Healthwatch Kent Enter & View Programme 2016
Winter Pressures
Feb 2016

Healthwatch Kent undertook a series of visits to Accident & Emergency Departments in Kent to talk to staff and patients about their experience. These visits were part of our work to look at the impact of so called 'Winter Pressures' on our health system, particularly within Accident & Emergency Departments.

About Healthwatch Kent

Healthwatch gives people a powerful voice both locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Kent is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Enter and View?

Part of Healthwatch Kent's remit is to carry out Enter and View visits. Trained volunteers carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch Kent authorised representatives to observe services and talk to service users, patients, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observed anything that they felt uncomfortable about they would inform their lead who would then inform the service manager, ending the visit.

In addition, if any member of staff wanted to raise a safeguarding issue during our visit, we would direct them to the CQC where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Kent would like to thank the hospital, patients, visitors and staff for their contribution to this Enter and View programme.

Disclaimer

Please note that this report only relates to what we observed during our visits. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time.

Purpose of the visits

- To visit A&E and talk to patients and their families about their experience. We are keen to understand how A&E is coping during the pressures of the Winter season and how the experience of patients is affected.
- We are visiting Maidstone, Tunbridge Wells and Darent Valley A&Es as part of this project.

Background

During the winter months additional strain is put on the NHS. Despite much planning, the NHS faces considerable challenges. Part of this issue manifests itself at A&E departments. There may be some increase in the number of people attending A&E this time of year but more importantly it is the increase in number of people who need admitting to hospital which can cause the biggest delays in waiting times. This is especially the case if there are delays in discharging patients once their hospital treatment has been finished.

To mitigate these concerns, NHS England have introduced 8 “High Impact Interventions” (see below) which are designed to help reduce the pressure that the healthcare system faces during the winter period. We want to find out if these are being effective at Maidstone Hospital.

You will see that some of these are not possible to evaluate through an Enter & View visit, however we are keen to get an overall feeling from patients about their experience during these busy winter months.

The Eight High Impact Interventions

1. No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services.

2. Calls to the ambulance 999 service and NHS 111 should undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS111, ambulance services and out-of-hours GPs should be considered.

3. The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.

4. System Resilience Groups should ensure that the use of See and Treat in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.

5. Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.

6. Rapid Assessment and Treat should be in place, to support patients in A&E and Assessment Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.

7. Consultant led morning ward rounds should take place 7 days a week so that discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.

8. Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance.

Methodology

This programme was based on a schedule of announced Enter and View visits. Contact was made with the Senior Matron with responsibility for Accident & Emergency services before the visit and information was given about the role of Healthwatch. The dates for the visits were agreed with the Senior Matron.

Teams of Healthwatch Kent Authorised Enter and View volunteers visited each A&E department. A set of questions and areas for observation were used by teams, as the framework for conversations during each visit (Appendix A).

At each A&E, Healthwatch Kent volunteers checked with the staff working in the department if there were individuals who should not be approached or spoken to on the day.

All observations have been shared with Tunbridge Wells Hospital. They were given time to check the report for accuracy but have not chosen to make a formal response to our report.

Name and address of premises visited	Tunbridge Wells Hospital
Name of service provider	Maidstone & Tunbridge Wells NHS Trust
Lead contact	Stella Davey Lead Matron for Emergency and Acute Medicine Katie Holmes
Date and time of visit	Thursday 11th February 2-4pm
Authorised representatives	Mike Mackenzie, Pam Croucher, David Morris, Kingsley Barraclough

Background Information

We were welcomed by Stella Davey, the Lead Matron who began by telling us about her plans to recruit volunteers to ease the patient journey through the hospital.

Stella advised that the Department had not yet experienced a busy winter, however the patients arriving were often presenting more complex issues and so need more treatment or longer stays in hospital. This was also reflected in our visit to Maidstone Hospital.

There were about 90 patients in the system that day but accommodation for approximately 65 only.

The majority of ambulances in West Kent will come to Tunbridge Wells Hospital as they have more capacity and specialist services. There were no patients waiting to be transferred from ambulances to the hospital staff during our visit.

We were given a tour of the A&E department before we started our observations. Despite the large number of patients present, everything appeared to be very ordered and calm.

The Clinical Decision Unit area (CDU) is currently reserved for female patients only as there are currently not enough toilet facilities. This is due to be rectified soon with some re-modelling of the space and changes to the staff work points and patient bays .

There are plans to create a dedicated area for Dementia patients within the Majors Unit of the A&E Department. This space was not currently being used effectively as there are no viable supervision points.

Waiting times for A&E is clearly stated on the homepage of the hospitals website, alongside information about waiting times at nearby Maidstone

Hospital and Crowborough Minor Injuries Unit. We did not test the accuracy of these waiting times.

From the patients we spoke to, the target to triage patients within 15 minutes was not always met, although most were seen by a clinician within 1 hour.

There is a new GP service within the department operating 7 days a week from 12:00pm until 19:00pm. This is a new system and staff acknowledged that it is not yet fully functioning as efficiently as it could. Currently around 14 people are seen each day but the aim is to raise that number significantly.

What we saw: Summary of observations

- The waiting and reception area was clean, calm, well-lit and separated from the treatment areas.
- Clever use of signage in a corridor was used to create additional waiting space when the department was very crowded.
- The TV screen was working but appeared to be displaying incorrect information and staff were not routinely updating the whiteboard.
- All staff were polite, friendly and approachable but because they were busy we did not manage to talk to many of them.
- The department was very busy with around 90 patients in the system. It is geared for about 65 but still appeared to be working efficiently with no long waits
- While we were there ambulance transfer times did not appear to be an issue.
- Despite being very busy, the Department appeared to be coping very well during what is traditionally a time of Winter Pressures.
- We were unable to ascertain if all eight of the NHS England Interventions were being implemented in the department. However, during our visit, the department was running smoothly and patients broadly had a good experience.

Our Observations

We spoke to a total of 29 people. 22 interviewees were patients and seven were family members.

Of the people we spoke to during our visit, 8 people were over 75, five were between 65 and 74, four patients were under 18 and two between 18-64. 10 people did not give their ages.

Most patients (18) arrived at A&E by car or ambulance (8), no-one came by public transport.

Of the 8 patients who arrived by ambulance, 5 patients had dialled 999 and two were referred by their GP.

The majority of people (23) had not considered an alternative option to A&E. Of the 5 patients who did, 1 had been referred by their GP, one had called 111 and another had gone to a Minor Injuries Unit.

19 people did not know that there were Minor Injury Units at nearby Crowborough and Sevenoaks.

There was no consensus on expected waiting times. People had no real expectation or knowledge about waiting time targets. Accurate waiting times were not being displayed at the time of our visit.

Five people we spoke to were at the hospital due to a fall, with one of these being from a care home.

Seven patients were re-visiting A&E for the same issue that they had previously been to A&E for. 17 people said that they had not attended for that issue before.

The Patients experience of their journey through A&E

Everyone we spoke to had been seen within four hours.

9 patients were seen in less than 1 hour.

18 people were not advised of the waiting time.
The majority of the people we spoke to (28) had been seen by a professional at least once when we spoke to them.

For 25 of these, the professional had introduced themselves, only one had not.

The majority of people (24) were confident that they would be able to hear/ heard their name being called.

19 people had already received some treatment when we spoke to them and 10 hadn't. 14 patients were offered pain relief.

Privacy, Dignity and Respect.

Most people (22) were either very, or quite pleased, with the information received during their visit but five patients were not satisfied.

20 patients said their privacy had been respected and that they had received the staff's full attention.

Only nine patients felt they had been included in decisions being made about their care. Nearly half (15) people had been told what would be happening to them next.

13 people said they were waiting to see a doctor (not necessarily for first time). 18 patients were awaiting test results and 1 person was waiting to go home.

Ambulance

We talked to three ambulance operatives who work for the South East Coastal Ambulance Service (SECAmb). They had delivered patients with no delay and were about to leave.

There were no patients on trolleys awaiting transfer from SECAmb to the hospital's care.

Discussion with Matrons

- The staff were extremely busy during our visit, so we didn't talk with them long.
- Improvements were being made in Majors to maximise the use of space there.
- We were advised that there was a system in place to utilise a corridor for patients waiting for transfer from ambulance trollies when beds are full.
- It is planned to increase the number of Children's rooms and to improve the privacy.

Our Recommendations

- Ensure all staff are aware of the "Hello my name is" policy and to keep patients informed about their care.

- Accurate information must be displayed on the information screens and boards within the department to ensure patients are fully aware of the waiting times.

- Install a banner/display board giving information about 111, local Minor Injury Units and reminding patients that there are alternative places to go for care.

- Evaluate why patients are returning to A&E with the same issue. Is there another pathway for them?

- Ensure the new GP triage system gets up and running as soon as possible to provide extra support for A&E. This system must integrate well with the current A&E pathways