

# Right care, Right place, First time

## Results of research of the views of Havering residents

March 2019



## Introduction

In March 2019, the Healthwatches for Barking & Dagenham, Havering and Redbridge (BHR) were commissioned by the BHR Clinical Commissioning Groups (CCGs) to carry out a survey of health services users' opinions to identify how best to ensure the changes are communicated to local residents.

The CCGs want to make it easier for local people to get the **right care in the right place, first time**.

**This report sets out the findings of the survey of residents of Havering.**

## Research objectives

Building on the local research and engagement work during 2016/2018, BHR CCGs wished to discover the views of local people about the most effective ways of telling them about the coming changes. To do this, the survey sought:

- To understand the best way to communicate the changes to community urgent care services within Havering.
- To identify the methods that work best with local communities in terms of using and accessing NHS 111.
- To show samples of publicity materials to residents and seek their views on them.

## Target audience

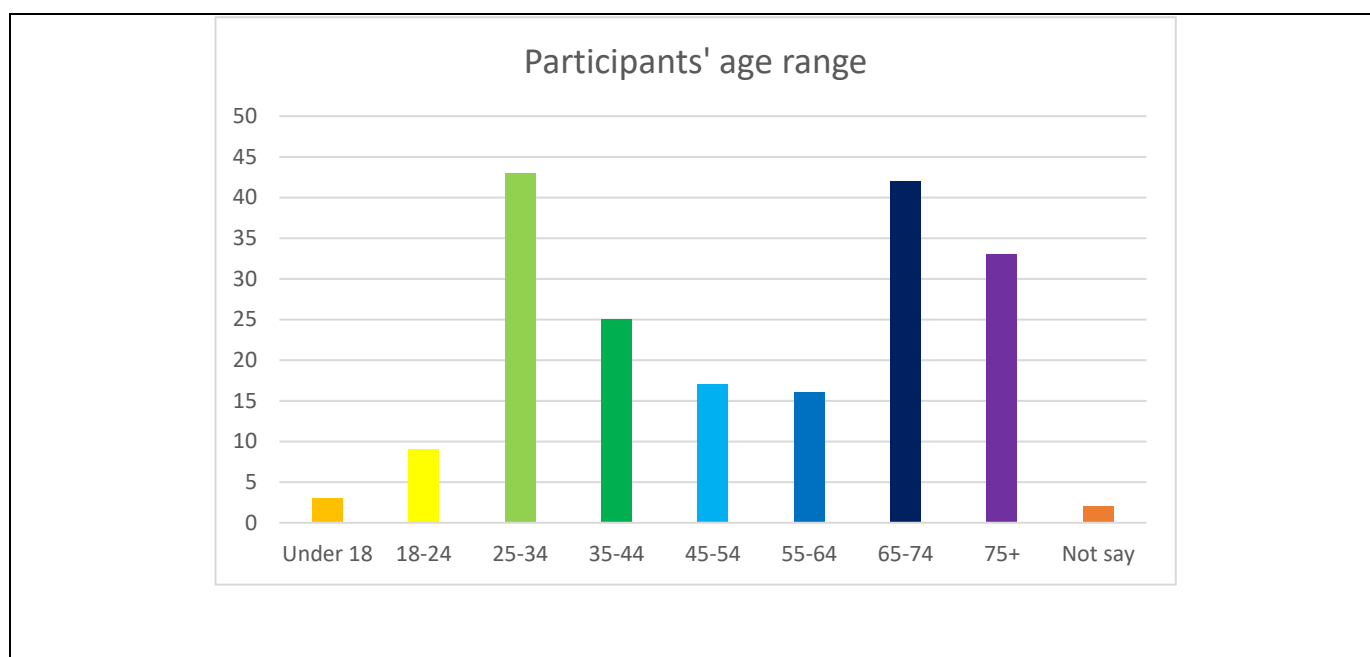
- Parents of young children (especially those aged 0 to 5 Years)
- Older people (those aged 60+)
- Young adults (15 to 25/30)

## Methodology and demography

Healthwatch Havering arranged a focus group and a series of one-to-one interviews at several locations within the borough.

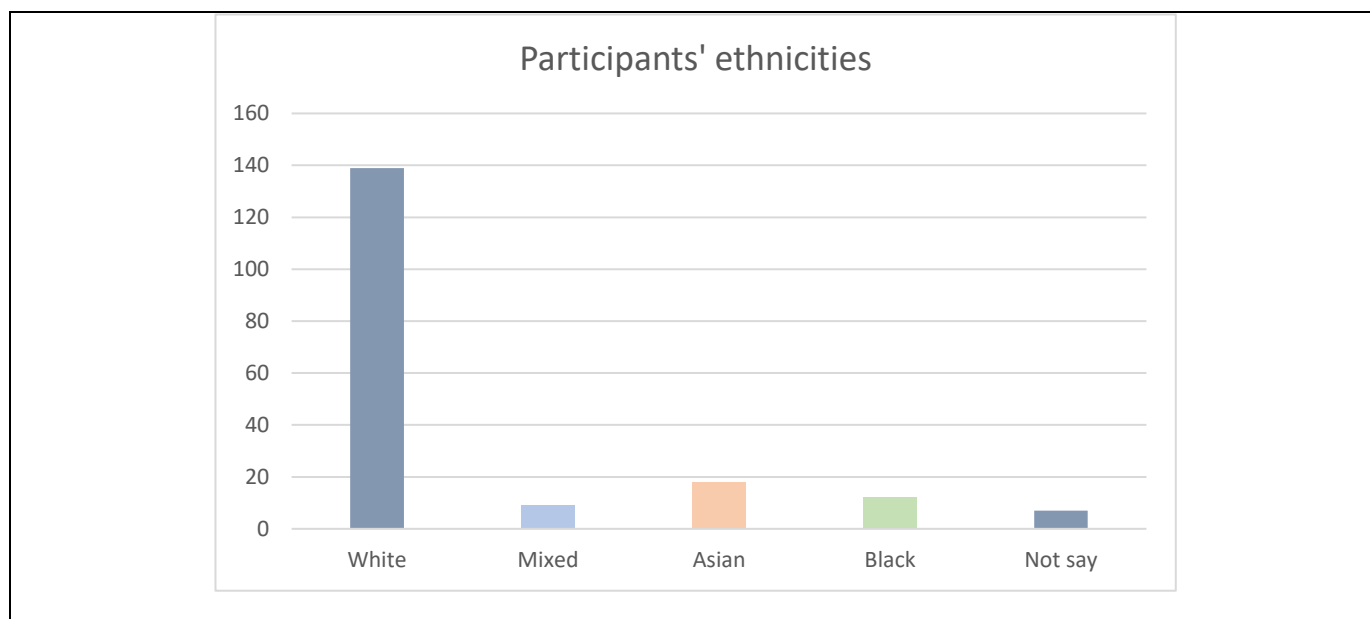
The focus group participants were all members of the Havering Over Fifties Forum, HOFF, an umbrella group of organisations representing the over-50s in the borough. The interviews were undertaken with attenders at Havering's Children's Centres, Peabody (an advisory service), Harold Wood Polyclinic and the Urgent Treatment Centre at Queen's Hospital. A common questionnaire, developed jointly with the CCGs and the other Healthwatches, was used - set out in full as the Appendix to this report.

**56** people participated in the HOFF focus group; the remainder, **139**, were interviewed face-to-face. Participants were preponderately female (**138**, with **49** male and **8** who preferred not to respond to the question) and ranged in age from under 18 to over 75:



Participants were mainly white British (**139**) although other ethnicities were represented. The ethnic breakdown of the general population of Havering is

roughly 85% white British, 15% other ethnicities<sup>1</sup>; the survey population differed from that with approximately 75% white British and 25% other ethnicities:



White: 139 [75%]; Mixed 9 [5%]; Asian 18 [11%]; Black 12 [8%]

## 1 Using the NHS 111 service

The first questions sought to understand participants' awareness of the NHS 111 service. Most participants had indeed heard of the service: **183**, with just 12 saying they were unaware of it.

### Source of information

Those who had heard of NHS 111 had found out about it from a variety of sources (note - a few participants told us they had heard of NHS 111 from more than one source):

**41** had heard of it from their GP surgery

**22** from family or friends

**17** on TV or radio

**12** through advertising

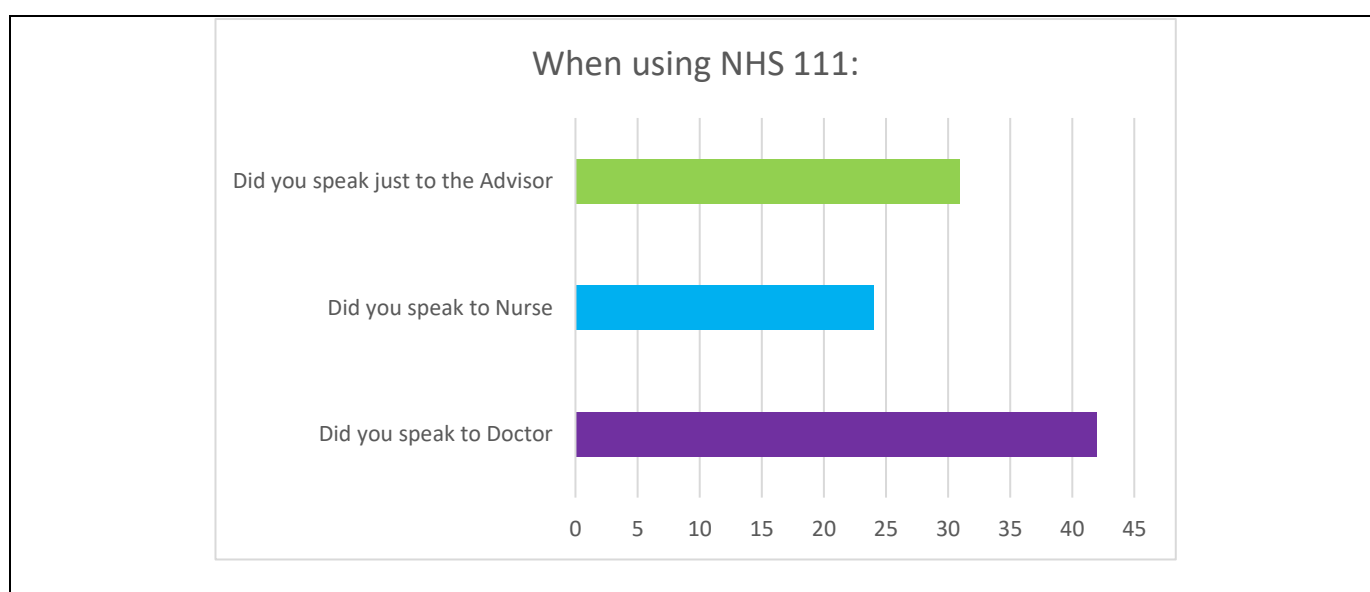
<sup>1</sup> According to the 2011 Census, the ethnicity of Havering's population was broadly split between those identifying as White – 85.4%; and other ethnicities – Asian 7.8%; Black 3.5%; mixed 2.3%; other groups 1% - source: London Borough of Havering/2011 Census

Other sources included clubs, a first aid course and working for the NHS. One participant referred to it as being “common knowledge”

These responses indicated that, although knowledge of NHS 111 comes from a variety of sources, the main source appears to have been posters or other information at the GP surgery, with personal contacts/“word of mouth” accounting for about half of that.

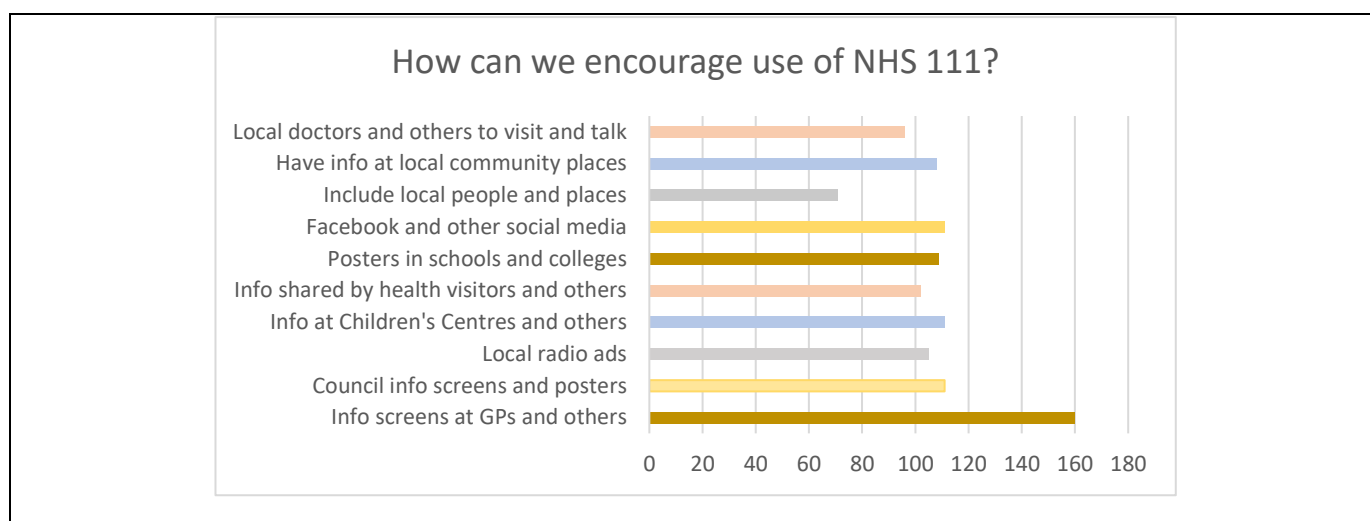
## Using NHS 111

92 participants - slightly fewer than half of all - had used the service within the previous six months. Of those of them who commented, 46 (50%) had had a good or very good experience, 6 had had a “satisfactory” experience and 5 were left dissatisfied. Most participants had spoken with a healthcare professional (66 - 42 (67%) to a doctor; 24 (26% to a nurse) as well as the initial advisor:



## Encouraging use of NHS 111

Participants were then asked how the use of the NHS 111 service could be encouraged. A range of options for publicising the service was presented to them:

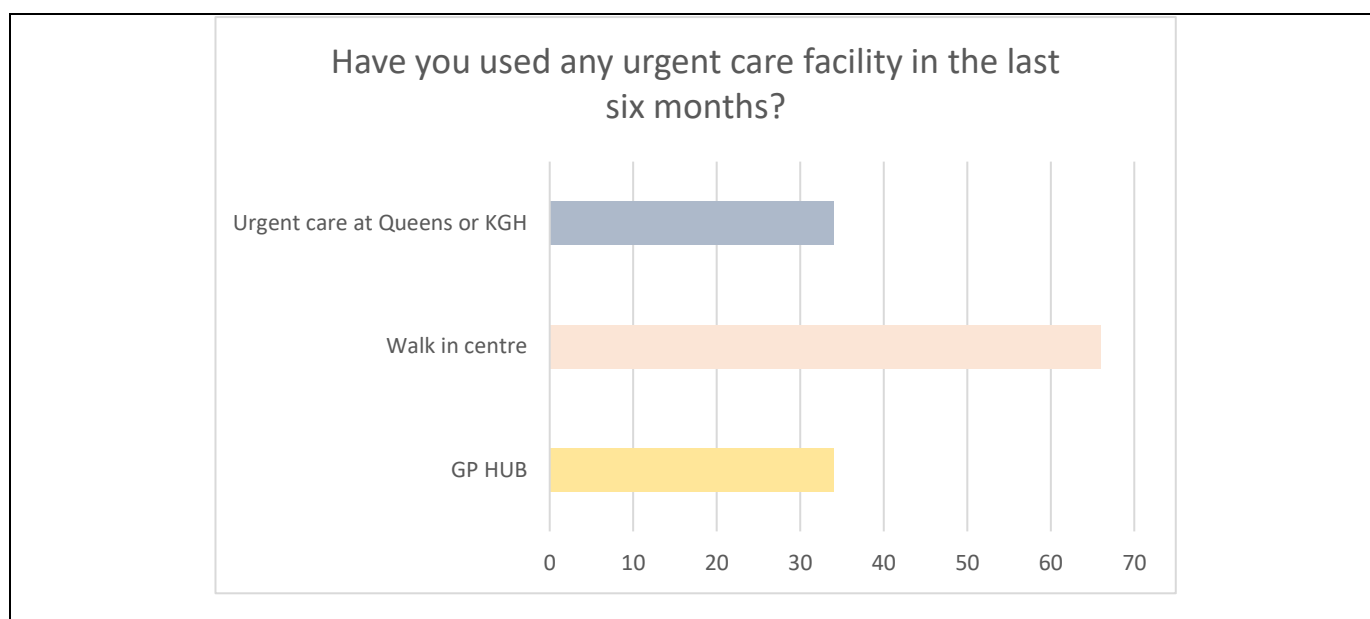


Information screens - 160 (82%); Include local people - 71 (36%); Other options ranging from Doctors' talks (96 - 49%) to Council information screens, information at children's centres etc and use of social media (each 111 - 57%)

Bearing out the fact that most people said that they had heard about NHS 111 at their GP surgery, the most popular option for publicity was the provision of information screens at GP and other health and social care premises (**160** participants (82%) supported this). Most other options attracted similar levels of approval (by around **100** participants) but using local people or places as part of the illustration was supported by fewer than half the participants (**71 - 49%**).

## 2 Use of urgent care facility

Participants were asked whether they had visited an urgent care facility in the past six months. Of the 100 who said that they had, the majority (66%) had called at a walk-in centre (Harold Wood Polyclinic or the South Hornchurch Clinic ) - the others (34% each) had visited either the Urgent Care Centres at Queen's Hospital or King George Hospital, or one of the GP hubs (out-of-hours service at North Street GP practice or Rosewood GP practice); some (28% in all) had visited two of these facilities (16%), and a few, all three (12%):



## Views of service received

Asked what worked well and what could be better, a range of views was expressed. Comments (in no particular order) included:

### Walk-in Centre

*Thorough and acted fast*

*Could not say a bad word about the help I received*

*Quick service and emergency appointments available*

*Often too busy and often forgotten*

*Brilliant if no appointment with GP: less waiting time would be an improvement*

*Had to wait a while*

*Walk in centre perfect as GP closed*

*New Year Eve, no GP appointment available*

*Good but waiting time too long*

*Friendly but staff overworked*

*Saved having to go to hospital*

### GP Hub

*Had a long wait for treatment*

*Could not say a bad word about the help I received*

*Used GP hub - excellent*

*Quick service and emergency appointments available*

*Often too busy and often forgotten*

*Knowing that you can speak to a doctor*

*Good but waiting time too long*

### *Urgent Care Centre*

*Cannot fault the service*

*Could not say a bad word about the help I received*

*Often too busy and often forgotten*

*Good explanations and got results*

*Waiting time could be improved*

*Waiting time ridiculous*

*Good but waiting time too long*

*Doctor in waiting area to speed up waiting time in Queen's*

Many comments were critical of lengthy waiting times, at both the Walk in Centre and the UCC at Queen's Hospital. Otherwise, most comments were favourable towards the services available.

### *What would ease future access*

Participants were also asked what would help them access urgent care in the future. Responses (again, in no particular order) included:

#### *Walk-in Centre*

*Improved public transport*

*Easy to get to*

*Keeping services local*

*Direct telephone number*

*Opening hours*

*Good advertising*

*Need to be seen the same day*

*Having a specific appointment time*  
*Deal with long waiting times at walk in centre*  
*More care service staff*

### *GP Hub*

*Easy to get to*  
*Have longer opening hours*  
*Online appointment system*

### *Urgent Care Centre*

*Easy to get to*  
*Children should be separate*

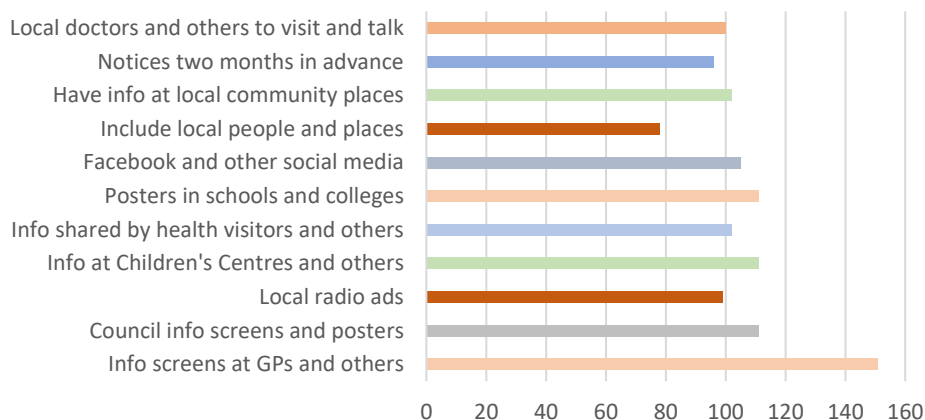
Several participants commented on the need for improved public transport access to the Walk in Centre and Urgent Care Centre at Queen's Hospital (no Havering respondent commented about the UCC at King George Hospital).

The CCGs are in the process of making changes to local urgent care services, with some centres currently in use changing their status from walk-in to by appointment only. Some locations may also change.

### **3 Publicising changes in urgent care services**

Participants were asked how the changes of service could best be communicated to the public. Again, a range of options for publicising the service - similar, but not identical, to those for encouraging the use of NHS 111 cited previously - was presented to them:

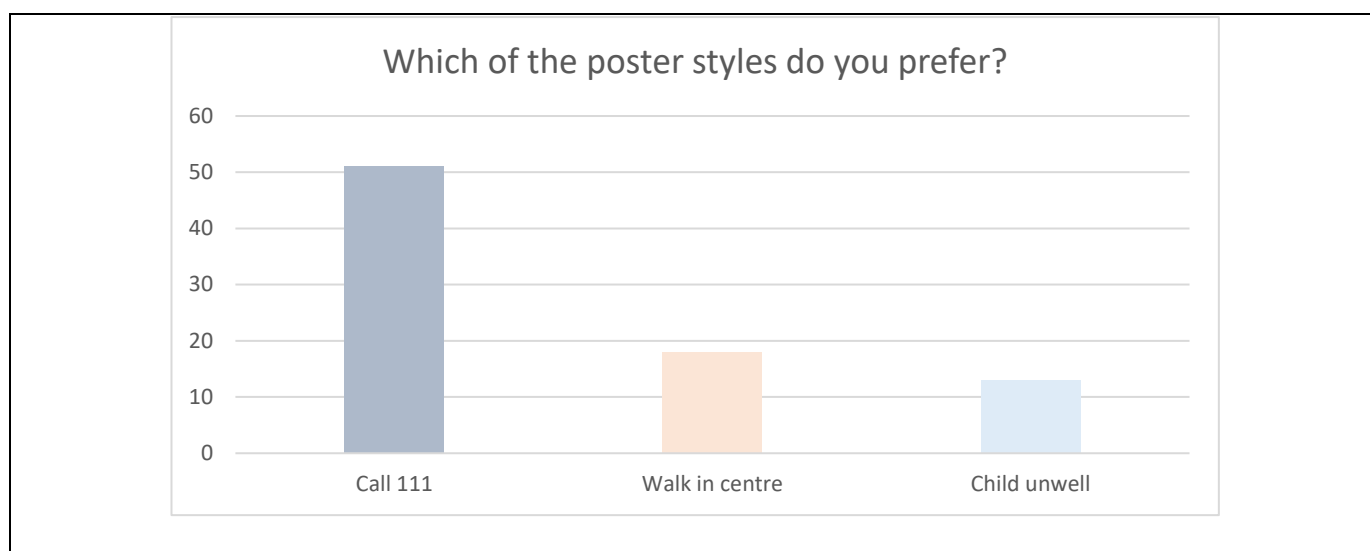
## 6 How can we ensure local residents are aware of changes?



Perhaps unsurprisingly, given other findings of this survey, the use of information screens at GPs and other premises again had most support (**151 - 77%**). Other options attracted broadly similar support (between **96** and **111** participants), once more with the inclusion of local people and places being the least popular (**78 - 40%**).

### Posters - focus group participants only

Participants at the focus group (**56**) were also shown three possible styles of poster to aid this publicity. They were asked to indicate which of the styles they preferred (note - some participants indicated more than one preference):



“Call 111” comprised a photograph of a nurse in a hospital setting, with brief descriptive text:



Those who expressed an opinion on this poster (51 participants (91%)) generally thought that it was the best of the three, as it showed a human face to which they could relate, rather than the less personal format of a cartoon, as in “Walk in centre” or the dense text of “Child unwell”. Some commented that it “looks professional”. The general feeling was that the presence of a nurse in the illustration added an air of authority to the message.

“Walk in centre” showed small cartoon characters with descriptive text:



A common view of the 18 participants (32%) who commented on this poster was that it was more likely to appeal to families and children. Many felt, however, that this poster lacked the “humanity” of “Call 111”.

“Child unwell” consisted of lengthy text, as part of a leaflet giving parents advice about dealing with an ill child:



The commonly-expressed view of those who commented, 13 (23%), was that this leaflet was “too busy” to be useful in poster form, with excessive text making it unsuitable for putting its message across quickly or in an easily-understood manner. It was considered a more suitable format for a leaflet giving detailed explanations or instructions.

## Conclusions

The survey indicated that most people were aware of the NHS111 service and of the options for obtaining urgent care. Of the principal urgent care options,

the Walk-in Centres proved most popular, with attendance at hospital Urgent Care Centres or GP Hubs attracting equal, but fewer, numbers.

Most of those who had heard of NHS111 said that they had heard of it from their GP surgery, and similarly, most who commented on the means of informing people of the new Urgent Care arrangements felt that having information - especially screens - at GP surgeries or other health and social care facilities would be the best option.

In terms of the format of advertising, use of real NHS staff to front the campaign was felt to be the best option. Using cartoon characters or closely-worded text posters was supported by fewer than one-third of the participants in the survey.

## Recommendations

Based on the results of this survey, and taking account of the evidence from previous surveys on the same issues<sup>2</sup>, the following recommendations are submitted:

- 1 That the CCG acknowledge the popularity of the option to walk in to urgent care facilities without prior appointment and ensure that, as services develop, the option of attending for urgent care without appointment be preserved
- 2 That all GP surgeries be requested to ensure that the options for seeking urgent care when the surgery is closed are prominently displayed, within and outside (where possible and practicable) the surgery premises, and that use of electronic screens for that purpose be considered.
- 3 That any information campaign use images of NHS staff “on the job” as the main means of communicating the message and that use of closely-worded text be avoided so far as possible.

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<sup>2</sup> Urgent and Emergency Care Consultation Responses, 2016 and Urgent and Emergency Care Survey of residents’ understanding, 2018: BHR CCGs and Healthwatch Barking & Dagenham, Havering and Redbridge

## APPENDIX

### Questionnaire

#### Encouraging local people to access and use NHS 111

<b>1. Have you heard of NHS 111?</b>	<b>Yes</b>	<b>No</b>
<b>2. How did you hear about NHS 111?</b>		
<b>3. Have you used the NHS 111 service?</b>	<b>Yes</b>	<b>No</b>
<p><i>If yes, please tell us about your experience of the service</i></p> <p><i>Did you speak with a doctor or nurse or just the advisor?</i></p>		
<b>4. What do you think we can do locally to encourage people to use NHS 111 when they need urgent medical advice?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Information on screens at GP practices and other healthcare locations</li> <li><input type="checkbox"/> Council information screens and poster sites around your borough</li> <li><input type="checkbox"/> Local radio advertising</li> <li><input type="checkbox"/> Information at Children's Centres and other community locations</li> <li><input type="checkbox"/> Information shared by health visitors, care homes, community nursing teams</li> <li><input type="checkbox"/> Posters/ leaflets available at schools and colleges</li> <li><input type="checkbox"/> Advertising on Facebook and other social media</li> <li><input type="checkbox"/> Include local people and local places in the promotion</li> <li><input type="checkbox"/> Have information available at local community places (local charities, clubs, places of worship etc) to inform people of local services</li> <li><input type="checkbox"/> Have local doctors, nurses or health professionals visit local groups or community places to talk about health issues and services</li> <li><input type="checkbox"/> <b>Other – please share your ideas</b></li> </ul>		
<b>NHS 111 Information</b> NHS 111 is the free 24/7 telephone advice service for people who need urgent health care advice or attention. The NHS wants more people to call NHS 111 as the first place they turn to for help with urgent health concerns.		

The local NHS is making improvements to NHS 111 in North East London. This means GP, nurses, paramedics and pharmacists can now give urgent expert advice over the phone through NHS 111.

If you need to be seen but it's not an emergency, NHS 111 can book you a convenient and timely appointment with a GP hub, with the GP Out of Hours service and, later this year, at the Urgent Care Centres at King George Hospital and Queen's Hospitals.

**5. Have you used any of these urgent care services in the last 6 months?**

- ☐ GP HUB
- ☐ Walk in Centre
- ☐ Urgent care at Queen's/ King George?

**6. If you have used an urgent care service, please tell us what worked well and what could have improved your experience?**

**7. What would help you access urgent care services in the future?**

**Changes to urgent care services**

There will be some changes to the way that urgent care is delivered (this may include where the service is provided) and some services may be upgraded.

**8. What do you think we can do to ensure local residents are aware of the changes to urgent care services?**

- ☐ Information on screens at GP practices and other healthcare locations
- ☐ Council information screens and poster sites around your borough
- ☐ Local radio advertising
- ☐ Information at Children's Centres and other community locations
- ☐ Information shared by health visitors, care homes, community nursing teams
- ☐ Posters/ leaflets available at schools and colleges
- ☐ Advertising on Facebook and other social media
- ☐ Include local people and local places in the promotion of the services (eg in posters and films)
- ☐ Have information available at local community places (local charities, clubs, places of worship etc) to inform people of local services
- ☐ Notices up - at the locations from around 2 months before informing people of the changes.
- ☐ Have local doctors, nurses or health professionals visit local groups or community places to talk about the changes
- ☐ **Other – please share your ideas**

## Tell us about you

We want to see what sorts of people are responding to our survey. This will help the CCGs to understand the needs of different people.

<b>Please tick as appropriate</b>	
<p><b>1. Are you?</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p>	<p><b>2. What is your ethnicity?</b></p> <p>This is not about place of birth or citizenship. It is about the group you think you belong to in terms of culture, nationality or race.</p> <p><input type="checkbox"/> Any white background</p> <p><input type="checkbox"/> Any mixed ethnic background</p> <p><input type="checkbox"/> Any Asian background</p> <p><input type="checkbox"/> Any black background</p> <p><input type="checkbox"/> Any other ethnic group (please tell us what it is)</p> <p><input type="checkbox"/> Prefer not to say</p>
<p><b>3. How old are you?</b></p> <p><input type="checkbox"/> Under 18 years</p> <p><input type="checkbox"/> 18 to 24 years</p> <p><input type="checkbox"/> 25 to 34 years</p> <p><input type="checkbox"/> 35 to 44 years</p> <p><input type="checkbox"/> 45 to 54 years</p> <p><input type="checkbox"/> 55 to 64 years</p> <p><input type="checkbox"/> 65 to 74 years</p> <p><input type="checkbox"/> 75 years or older</p> <p><input type="checkbox"/> Prefer not to say</p>	<p><b>4. Which borough do you live in?</b></p> <p><input type="checkbox"/> Barking and Dagenham</p> <p><input type="checkbox"/> Havering</p> <p><input type="checkbox"/> Redbridge</p> <p><input type="checkbox"/> Other (please tell us which borough)</p>
<p><b>5. Do you consider yourself to have a disability?</b></p> <p><input type="checkbox"/> Yes – a physical/ mobility issue</p> <p><input type="checkbox"/> Yes – learning disability/mental health issue</p> <p><input type="checkbox"/> Yes – a visual impairment</p> <p><input type="checkbox"/> Yes – a hearing problem</p> <p><input type="checkbox"/> Yes - another issue</p> <p><input type="checkbox"/> No</p>	<p><b>6. Are you responding as...?</b></p> <p><input type="checkbox"/> An individual</p> <p><input type="checkbox"/> A parent/ carer of a child aged 0 to 5</p>



*Healthwatch Havering is the operating name of  
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