DEFINING 'GOOD' IN HEALTHCARE

SUMMARY REPORT OF FINDINGS: URGENT CARE/111

1.   INTRODUCTION, BACKGROUND TO THE RESEARCH AND OBJECTIVES

In April 2013, CQC published its new strategy *'Raising Standards, Putting People First'*. In this document, CQC stated its intention to redevelop its inspection methodology and the information that is provided to the public following an inspection. This change focuses not only on how services are inspected, but also the five key questions which inspectors will ask about services: Are they safe? Are they effective? Are they caring? Are they well led? Are they responsive to people's needs?

CQC has been working to develop new fundamental standards that focus on these five questions. As part of this work, CQC seeks to define the criteria that will be used to assign a rating to a service provider – in other words, understanding the features of a service that is considered 'inadequate', a service that 'requires improvement', is 'good' and 'outstanding'.

For this new inspection model to be credible with the public, it is essential that these criteria reflect the public's expectations. There is a particular focus on understanding what the public expects 'good' and 'outstanding' services to look like, across all care settings, and at all service levels.

Qualitative research was commissioned to provide a clear understanding of what the public and service users think 'good' and 'outstanding' look like in relation to urgent care/111 services. In addition, the research explored what information requirements the public have in relation to inspection reports about urgent care/111. The business objective was:

> **To inform the criteria that are developed for rating services and to inform the development of a new style of inspection reports for each of these services.**

2.   URGENT CARE/111 SERVICES SUMMARY

2.1   Method and sample

In total four (4) triads (three participants per triad) were conducted.

Profile	Triads
Urgent care	Mix of male and female and SEG
Urgent care	Mix of male and female and SEG
111	Mix of male and female and SEG
111	Mix of male and female and SEG

The sample comprised a range of urgent care experiences, including

- Urgent care centres

- Minor injuries units

- Walk-in centres

- NHS 111 service

The fieldwork was conducted during w/c 23rd February and w/c 2nd March 2015.

2.2   Care standards experienced

Participants' responses suggested that standards of care varied throughout pathways and across providers. Some points in patient journeys were rated as **'outstanding'** – and these responses typically involved fast access to care and staff going 'above and beyond' to reassure and inform patients.

'*When I phoned up the person I spoke to seemed to know what they were talking about, very professional, it was very thorough.*' (Female 111 service user)

'*They have been brilliant; they couldn't have done anything more.*' (Female 111 service user)

Services were rated **'good'** when they were free from delay, error or poor patient handling. Good ratings involved fixing the problem within what was perceived to be a reasonable time frame.

'*They never show attitude at all. They don't make you feel like you're bothering them in any way; they don't make you feel like a hypochondriac, they're good like that.*'(Female 111 service user)

Respondents had encountered situations that, in their view, **'required improvement'**; for example being left to wait without any information being provided, and experiences of staff with what was perceived to be limited patient-handling expertise.

'*The rest of it was just sitting around waiting for the nurse to bring me a leg brace. I would say that needs improvement. She really couldn't be bothered; that was the attitude I got. I just felt that I was wasting their time rather than them wasting mine.*' (Female urgent care user)

'*There were loads of people down there and we got seen about two hours later, which with a two-year-old child who is not breathing particularly well … that was the only bit of the whole situation that didn't seem particularly good.*' (Female minor injuries unit service user)

Some participants reported experiences that they rated **'inadequate'**. This rating was typically linked to a lack of information or difficulties of access.

> '*I find it irritating when you go to A&E and you see* [staff] *standing around chatting; you just think, what are you actually doing?*' (Female A&E service user)

Participants expected to be treated with respect, and to have their problems taken seriously. Where this was the case, a service was more likely to be rated as good or outstanding; where it was not, a service was likely to rate as requiring improvement or inadequate.

2.3   Spontaneous definitions of 'good' and 'outstanding' care

Outstanding care was typically related to fast access to the right treatment. Participants who reported outstanding experiences talked about services acknowledging the urgency of the situation and conducting accurate assessments to resolve the issue. They also reported receiving appropriate information at all stages of the pathway, including information relating to aftercare.

> '*I understand there is a wait and if an urgent case comes in…but if I am made aware of that, then I can deal with it. Information is power. It's that customer service experience, I know it is the NHS but information is key and if you are kept abreast of the situation you are a much happier person.*' (Male service user, urgent care)

Overall, an outstanding service is one that:

- Prioritises the user's situation as urgent

- Responds quickly

- Has the appropriate expertise available

- Diagnoses and treats the patient appropriately

- Is both fully accessible (24/7) and local

- Supports, reassures and informs patients

- Is co-ordinated, navigable, and well sign-posted

- Knows how to deal with vulnerable people and children

Participants saw **good** care as a service that fixes the problem without causing the patient too much inconvenience. They understood good urgent care to mean that the service was conveniently located. A good service had suitably qualified and experienced staff available, and staff who responded promptly and diagnosed accurately. They also felt a good service meant that the patient experience happened within a reasonable timeframe.

While urgent care was generally seen as a more local, and therefore a quicker and more convenient, alternative to A&E, participants still expected that the service would carry a sense of the urgency of the patient's problem.

> *'For me it was the speed at which they made the decision. They were definite about it… They just seemed to know what I had to do that and I felt glad then because they knew what to do.'* (Female service user, 111 service)

Broadly, participants understood a good service to be one that:

- Resolves the issue quickly (ideally in one visit)

- Manages expectations around timeframe and outcome of treatment

- Has the right expertise and knowledge (including over the phone)

- Provides further preventive information and advice

- Offers reassurance and approachability, and keeps patients calm

- Is available at all times, including evenings and weekends (ideally 24/7)

'Communication and a bit of understanding and sympathy. If you're sitting around waiting, you should be given an idea of how long you will have to wait.' (Male service user, urgent care)

'It was better than waiting sitting in A&E for five hours, because it wasn't a huge emergency.' (Male service user, urgent care)

Elements of urgent care that **required improvement** were related to a perceived lack of urgency and a poor experience in terms of advice and/or information. Some participants felt that on occasion their situation had not been treated as urgent. Others reported that they did not feel they were kept adequately informed, particularly in terms of waiting times.

These experiences were felt to be particularly frustrating when participants experienced long or unexplained delays, or when they were feeling anxious or unsure.

Some participants felt that **NHS 111** had occasionally failed to offer good advice on the most appropriate course of action, or where to access the most suitable types of care. Participants were sometimes unsure about the range of services offered by local urgent care centres; some felt that this wasted precious time, put them at risk of further pain and discomfort, and left them at risk of potentially accessing an inappropriate service.

'When I tried to extract the information about whether [location removed] *was the best place to go and what time they were open, he had literally a 'computer says no sort of attitude'. I was horrified. I decided I just needed to get down to the walk in centre and make a decision from there.'* (Male service user, urgent care)

Experiences that participants felt were **inadequate** were similar in nature to those requiring improvement, but were often more closely associated with perceptions about the behaviour of staff. In urgent situations patients were more sensitive to potential barriers presented by staff and expected a high degree of professionalism (such as normally encountered in A&E).

Participants reported that occasionally staff seemed incapable of handling their enquiries; they appeared to be 'reading from a script' or provided generic information, which caused concern and further frustration for service users.

On occasions where access to a specific service was delayed, some participants perceived this to be due to staff thwarting their access. One participant mentioned being given an appointment, then having to wait for two hours; in this case she would have preferred to have been told to arrive two hours later.

> *'If I'd been told from the outset that I could have been waiting for 2-3 hours I would have parked in the longer-term car parking space and avoided the additional stress.'* (Female service user, minor injuries clinic)

Participants expressed particular frustration in relation to the NHS 111 service. Some respondents felt that questioning from 111 operators felt scripted and too rigid. Others felt that in some cases, operators seemed to 'lack common sense' and to have little understanding about the situation described to them. One participant likened the experience to 'ringing a call centre', rather than taking to a medical professional.

> *'…even themselves they would say, 'I know this doesn't apply but I need to ask you this question' and it seemed very off a script and not very individually tailored to the person phoning up.'* (Female service user, 111)

2.4   Definitions of 'good' care within the five domains

2.4.1   Safe

For these participants, a key marker of **safe** care was that staff were qualified and able to recognise the urgency of the situation. A safe service would provide fast access to care and treatment, and would prioritise the most urgent cases. It would be capable of escalating to emergency services if this was necessary.

'You want to feel like if something goes wrong, say you collapse, there is someone there who can help you.' (Female service user, urgent care)

The quality of staffing was key for participants; confident, knowledgeable, well-trained staff, able to make informed decisions, were signs of a safe service. Participants expected to encounter professionalism, good patient-handling skills and staff who knew what to tell patients (including over the phone). They expected staff to be flexible in response to service demands, such as handling more cases at peak times.

'They need to instil a confidence in me that they know what they are doing.' (Male service user, urgent care)

A safe service would have established timeliness across all urgent care settings. For instance, 111 calls would be answered within a set time. They expected a safe service to be efficient in relation to data management, policies, procedures and management systems. Participants also mentioned hygiene as a key element of a safe service; infection control and harm prevention should be 'proactive, not reactive'.

'In a basic sense it means that you will go there and no harm is going to come to you … [you are] made to feel safer in the environment.'* (Male service user, urgent care)

'You want to know everything's kept up to date and everyone can see what's being done.' (Female service user, urgent care)

Participants felt that, when inspecting in relation to safety, emphasis should be placed on ensuring safety for vulnerable people, such as children and the elderly, particularly where abuse might be involved.

2.4.2 Effective

For these participants, the key elements of an **effective** service were clear communication and accurate diagnosis. Participants wanted to encounter clear communication between

staff and patients at all stages of the pathway, including aftercare. As part of that process, participants wanted to be given 'take-away' information; advice and information that would speed up the healing process for injuries, and preventive advice for the future.

> '*It comes down to me being able to tell them what the problem is and for them to adequately assess what the problem is. The more they know the quicker I get treated.'* (Male service user, urgent care)

Participants expected that in an effective service, they would be given a thorough medical assessment, to ensure accurate diagnosis and appropriate subsequent treatment. They also expected that staff would know how to triage effectively so that access to treatment was as timely as possible.

> '*Staff are qualified and have the skills they need to carry out their roles effectively and in line with best practice*' (Male service user, urgent care)

An effective service would provide out of hours options and localised signposting: NHS 111 was seen as playing a key role in this part of the pathway. They also felt that an effective service would make effective use of funds, and manage the appropriate distribution and coordination of resources, including staff.

> '*This is a really key point, because there is nothing worse than you speaking to 111 and then you go to the hospital and there is no co-ordination.*' (Female service user, 111)

2.4.3 Caring

Participants felt that a **caring** service was most closely related to staff compassion, understanding and professionalism. They wanted to encounter staff who were compassionate, polite and welcoming, but *'not patronising'*. They also felt that staff who were calming, professional and confident would instil confidence in patients.

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'If someone was quite abrupt with me it would really get my back up; you are dealing with quite a sensitive call really.' (Male service user, 111)

'There is a fine line between compassion and patronising. You want professionalism.' (Female service user, urgent care)

Participants also felt that a caring service was one where staff knew how to deal with vulnerable patients. They felt that patients who need enhanced support, for instance those with mental health conditions, learning difficulties, anxiety, or depression would be treated appropriately. The treatment of children was seen as important; staff should be able to communicate with children, and show the appropriate sense of 'light-heartedness'.

'You don't want to feel like you're just another person on their busy night. That is definitely what would send them from 'good' down to 'inadequate', I think.' (Female service user, urgent care)

The environment was also seen as a key marker of a caring service; comfortable waiting and treatment environments would make patients feel at ease, and feel that they were being treated with the appropriate dignity and respect.

Broadly, participants felt that a caring service was one where everyone was treated as an individual and listened to.

'People are treated with dignity, respect and kindness during all interactions with staff and relationships with staff are positive. People feel supported and think staff care about them'. (Female service user, urgent care)

2.4.4 Responsive

The key elements of a **responsive** service were speed of response, and an ability to respond to patients' requests and queries. There should be no barriers or delays to accessing

treatment. This entailed providing an easily navigable service, with 111 available to steer patients if needed, and with local knowledge about available services.

Participants thought that a responsive service would be capable of fast decision-making, which was evidence-based, and drawn from professional experience. It would also be capable of triaging urgency appropriately, so that more severe cases and children were seen first.

> '*The person on the other end of the phone knows what they are talking about.*' (Male service user, 111)

A responsive service would have a clear complaints procedure for dealing with any issues arising from the care received, and follow-up procedures in place and easy for patients to access. It would also be able to take patients' preferences and suggestions on board, and act on them where appropriate.

> '*Make sure people know where to go if they want to complain. Maybe put something up letting people know what the process is if you want to do this.*' (Female service user, urgent care)

Good internal and cross-departmental communication – with information being fed back to the patient – was seen as a key element of a responsive service. Participants felt that managing waiting times, and communicating so as to manage patient expectations, was particularly important.

> '*While you are sitting there, it would be nice if someone came and spoke to you; they could say, we've had this person in, this is happening so this is why we are seeing them first, and this is why you have been pushed back.*' (Female service user, urgent care)

2.4.5 Well led

Participants' feelings about a **well-led** service prioritised adequate training and risk management. A well-led service would have a comprehensive training structure that was unique to urgent care situations, and that covered patient handling both face to face and on the telephone.

> '*This goes to when you call 111 if the person is struggling to deal with it, it is given to a manager to deal with.*' (Male service user, 111)

> '*For me the sign of a good manager is someone who is prepared to muck in and get involved.*' (Male service user, urgent care)

Monitoring of current and future risks, including peak times and any unexpected influx of patients was seen as key to a well-led service. Participants also felt that covering staff who were sick or on annual leave would be a marker of a well-led service.

It was also felt that good leaders would provide personal objectives and goals for staff: objectives which aligned with good practice guidelines, particularly in relation to patient handling.

2.5 Information requirements

Participants thought that the priority areas for information were: average waiting times; the range of services available, including specialist equipment-specific services such as X-rays and scans; and contingencies for out of hours care.

The qualifications of staff, and the team structure, were expected to be transparent (this included NHS 111). Participants were also interested in user-generated information (reviews); the concept of 'mystery patients', akin to mystery shoppers, was spontaneously suggested.

Particular pieces of information that participants expressed an interest in included:

- How long will it take for them to treat me or my child?

- If there is a delay will they keep me informed and manage my expectations?

- Will the staff member be fully qualified, or know what they are talking about over the phone?

- Will they triage in terms of priority? Who will get priority?

- What happens out of hours and at the weekend? What services will be available?

- (NHS 111) Will they signpost me to the right service that has the right staff and equipment to deal with my issue?

More broadly, participants felt that an explanation of what urgent care services do, and how they are distinguished from A&E, would enhance public understanding. They felt that the public would benefit from knowing what services did <u>not</u> do as well as what they did.

Overall, participants were happy with the descriptions of **good** urgent/111 care and felt these would provide an adequate basis for inspections. They felt that information in the form of summary reports was appropriate for these care settings.