'Can always get an appointment if it is an emergency and I phone in the morning.'*

Some parents were also positive because they felt that they were able to get GP appointments for their child or baby, especially if it was urgent. Others felt that young children were prioritised and so their children were seen quicker.

*'We were offered an appointment straight away for our son. For routine appointments we are usually seen within the week.'*

*'If it's an appointment for a baby, then it's easy.'*

*'I always get an appointment for my child; however mornings are difficult.'*

*'They are often booked out but if it's for a child and I say it's urgent, they can try to find time.'*

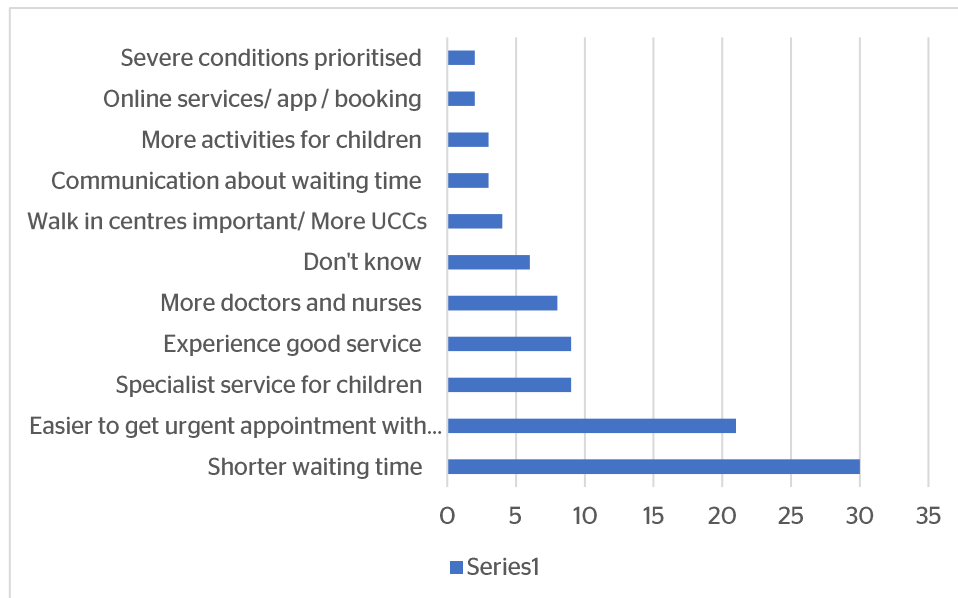
*'They take looking at children seriously.'*

*'My son is seen as a priority. / GP very helpful and priority given for appointments with [my] children'*



## Improvements:

In the survey, parents and carers were asked about their experience using urgent care, and how services could be improved to make it better for them.



- 9% said that they felt that they had experienced a **good service** of urgent care at St Charles or Chelsea and Westminster Hospitals.
- 8% said they felt it could be improved with **recruitment of more staff**, especially doctors and nurses.
- 6% of patients said they **did not know** how their experience could be improved.
- 4% of parents and carers said that they felt **Walk-In Centres** were **important** and felt that their experience could be improved with more Urgent Care Centres in the area.
- 3% said that their experience could be improved with more **activities for children** in the waiting room to keep them entertained.
- 2% said that they felt that **severe conditions** should be prioritised.

## Waiting Times

- 31% said **shorter waiting times** at Urgent Care Centres and A&E would help.



## Easier to get urgent appointment with GP

- 22% said their experience could be improved by making it easier to get an urgent appointment with their GP. This was seen in the form of same day or next day appointments and more GP appointments available at GP surgeries.

*'I would prefer to see my GP'*

*'Make it easier to get same day/ next day appointments'*

*'A chance to get an appointment when needed with the GP'*

*'More appointments [available] at my surgery'*

*'My GP should be able to see my child, face to face'*

## Digital

Only two parents and carers said digital and online services or through a phone app would be an improvement.

## Communication

Three parents and carers said that their experience could be improved through better communication, particularly informing patients about waiting times.

*'There needs to be better communication in the waiting room... By being left, you worry. Clear communication puts parents at ease and stops people panicking.'*

*'Waiting rooms can get busy... [there needs to be] more clarity to the parents about when we will be seen soon. Being left can make me feel uneasy. Better communication between the parents and staff regarding waiting times.'*

Parents told us that they did not mind waiting, but better communication would make them feel that their child had not been forgotten about, and would help to reduce their stress levels. It would also mean that if a parent or carer had to pick up another child from school or nursery, that they would be able to plan this better.



## Specialist doctors and facilities

Ten parents and carers said their experience could be improved by having access to a specialist service for children.

*'Specialist clinics for children'*

*'I think it's a good idea to have a paediatric service'*

*'GP practice should have paediatric doctor'*

*'Specialist doctor for kids'*

*'I need to see a specialist'*

This also came up in other parts of the survey, for example parents said:

*'No longer see family doctor, see different doctor every time but not a children's doctor'*

*'Sometimes must wait 2 to 3 weeks [and] in that time and [you] end up seeing different doctors, not a children's one'*

Parents and carers seemed to be looking for specialists (paediatric doctors) who could offer reassurance that they understood the health problem that the child may be experiencing, and who would be able to treat their child appropriately, perhaps offering advice on how to manage the issue going forward.

It was mostly parents in the north of the borough who said that they wanted access to either specialist or paediatric doctors. This might be explained by Chelsea and Westminster Hospital having a specialist children's service for both Urgent Care and A&E, whereas St Charles Urgent Care Centre does not have this.

In addition, parents commented in both the survey and discussion groups that they felt reassured that Urgent Care Centres had specialist hospital equipment as well as the ability to deal with trauma and emergencies.

*'In my case my daughter needs specialist care - hospital has [the] facilities'*

*'Trust doctors more at Urgent Care Centres - [they] can deal with emergencies, especially for 6 months old'*

*'At St Charles you can go there straight away. They are open 8-8 and their advice is much better than a GP can give. They are ready to deal with trauma more quickly.'*



*'You feel that at St Charles there are more appointments and that they are better qualified. They deal with a lot of emergency cases.'*

*'They are trained at the UCC to deal with urgent cases and trauma.'*

Therefore, when they thought that their child had an urgent health need parents trusted that doctors at Urgent Care Centres would be able to deal with it appropriately, which provided reassurance and reduced worry. Parents in the discussion groups also said that Urgent Care Centres and A&E had the resources to do further tests such as blood tests or X-ray, which meant that their child could be treated quickly, especially if they were in pain.

When talking about specialist doctors and paediatricians, parents in both discussion groups also compared this to services in other countries.

*'In Italy, children have their own paediatrician till 18 years old'*

*In Switzerland I can phone a medic at all times of the day, rather than having to go to A&E, is that possible here?*

*'Seeing the GP and the specialist the same day would be an ideal world. In Ukraine we only use the A&E in extreme cases. Going straight to the specialist is great.'*

This suggests that specialist doctors and facilities in other settings could perhaps reduce admissions of young children to Urgent Care Centres and A&E.

### **How well 10-minute GP appointments worked for families with young children**

A key theme that came up in both discussion groups was that when patients managed to get a GP appointment, it was limited to 10 minutes, and that they could only speak about one health issue. Parents commented that they found this difficult, especially if their child had several health issues; some of them commented that often different health conditions were connected.

*'Some GPs will only allow you to discuss one issue in ten minutes. Some GPs stick to the rules, [saying] "this is what I've been contracted for". Then others will say "I can give you another 5 minutes" and give you personal care.'*

*'Some talk to you like they are fixing a car.'*

*'One issue can be connected to three others. But there might not be time to talk about it.'*



In addition, changes to primary care mean that it is unlikely that parents will see the same doctor and have continuity of care. Parents and carers felt that 10-minute time slots were even more limiting with a new doctor, who then had to understand the wider situation. They also worried that they would need to book another appointment to see the doctor if they had more than one problem.

*'You used to have the same GP every time, but every time I go there is a new doctor. You see four different GPs, and they have to read the notes each time. They start the appointment by saying let me read everything again. You only have 7-8 minutes, and they spend 5 mins reading the notes, and then you have a few minutes to talk about your issue.'*

*'If you have more than one problem, you have to book another appointment'*

## Language Barriers

A further issue that came up in both discussion groups was that some parents or carers, particularly from a BME background or who did not speak English as their first language, found it particularly hard to express themselves and their worries about their child during the 10-minute appointment.

*'The language barrier is a problem for parents when English is not their first language.'*

Sometimes a language barrier meant that they left the GP feeling that they did not get the appropriate treatment for their child. It also often meant that if their child's condition worsened, they wouldn't want to go back to the GP, preferring instead to go to hospital and seeing a health professional through Urgent Care or A&E.

It seems that more time would be helpful to this group to ensure that they have time to express concerns and look at appropriate treatment. Interestingly, although many people knew that they had to book another appointment if they had more than one problem, most participants in the discussion groups did not know that they could book a double appointment, and some did not have the confidence to ask. This finding is supported by a previous report from the BME Health Forum - Unscheduled Care Insight Project (2014).<sup>3</sup>

One participant however, who had recently found out about the double appointment, said: *'You're not told so much until you actually ask questions. For example, now I always book a*

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<sup>3</sup> <http://www.bmehf.org.uk/index.php/about/previous-project/unscheduled-care/>





*double appointment because the practice manager told me that you can. I had no idea you could until I had something to complain about. Why don't they tell you that before?*

## **Antibiotics**

The discussion group held in the south of the borough raised the use of antibiotics. Participants told us that GPs did not prescribe antibiotics for their children when they were sick, and they were told to wait it out. This meant that if the condition worsened, they felt that they had to take their child to hospital to the Urgent Care Centre to be seen more urgently.

*'Some GPs say: "wait to take antibiotics."'*

*'Every time I go to the GP, he doesn't give antibiotics to my son when he is sick. Then my son gets worse and I have to take him to hospital and they give him antibiotics there. I don't understand why the doctor doesn't give him antibiotics when we see him.'*

As a result, parents discussed whether they should take their child straight to hospital rather than to the GP at all. Participants said that not being given medicine such as antibiotics by the doctor and having to go to hospital, made them more worried and stressed and it was difficult for them to see their children struggling. They wanted to ensure that their child's sickness could be sorted out quickly.

## **Other issues**

### **Changing health structures and support for parents and carers with young children**

Another issue that parents brought up in both discussion groups was the change in how parents and carers with young children received health support.

For example, one parent said:

*'I had my first child 17 years ago, and my youngest child is three years old. The change in care is very different. I used to always see my midwife with my first child. With my youngest I don't know who my midwife is. I wouldn't have another child now.'*

Parents could see a difference in the care and support they had received over time and highlighted that it was more difficult to get the advice that they needed without seeing a doctor or going to Urgent Care or A&E, especially when they were concerned about their child's health.



For example, one parent in a discussion group said that an ambulance had attended to her young baby because he had a high temperature and she did not have a thermometer to get an exact reading. She had been told that she needed to buy a baby thermometer but did not know where to purchase the right one from.

## **Do parents and carers with young children know where to go to get health advice and support?**

Parents wanted more information on the options that were available to them so that they could make an informed decision about where to take their child. For many, the only options that they were aware of was the GP or A&E.

*'If they could explain to you what different services could provide so that we could make an informed choice about where to take [our] child[ren]'*

*'More communication and more options explained.'*

*'But if you were presented with the options you might be able to make that decision.'*

*'More information about what we can do at home so that we don't need to use NHS services.'*

One or two participants mentioned the support and information that they had received from the pharmacist.

*'I go to the chemist now, they can sit with me in a room and they can give me the medication. They spend more time with you because they don't see as many people.'*

Others commented that they did not know about the support the pharmacist could offer and found the information and knowledge shared in the discussion groups helpful. Some parents also said that they wanted to have more information on what they could do at home to manage certain conditions, so that they would not have to use NHS services unnecessarily.

Parents told us:

- They wanted more **information** about the options that are available to them.
- They wanted to be more empowered with **knowledge** about how to manage childhood illness.

Parents and carers with young children told us that they often went to family or friends for advice or tried to manage on their own. One mother told us that her aunt had told her to put onions on her child's feet to try and reduce his temperature, when they were unable to see a doctor.



Parents felt that First Aid training for new parents would be beneficial.

*'I would like the NHS to offer first aid courses to parents. If you do face any common childhood illnesses, parents will know what to do. As a new mum you struggle and can panic to know what to do'*

*'Now that I know [about my son's condition], it can be caught by me before I have to end up in a UCC for four hours. Once you're taught to manage it, you don't panic as much.'*

This would give families the confidence to know what to do in particular situations, how to manage common childhood illness, when to access further medical support. Many parents said that it could also help reduce to panic and stress.

Parents with more than one child also pointed out that they had learnt what to do and where to go for help through experience with their older children and therefore it would be particularly useful for new parents with their first child.



## Conclusion

The aim of this project was to understand why families with young children were using Urgent Care services and to share their views on what could make it better.

Parents and carers with young children told us that the **difficulty in accessing GP appointments** was causing them to use Urgent Care services. They told us that they could not get same day appointments, and sometimes had to wait up to two or three weeks, to see their GP for urgent situations.

Parents and carers with young children also told us that 10-minute GP appointments did not work for them, especially for those who did not speak English as their first language or from BME backgrounds.

There was some confusion as to why GPs do not prescribe antibiotics for children and a lack of awareness of newer services such as NHS 111 and GP extended hours. As a result, the participants told us that they wanted more information on the options available and to have more information to develop their knowledge about how to manage childhood illness.

Through this project, parents and carers also told us how their experience of urgent care could be improved and what would make it better for them. This included; **access to urgent appointments with the GP; specialist paediatric doctors and facilities particularly in the north of the borough; shorter waiting times in Urgent Care Centres; and better communication about waiting times in Urgent Care Centres with parents and carers of young children** to help reduce stress and allow them to make plans for other children.



## Recommendations

The following recommendations ensure that local people's experiences of using health care can inform future decisions about what local health services offer.

### GP surgeries, GP Extended Hours and NHS 111

A significant number of parents and carers with young children told us that they could not get same day appointments, and sometimes had to wait up to two or three weeks, to see their GP for urgent situations. Parents and carers of young children had limited knowledge of GP Extended Hours and NHS 111, despite communication about these already happening in the borough.

**Recommendation 1:** West London Clinical Commissioning Group should provide increased information and communication for parents and carers with young children about GP Extended Hours and NHS 111.

### Information on GP double appointments

Parents and carers, particularly those from a BME background or who did not speak English as their first language, told us that they found it particularly hard to express themselves and their worries about their child during a 10-minute GP appointment. Through NHS Equal Access, there is a statutory duty to ensure that healthcare is accessible for all

**Recommendation 2:** West London Clinical Commissioning Group should increase communication about GP double appointments amongst parents and carers with young children.

**Recommendation 3:** West London Clinical Commissioning Group should increase communication about GP double appointments amongst BME groups and people who do not speak English as their first language. Progress should be monitored against the NHS Equal Access statutory duty and reported to Kensington and Chelsea on this action within 12 months.



## Antibiotic use

Parents and carers told us that they did not understand why GPs were not prescribing antibiotics for their children when they were sick, but if the child's condition worsened and they had to go to hospital, the hospital prescribed antibiotics.

**Recommendation 4:** GPs should renew their efforts to clearly explain to parents and carers with young children why they may not prescribe antibiotics.

**Recommendation 5:** West London Clinical Commissioning Group should act to increased awareness and promotion of Public Health England's ['Keep Antibiotics Working'](#)<sup>4</sup> campaign in Kensington and Chelsea.

## Urgent Care Centres

Parents and carers told us that they did not mind waiting, but more communication about their waiting time would improve their experience of Urgent Care Centres, help them to make arrangements for other children, and reduce their stress levels whilst waiting.

**Recommendation 6:** Urgent Care Centres should notify parents and carers with young children during Triage of the anticipated length waiting time

**Recommendation 7:** When waiting times are likely to be longer than 45 minutes, Urgent Care Centres should introduce a process that allow parents and carers with young children to leave the Centre without losing their place in the queue

## Specialist paediatric provision for young children in north Kensington and Chelsea

In the north of the borough, parents told us that their experience of Urgent Care could be improved through access to specialist paediatric doctors and facilities in urgent situations.

**Recommendation 8:** West London Clinical Commissioning Group should consider the viability of providing a specialist paediatric service for young children in the north of the borough.

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<sup>4</sup> <https://www.nhsinform.scot/campaigns/keep-antibiotics-working>



## **Baby First Aid training for new parents**

Parents in the discussion groups told us that they would like Baby First Aid training for new parents so that they knew how to manage common childhood illness and be clear when they needed to access further medical support and treatment.

**Recommendation 9:** West London Clinical Commissioning Group and Public Health should collaborate to provide Baby First Aid training for new parents

## **Next steps**

Healthwatch Central West London will share the information in this report with West London Clinical Commissioning Group; we will present the findings at their Quality and Performance Committee, as well as with Urgent Care commissioners.

We will also share the report with Kensington and Chelsea Health and Wellbeing Board. We took interim findings to [Kensington and Chelsea Adult Social Care and Health Scrutiny Committees in April and May 2019](#) and will resubmit the final version in June 2019.

## **Limitations to the Study: Health Visiting**

We did not focus on the role of Health Visitors in either our survey or in discussion groups. However, some of the information or support that parents and carers mentioned could potentially have been provided by Health Visitors - for example, where to buy a thermometer and how to use it.

Nationally, the Institute of Health Visiting 2018 survey shows that a larger percentage of Health Visitors reported working with caseloads of more than 400 children than in 2015 (44% compared to 28%) when commissioning of their service transferred to local authorities. Furthermore, their reports found that 65% of families were **not** having an appointment with a trained health visitor after their child's 6-8-week contact, and even less, 79%, after the first year<sup>5</sup>. This might be an area for Public Health in Kensington and Chelsea to investigate locally.

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<sup>5</sup> <https://ihv.org.uk/news-and-views/press-releases/we-are-walking-a-very-tight-rope-health-visitors-voice-fear-of-another-child-tragedy-waiting-to-happen/>



## Appendix 1: The Survey

Healthwatch wants to learn more about families with young children (under 7) experience of urgent care and their GP

Age of your child:

Your postcode:

1. What is your reason for attending the Urgent Care Centre (or A&E) today?

2. Did you come straight here or did someone else direct you here? *(please tick the relevant box)*

I came straight here

I was directed by:

Receptionist    NHS 111    Doctor    Pharmacist

Other:

3.

a) Have you been to an Urgent Care Centre before? *(please tick your answer)*

Yes    No    I don't know

I don't know what an Urgent Care Centre is

b) If you have been before, what was the reason for attending?





4. Does your GP have a walk in service? *(please tick your answer)*

Yes       No       I don't know

I don't know what an Urgent Care Centre is

5.

a) How easy or difficult is it to make an appointment with your GP? *(please circle your answer)*

Very easy

Easy

OK to average

Difficult

Impossible



b) Please tell us why you have chosen this option:

6. Has your child been offered an appointment in the evening (after 6:30pm) or on the weekend? *(Please tick your answer)*

Yes       No       I don't know

7. Does your child have an existing long-term condition? *(please tick your answer)*

Yes       No     

8. What is your experience with your child when you have really needed to see someone urgently?



9. How could this be improved? What would make it better for you?

10. Any other comments.

### Your Data

We will use your answers and experiences to better understand how primary and urgent care is working for families in Kensington & Chelsea. This will be written into a final report that will be published and publicly available. Your answers may be quoted in our report and related communications. However, the information that you have shared in this survey will be kept anonymous and will not be used to identify you.



## Appendix 2: Picture Gallery (by children from UCC, A&E)



