



‘Enter and View’ Report

**Patient Experience of using
the Emergency Department
(ED) at Gloucestershire Royal
and Cheltenham General
Hospitals**

22nd and 23rd August 2016

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1. Introduction

1.1 Healthwatch Gloucestershire

Healthwatch Gloucestershire (HWG) was established in April 2013 as part of the Health and Social Care Act 2012 and is the local independent champion for health and social care in Gloucestershire, giving adults, children and young people a powerful voice in helping to challenge and influence the way health and social care services are planned and delivered locally. One of the primary functions of Healthwatch is to gather local people's views and experiences of health and social care. These are passed on to those who plan and deliver services in Gloucestershire, to the Care Quality Commission (CQC), and to Healthwatch England, to help them identify national trends.

Local Healthwatch address

Healthwatch Gloucestershire, Community House, 15 College Green, Gloucester GL1 2LZ

1.2 What is 'Enter and View'?

Part of the local Healthwatch programme is to carry out 'Enter and View' visits to health and social care services. Local Healthwatch Authorised Representatives* carry out these visits to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, 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 Healthwatch can learn about and share examples of what providers do well from the perspective of people who experience the service first hand.

Healthwatch 'Enter and View' visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they will be reported in accordance with Healthwatch safeguarding policies and procedures. If an Authorised Representative observes anything they feel uncomfortable about, they will inform the HWG Lead Representative who will then speak to the site Lead Contact, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding concern about their employer, they will be directed to the CQC where they are protected by legislation if they raise such a concern.

**An Authorised Representative is a person who has undergone the necessary 'Enter and View' training, been DBS checked and approved by the Healthwatch Gloucestershire (HWG) Board. They are individually appointed to carry out a specific 'Enter and View' activity.*

1.3 Purpose of visits

The purpose of the visits was to:

- Observe patient flow and obtain patient experience of using the Emergency Department (ED) at Gloucestershire Royal and Cheltenham General Hospitals
- Establish whether patients are aware of alternatives to ED and if so, whether they have used them
- Observe the environment and staff/patient interaction

1.4 Strategic drivers

The strategic drivers listed below were the main triggers for the ‘Enter and View’ visits:

- To establish/better understand the dramatic increase in attendances at the ED and patient habits/choices of where they choose to access care
- To support the work of Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) and Gloucestershire Clinical Commissioning Group on patient flow

1.5 Methodology

Eight HWG Authorised Representatives carried out **announced ‘Enter and View’ visits** at Gloucestershire Royal and Cheltenham General Hospitals on the dates shown below. At each hospital they explained the purpose of their visit and conducted a structured survey with patients who were willing/able to take part. A blank copy of the survey can be found in the Appendix. The Authorised Representatives also observed and made notes on the environment and staff/patient interaction in the ED.

1.6 Authorised Representatives

Robbie Duncan, Geoff Gidley, and Pat Eagle, and HWG staff members Barbara Piranty, Anna Rarity, Julia Butler, Sally Latter and Pamela Dewick.

Date of visit	Day of visit	Hospital	Time of Visit
22/8/16	Monday	Gloucestershire Royal Hospital	17.00 - 20.00
22/8/16	Monday	Gloucestershire Royal Hospital	20.00 - 23.00
23/8/16	Tuesday	Cheltenham General Hospital	17.00 - 20.00

1.7 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. It is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed at the time.

1.8 Acknowledgements

Healthwatch Gloucestershire (HWG) would like to thank patients and staff for their contribution to the ‘Enter and View’ programme.

2. General Observations

In addition to conducting surveys of patient experience of using the ED, the HWG Authorised Representatives made general observations of environment and staff/patient interaction. These observations are summarised below.

2.1 Gloucestershire Royal Hospital

Environment - outside

ED signage was visible outside the building, although several patients commented to the Authorised Representatives that they had found the department hard to find. No signs in other languages were observed and no indication of support for patients with a visual or hearing impairment.

Environment - inside

Main waiting area

There are several waiting areas within the ED - a front reception area, a sub-waiting area and a paediatric waiting room and once in the ED, the reception desk was clearly visible. However, the new 'Clinical Navigator' desk was situated alongside the reception, causing some confusion to patients who were often unclear which desk to go to. The Clinical Navigator service is provided by South West Ambulance Service Trust (SWAST), and the clinician's role is to navigate the patient to the most appropriate service for their needs. Several people were observed walking straight past the Clinical Navigator whilst others tried to get through the locked door to the sub-waiting area. Even when authorised to enter the sub-waiting area, access was often observed as problematic, with staff not always available to open it when required.

The main waiting and reception area was clearly set out, although due to some chairs facing away from the door to the sub-waiting area it was not always possible to see the triage nurse when she came out to collect the next patient. The reception desk was extremely high, making it difficult to engage with reception staff, especially if the patient was in a wheelchair or a child, creating a physical barrier to communication. A television was situated on the wall next to the reception desk with pictures and messages on a loop. It occasionally showed waiting times but patients said they often missed this. The waiting times showed the total number of patients in all areas of the ED and the longest waiting time to see a doctor or nurse. This was confusing to patients waiting in the main reception area where there may only have been three or four people waiting to be seen. Both the television and speakers playing music were situated next to or above the reception desk, often making it difficult to hear or be heard by the reception staff without raising your voice. Patients said this could be hard if you wanted to have a confidential discussion.

The toilet in the main waiting area was out of order with no alternative signposted, although the receptionist was able to show the Authorised Representatives another. At 8.15pm this toilet had been out of order for 4 hours, although the Authorised Representatives were told it had been reported.

Walls and noticeboards were observed to be generally tidy, although one notice was observed to be hanging off the wall with another damaged. Leaflets carried details of 'Change 4 Life' and alternatives to the ED such as ASAP and NHS 111.

Seating was arranged in rows, 'back to back' in the middle of the main waiting area with additional seating around the edge. Most were seen to be facing in what an Authorised Representative

described as a “useful” direction, although it was observed that sitting on the left hand side made it difficult to see the triage nurse when they came to call a patient.

There was a small amount of space between some of the seating with limited leg room whilst other seats were missing arms, leaving them bench-like. Some patients said the seats were uncomfortable to sit on, particularly if they were expected to wait for a long period of time, although it was recognised that it was not necessary or advisable to make the environment ‘too comfortable’.

Sub-waiting area

The sub-waiting reception area was observed to be generally tidy with a lower reception desk than in the main reception. This was a busy area with limited seating and space for wheelchairs, although additional seating was provided in the corridor. It was noted that some patients had up to 3 people accompanying them taking up seats that could have been used by other patients, making the waiting area extremely crowded. Seating was reported to be more comfortable here, but there was no reading material visible and several patients and carers mentioned that a water dispenser would be useful. No waiting times were displayed in this area.

At 5.30pm tissues were observed on the floor of the toilet and blood marks visible on the taps. At around 7pm the Authorised Representative saw that the toilets had been cleaned and the toilet paper and soap replenished. No cleaning rota was visible, and an Authorised Representative on the 8pm-11pm visit observed the same toilets as now unclean with toilet paper on the floor.

Paediatric waiting area

The paediatric waiting area was described by an Authorised Representative as a pleasant environment with a TV and false ‘fish tanks’ on the walls. All family members seemed comfortable in this quieter environment. There were lots of interesting play activities and toys for young children, but nothing for older children or adults. Several patients and carers mentioned that a water dispenser would be useful.

Seating in this area was hard and arranged in a square around a children’s play area, with small, soft armchairs for children and a maximum of 5 patients were observed waiting between 5 and 8pm. Mud from a patient’s shoes was observed on the floor, which remained there from 5.30pm to 8pm and small children were observed walking through it. The baby change and toilet were observed as clean.

Interaction between staff and patients

The Authorised Representatives observed reception staff as friendly but the height of the main reception desk caused issues, with only the top of the heads of reception staff being visible. People in wheelchairs, shorter people, children or those who were in pain and could not stretch over the top could find this to be a barrier, especially since reception staff remained seated when greeting people, requiring visitors to lean over to speak to them. There is also a question over the patient’s privacy being protected in such circumstances. The lower reception desk in the sub-waiting area was regarded by the Authorised Representatives as a more effective arrangement. One patient in a wheelchair was observed attempting to speak to reception staff, who had to lean over the top of the desk to see him and raise their voice to make themselves heard.

The Clinical Navigator was observed to be friendly and assisted people entering the ED. However, it was not made clear to people entering the building that he was situated there as a first point of contact/initial triage and that they should speak to him first.

Staff throughout were observed to be polite and patients seen between 8pm and 9pm were observed to be relaxed without showing any signs of anxiety.

Waiting times during the two visits were observed to be quite long. One patient in the main waiting room between 8pm and 9pm appeared to be in pain and had not been triaged after an hour. Staff were not observed talking with patients in the main waiting area between 5pm and 8pm, with the exception of a nurse giving eye drops with a local anaesthetic to a patient with eye pain.

Some patients in the main waiting area between 5pm and 8pm were observed in the sub-waiting area between 9pm and 10pm. During the 5pm to 8pm visit, Authorised Representatives heard complaints about the lack of information on progress.

Triage

The triage nurse stood in the doorway of the sub-waiting area and called out people's names. Some nurses spoke quickly resulting in patients struggling to understand them, whilst other patients struggled to hear due to the music in the main waiting room being too loud.

Children were fast-tracked for triage during the 8pm to 11pm session. In the sub-waiting area patients were seen by nursing staff and although busy it was well ordered, with several patients commenting that they expected long waits. However, there was no indication of when people could expect to be seen and treated.

The visibility of name badges was variable. The Clinical Navigator was observed to have his name badge in his pocket at one point but other staff members were seen to be wearing theirs. Authorised Representatives observed that they did not see or hear professionals introducing themselves to patients clearly, although one patient did make a point of telling an Authorised Representative that in his experience of the sub-waiting room, staff had introduced themselves. Posters observed in the corridor drew attention to the 'My name is...' campaign.

General observations

- There appeared to be a small surge of patients at 6pm. The screen at this point showed 57 patients waiting, although there were only 9 patients plus carers in the main waiting room.
- The Clinical Navigator is an Advanced Nurse Practitioner introduced to reduced waiting time for patients and ensure they are attending the right place for their care. They can send patients to the GP on site, for example. On the day of the visit, he told Authorised Representatives that on a busy day around 30 patients would be sent to the GP. However the name seemed confusing to patients who did not understand why they had to see him before going to reception.
- Despite improvements made to the main waiting area, the sub-waiting area was very overcrowded with patients having long waits.
- People who came back out into the main waiting area to buy drinks/snacks had to queue and see the receptionist to get back through the door to the sub-waiting area. However, it was observed that reception staff did not ask for their name, only whether they had been through to this area before.
- The television in the main waiting area was showing the news. It would have been helpful if live waiting times in the different areas of the ED had been showing instead, together with an explanation of the process. At 11.10pm one Authorised Representative reported having watched the screen for over 10 minutes without seeing any waiting time information.
- Directions to the 'Out of Hours' doctor and other areas were not clear.

2.2 Cheltenham General Hospital

Environment - outside

Signposting to the ED was observed to be clear, both inside and out, but it was noted that the signs could be cleaner.

Environment - inside

Traffic light posters giving information about waiting times were observed in other languages in the waiting area. Television screens displayed limited information on waiting times, appearing briefly but not regularly and one of the Authorised Representatives thought these could be better positioned in the department, enabling all patients to see them clearly.

The reception staff reported that they have access to a translation service if required, and there is a directory of support organisations for people with sensory impairments. If people were under the influence of drugs and/or alcohol, a porter would be called and patients with mental health issues would be observed and supported when and if necessary.

The floor was clean and clear, although empty cups and coke cans were observed as having been left on tables, and toilets were clean and in a good condition. No cleaners were observed for the length of the visit.

The walls were clean but some posters were hanging down. Patient feedback information for June 2016 was on display and there were information leaflets visible. There was a ripped roller banner on display with the words “Is the Emergency Department the right place for you?” and other information available. A banner asking “How did we do?” was observed behind vending machines and not clearly visible.

There were approximately 36 seats arranged in back-to-back rows and around the walls and people chose to sit facing the three triage rooms wherever possible, although these seats faced away from the television screen displaying waiting time information. It was observed that it was hard to see one of the triage rooms from one side of the waiting room.

There were often one or two people supporting a patient, which could make the waiting area feel crowded in a busier session. The seats were hard and may become uncomfortable if the patient was required to wait for a longer period of time before treatment.

The waiting area was described by patients as clinical and austere, but the reception was observed to have welcoming and friendly staff who were clearly visible behind a desk with low screens.

Interaction with staff and patients

Staff were incredibly welcoming to the HWG ‘Enter & View’ team.

Reception staff were pleasant and professional with patients, asking relevant questions and dealing with people quickly. Patients were greeted and given clear guidance as to where to wait. It was noted by Authorised Representatives that having a separate area for a private conversation would be advantageous.

The receptionists provided assistance to patients, such as taking a member of a patient’s family to see her relative in the MRI room (radiology) or helping a patient to the entrance to meet a relative. One person came in with a child in their arms, looking extremely ill, and reception took details before advising they wait in the waiting area where more details were taken.

At one point the desk was unmanned and a queue was forming. The Authorised Representatives were told by staff that only one receptionist was on duty between 23.00 and 07.00.

The interaction between staff and patients was polite and respectful, with the staff appearing to be very approachable. Patients were observed asking for information from reception and being given updates on situations, and receptionists were helpful to those people looking for friends or relatives. A family asked when their daughter was going to be seen and within five minutes they were taken through. Two other patients asked about their wait and both were separately told that there were two people in front of them.

Most patients were calm, although one who had been triaged was visibly distressed and may have been given painkillers. One patient who seemed in pain was waiting to be seen and was given pain relief.

Triage

Triage nurses were only observed at the door to the triage rooms, and although they were seen to be positive in their manner, they did not go help patients with mobility issues. Patients smoking outside when their names were called were overlooked as staff did not go outside to look for them. On one occasion a nurse was observed calling the name of a patient who had been called into triage a few minutes earlier.

Reception staff were asked about what provision was made for those with a hearing impairment. Staff reported that patients with a hearing impairment are usually accompanied, but if they were not reception staff would inform the triage nurses to ensure the patient was not missed.

The ED waiting room is separate from the waiting area for ambulance patients. It is therefore difficult for patients to understand that ambulance patients are prioritised. A number of ambulances were observed bringing in patients during the visit.

Name badges were observed, and triage nurses and doctors were heard to introduce themselves to the patient in the triage room.

General observations

- There is a small sub-waiting room with only 5 seats, which tends to be used for relatives waiting or patients waiting for blood tests/x ray results.
- The ED was very hot on the day of the visit and the air conditioning did not appear to be working very effectively.
- Vending machines were in place and water was made available for a short time with all patients advised to drink if they were able to. Patients were asked to check with reception if unsure whether they could drink before treatment. The water was removed after half an hour.
- With the windows open, smoke was blowing into the main waiting area from people smoking outside.
- An information board about what to expect in the ED would be beneficial, e.g. 1) you will be welcomed by our reception team; 2) a triage nurse will assess you; 3) you will wait to be seen by another nurse or doctor; 4) you may go through to X ray or for other tests etc
- Improved communications systems as above would reduce the number of patients asking reception for updates on waiting times.

3. ED Patient Survey results summary

53 patient surveys were completed as follows:

- Gloucestershire Royal Hospital, 17.00-20.00 - 25 surveys (GRH 1)
- Gloucestershire Royal Hospital, 20.00-23.00 - 16 surveys (GRH 2)
- Cheltenham General Hospital, 17.00-20.00 - 12 surveys (CGH)
- **Total 53 surveys**

Not every person taking part in the survey answered all of the questions. Percentages are therefore indicated based on the number of people who answered each question. Please note percentages may not sum exactly due to rounding. Full analysis and comments can be found in Appendix 1.

For ease of comparison, those attending Gloucestershire Royal Hospital between 17.00 and 20.00 will be referred to as **GRH 1**, those attending between 20.00 and 23.00 will be referred to as **GRH 2**, and those attending Cheltenham General Hospital will be referred to as **CGH**.

Questions 1 and 2 of the survey were only to be asked if necessary - these related to whether the patient needed help understanding English and if yes, whether there was someone who could interpret for them. These questions were not required for any of the participants.

Current and past visits to the ED

Patients were asked who had advised them to go to the ED:

- GRH 1: HCP 9 (36%); NHS 11 5 (20%); someone else/own decision 11 (44%)
- GRH 2: HCP 3 (19%); NHS 11 4 (25%); someone else/own decision 9 (56%)
- CGH: HCP 5 (42%); NHS 11 1 (8%); someone else/own decision 6 (50%)

A GP from the patient's own surgery was the Health Care Professional most often advising patients at **GRH 1** (6; 24%) and **CGH** (3; 25%) to attend.

For the highest proportion of attendees at **GRH 1** (17; 68%) and **CGH** (7; 58%) this was their only visit in the last 12 months. At **GRH 2**, the same number of patients (7; 44%) were visiting for the first time as were visiting for the second or third time. The same number at each session (2) had visited four or more times, although the proportion of overall patients varied between the visits - 8% at **GRH 1**, 12% at **GRH 2**, and 17% at **CGH**.

Reasons given for attending the ED on more than one occasion include:

- Mother is 74 and has had a series of problems. Last time blood clots round heart. Now she has cellulitis.
- Same complaint not sorted on previous occasions.
- Various illnesses. I chose to come along these times. Occasional ambulance.
- Asthma

Anxiety/depression and Long-Term Conditions

None of the patients at **GRH 1** answered the questions about anxiety/depression or long-term conditions.

- GRH 2: Not anxious/depressed 3 (50%); moderately anxious/depressed 3 (50%)
- CGH: Not anxious/depressed 3 (50%); moderately anxious/depressed 3 (33%); extremely anxious/depressed 1 (17%)



A higher number of patients at **CGH** (out of 9 respondents) had a long-term condition than at **GRH 2** (out of 8 respondents):

- Deafness/severe hearing impairment: **CGH 1** (11%)
- Long-standing physical condition: **GRH 2 2** (25%); **CGH 1** (11%)
- Mental health condition: **GRH 2 1** (12%)
- Long-term illness: **CGH 3** (33%)
- Do not have a long-standing condition: **GRH 2 5** (63%); **CGH 2** (22%)

Alternative options

The majority of patients at each session said there was nowhere else that they could have gone, other than the ED, although some patients at both GRH visits said they could have gone elsewhere

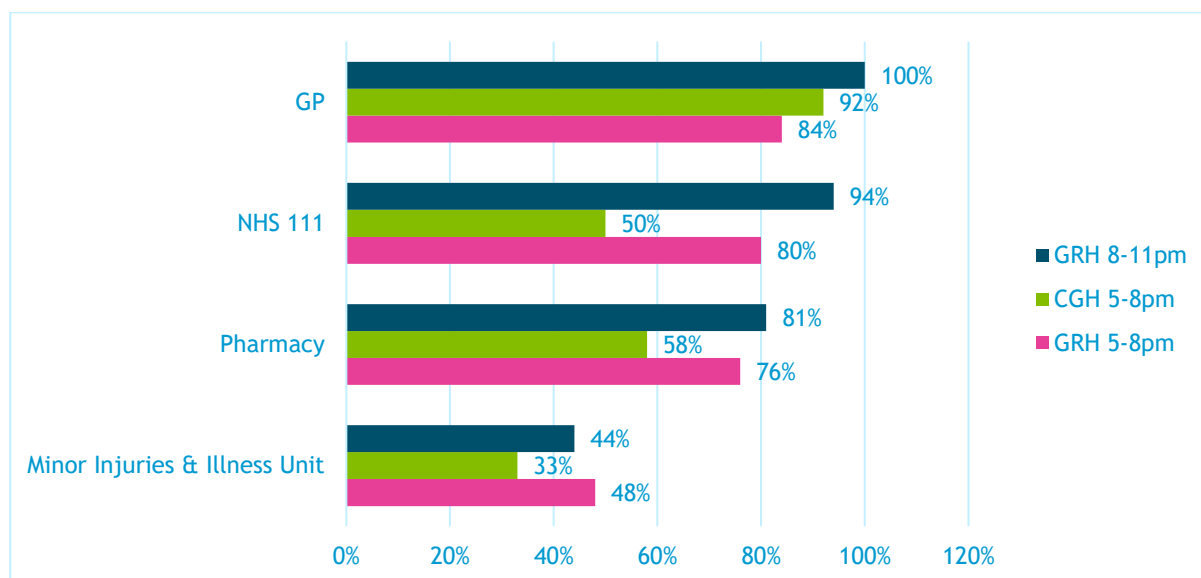
Q. Was there anywhere else you could have gone?

- **GRH 1:** Yes 5 (21%); No 19 (79%)
- **GRH 2:** Yes 3 (20%); No 12 (80%)
- **CGH:** Yes 0 (0%); No 12 (100%)

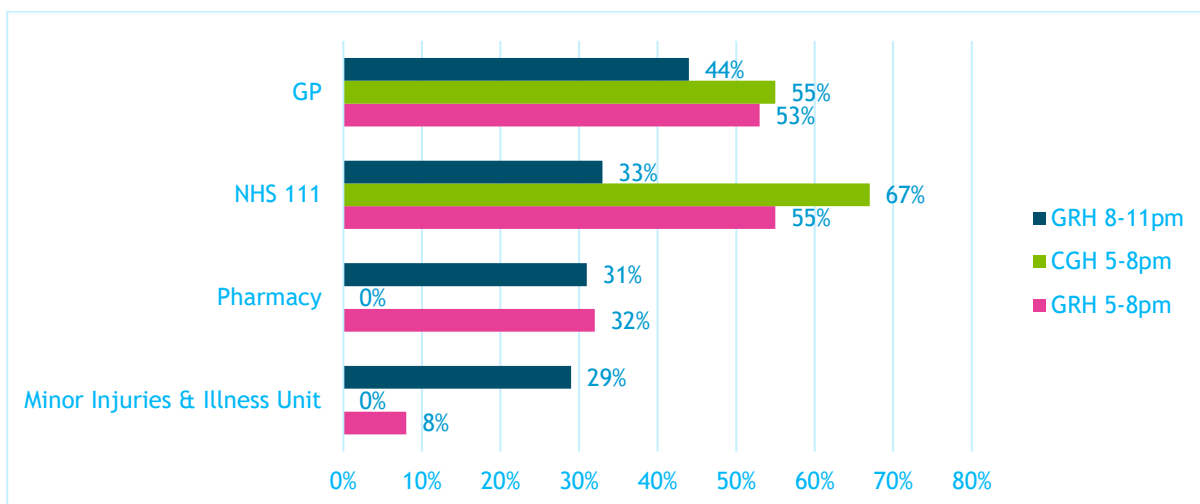
Reasons given for not going elsewhere included:

- Went to Dilke MIU - they sent me to ED at GRH
- Couldn't get appointment at GP - had to ring at 8 in the morning, I am not doing that
- Need x-ray so had to come here
- Not at 6pm. Earlier I would have tried GP.
- Ortho clinic. GP phoned clinic to see if could bring appointment forward but they advised to come here - informed ED.
- Husband didn't want to go to GP
- Had to come as a head injury

Patients were asked which of the alternatives to A&E they were aware of, indicating all that applied. All patients at each session responded to this question.



As a follow up, patients were asked which of the alternatives they had used in the last 12 months. Patients may have attended more than one of these. The numbers responding the question were: **GRH 1 23**, **GRH 2 11**, and **CGH 8**.



Patients were asked about their experiences of the alternatives to the ED. Comments included:

GP

- Difficult to get past reception. Not heard back from them about test I had done.
- Hard to get appointments so had to come to the ED Out of Hours
- Fairly good
- Doctors changing all the time and real issue with lack of privacy on reception at GPs

NHS 111

- Clear, decisive, personable
- Not helpful. Chose them instead of ED but they sent me here anyway. Won't choose them again.
- Used for child. Not so good - scripted. I found it frustrating. Long wait and inappropriate questions.
- They were very helpful but not very specific.

Pharmacy

- Difficult to get drugs you need, but good.
- We have a good pharmacy
- No confidence in local pharmacy. Long waits and incorrect information which has led to meds not being available.
- Really good.

Minor Injuries and Illness Unit (MIU)

- Never thought of using MIU
- Been bounced between MIUs. No one knows what to do so finally ended up in Cheltenham.

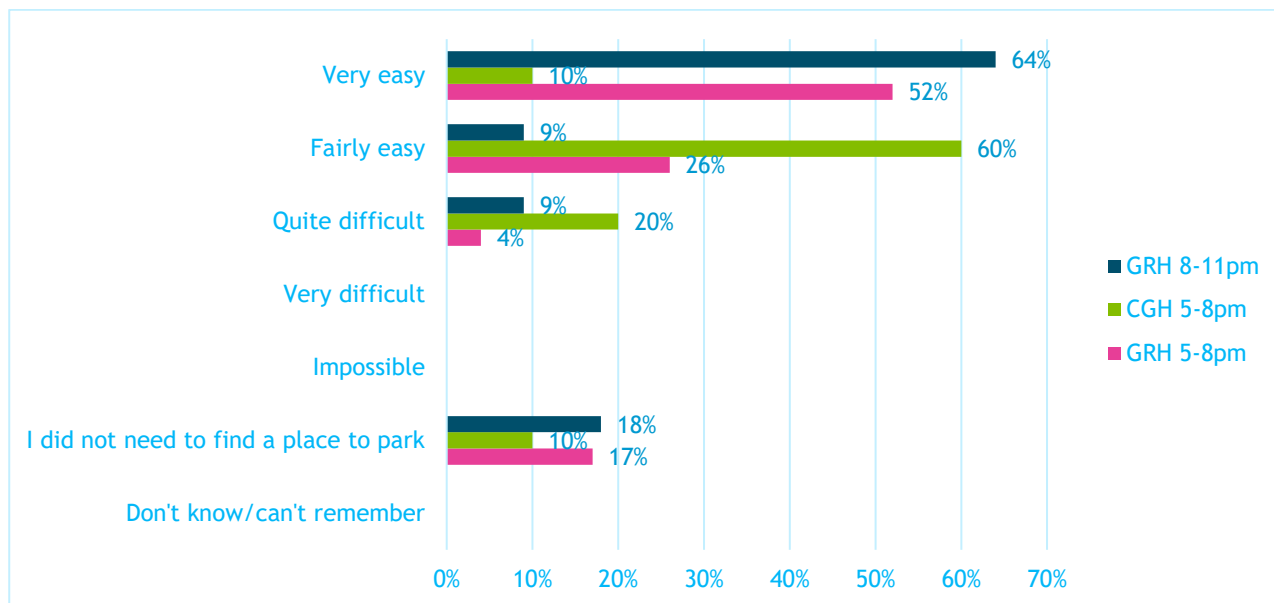
Arrival and reception at the ED

The majority of patients travelled to the hospitals by car (GRH 1 22 (88%); GRH 2 11 (85%); CGH 10 (83%). The breakdown of the other modes of transport was:

- GRH 1: Ambulance 3 (12%)
- GRH 2: Taxi 1 (8%); on foot 1 (8%)
- CGH: On foot 2 (17%)



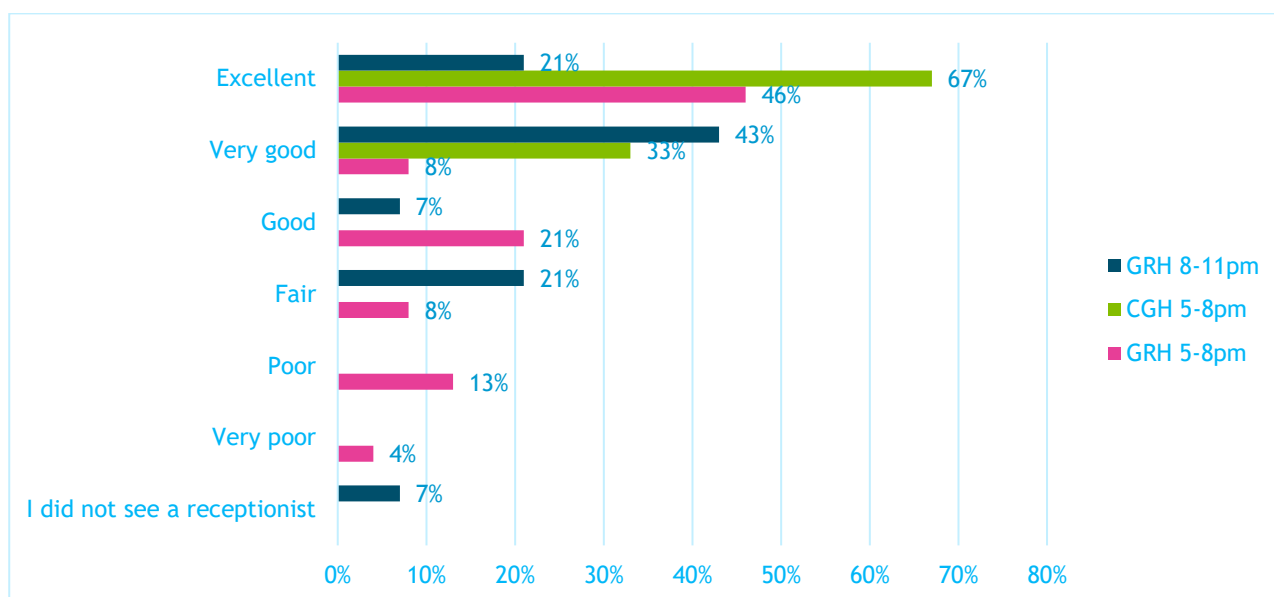
Of the arrivals by car, the majority found it fairly or very easy to find a convenient place to park. The highest proportion of patients who found it difficult to find convenient parking were at **CGH** (2; 20%).



All patients at **GRH 2** and **CGH** reported that it was fairly easy or very easy to find their way to the ED, with 21 (91%) of those attending **GRH 1** also reporting the A&E Department fairly easy or very easy to find. The remaining 2 (9%) at **GRH 1** reported that it was quite difficult to find their way to the ED.

The majority of patients reported they had some ('to some extent') or enough privacy when discussing their condition with the receptionist. However, 5 patients (20%) at **GRH 1** and 2 patients (20%) at **GRH 2** reported that they did not have enough privacy when discussing their condition with the receptionist. 4 patients (16%) at **GRH 1** did not discuss their condition with a receptionist.

Patients were asked about the helpfulness of reception staff. **CGH** staff were reported as 'Very Good' (4; 33%) or 'Excellent' (8; 67%) by all patients. Reactions at **GRH 1** and **GRH 2** varied more widely. At **GRH 1** 3 patients (13%) rated the helpfulness as 'Poor' and 1 (4%) as 'Very Poor'. The lowest rating at **GRH 2** was 'Fair' (3; 21%).

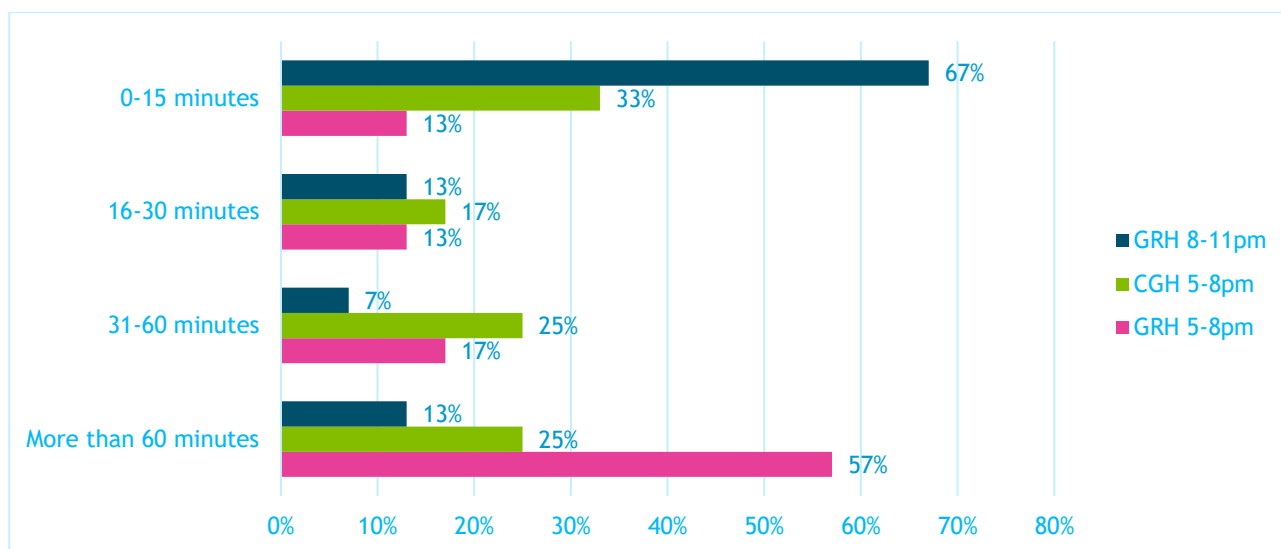


Waiting times and updates

The majority of patients at **GRH 1** (20; 80%) and **CGH** (11; 92%) had already spoken to a nurse or doctor; by contrast, only one patient (6%) at **GRH 2** had spoken to a nurse or doctor.

- Most patients at **GRH 1** who had already spoken to a nurse or doctor had done so after a wait of between 16 and 30 minutes (12; 60%) with the remainder being seen within 15 minutes (7; 35%), although 1 (5%) could not remember how long they had been waiting.
- At **GRH 2** the patient who had spoken to a nurse or doctor did so after a wait of between 16 and 30 minutes.
- One patient (9%) at **CGH** had spoken to a nurse or doctor after a wait of more than 60 minutes, although the majority (9; 82%) had been spoken to within 15 minutes of arrival. One other patient (9%) had had a wait of between 16 and 30 minutes.

The overall times patients had been waiting varied, although the majority (10; 67%) at **GRH 2** had only been waiting for 0-15 minutes. At **GRH 1**, 13 (57%) had been waiting for more than 60 minutes overall.



A few patients at each visit reported that yes, they had worried that they had been forgotten about:

- **GRH 1:** Yes 7 (29%); No 17 (71%)
- **GRH 2:** Yes 3 (33%); No 6 (67%)
- **CGH:** Yes 1 (8%); No 11 (92%)

The majority at all three visits had not been given any updates on waiting times:

- **GRH 1:** Given update 3 (13%); no update 21 (87%)
- **GRH 2:** Given update 2 (14%); no update 12 (86%)
- **CGH:** Given update 4 (33%); no update 8 (67%)

Those patients reporting being given updates were asked how they had been updated on waiting times. Comments include:

- **GRH 1:** I went and asked and got told how many were in front of me.
- **GRH 1:** Told wait is 3-4 hours
- **GRH 1:** TV screen. General waiting times.
- **GRH 2:** Given approximate waiting time
- **CGH:** Used info screen
- **CGH:** I asked nurse and she said she would let me know when she has seen the next patient

Comfort and cleanliness

Patients were asked whether the seats in the waiting area are comfortable. The majority at **CGH** (9; 75%) and at **GRH 1** (13; 59%) answered No, whilst opinions were split at **GRH 2** with 5 (38%) saying No and another 5 (38%) saying Yes, to some extent. Another 3 (23%) at **GRH 2** said the seats were definitely comfortable, although fewer than 10% each at **GRH 1** (1; 5%) and **CGH** (1; 8%) were of the same opinion.

Patients were asked how the seats could be improved. Comments included:

- **GRH 1:** Bigger waiting area, more seats
- **GRH 1 & 2:** More cushioning
- **GRH 1:** Cushioned for long waits
- **CGH:** Better support for back when in pain
- **GRH 2:** More padding and space

Provision of suitable magazines or newspapers at **CGH** appears to meet patient needs, although 10 (83%) said they did not want or need any. The other 2 patients (17%) agreed that suitable magazines or newspapers were provided. By contrast, the majority of patients at **GRH 1** (17; 68%) and **GRH 2** (10; 83%) said no suitable magazines or newspapers were available in the waiting area. Most of the remaining patients did not want or need any, although 1 (8%) at **GRH 2** said they didn't know/couldn't remember.

Patients were asked to suggest ways in which their wait could be made more comfortable. Comments covered issues such as:

- Improved/more comfortable seating (4 comments)
- Provision of water or other drinks (6 comments)
- Better communication/updates on waiting times (11 comments)
- Entertainment (TV, reading material, toys for older children (5 comments)

In terms of cleanliness, the ED at **CGH** was regarded as 'Very clean' (6; 50%) or 'Fairly clean' (6; 50%) by all patients. More than half of patients at **GRH 1** (14; 56%) thought the ED 'Very clean' or 'Fairly clean', but nearly one-third (8; 32%) thought it was 'Not very clean' or 'Not at all clean' (3 patients (12%) had no opinion). At **GRH 2**, 10 patients (83%) regarded the department as 'Fairly clean', with the other 2 patients (16%) regarding it as 'Not very clean' or 'Not at all clean'.

Suggestions for possible improvements included:

GRH 1

- Regular cleaning rota. There is rubbish under some chairs.
- Remove rubbish on floor/remind people to be tidy!

GRH 2

- Early triage late at night as some patients feel unsafe
- Clean it
- Bins & table

CGH

- Tidy up and new paint on walls
- Board with info. Comfier seats.

At least half of the patients at each visit (**GRH 1** 14 (58%); **GRH 2** 5 (50%); **CGH** 6 (50%)) said they had not used the toilets so were not able to comment on their cleanliness. Only 1 patient (4%) at **GRH 1** and 2 patients (20%) at **GRH 2** described the toilets as 'Not very clean'; the rest of the patients at all visits described the cleanliness of the toilets as 'Fairly clean' or 'Very clean':

Emergency Departments

- **GRH 1:** Very clean 1 (4%); Fairly clean 8 (33%); Not very clean 1 (4%)
- **GRH 2:** Very clean 1 (4%); Fairly clean 2 (20%); Not very clean 2 (20%)
- **CGH:** Very clean 3 (25%); Fairly clean 3 (25%)

Suggestions for improvements included:

GRH 1:

- More regular cleaning - haven't seen anyone go in
- More checks maybe - no one has been in while I've been waiting
- More regular checks, on toilet roll especially

GRH 2:

- Clean it - paint it
- Regular checks

Very few patients were bothered by other patients in the ED being too noisy- only 1 (4%) at **GRH 1** and 1 (9%) at **GRH 2** and no patients felt bothered or threatened.

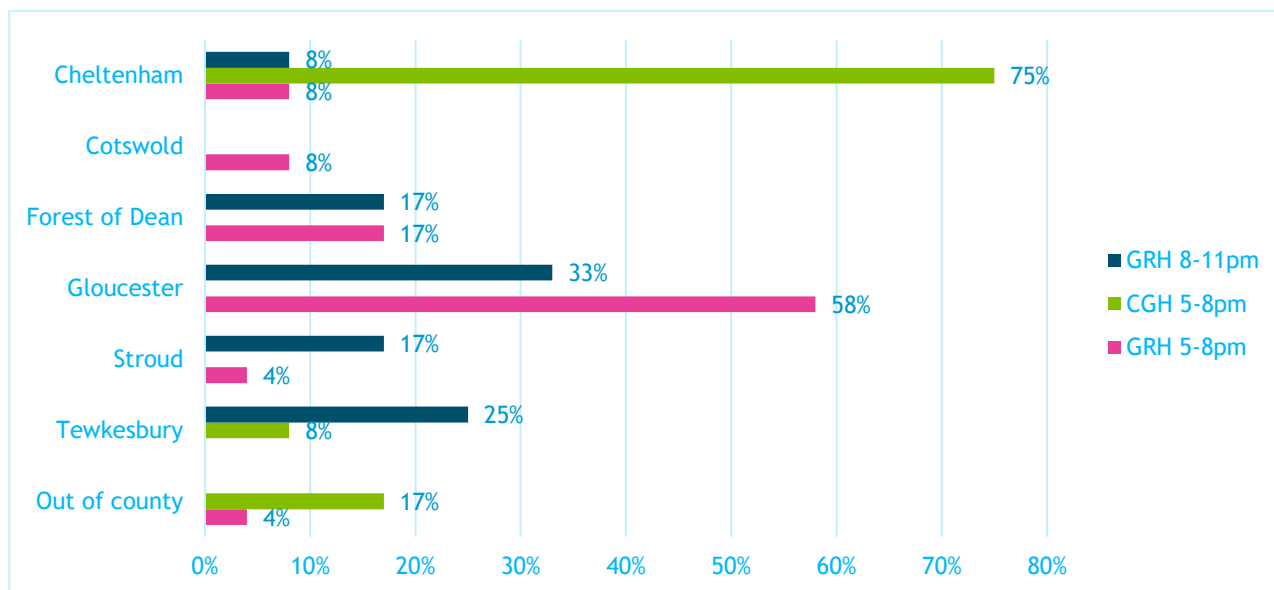
When asked if they had been able to access suitable food or drink, the majority at **CGH** (6; 55%) and **GRH 2** (6; 67%) answered 'Yes', although only 1 (4%) at **GRH 1** could access suitable food or drink. The majority of patients attending **GRH 1** (19; 79%) did not want anything to eat or drink; neither did 3 (33%) at **GRH 2** or 5 (45%) at **CGH**. Only 2 (8%) of patients at **GRH 1** could not access suitable food or drink, whilst another 2 (8%) had been told not to eat or drink.

Demographics

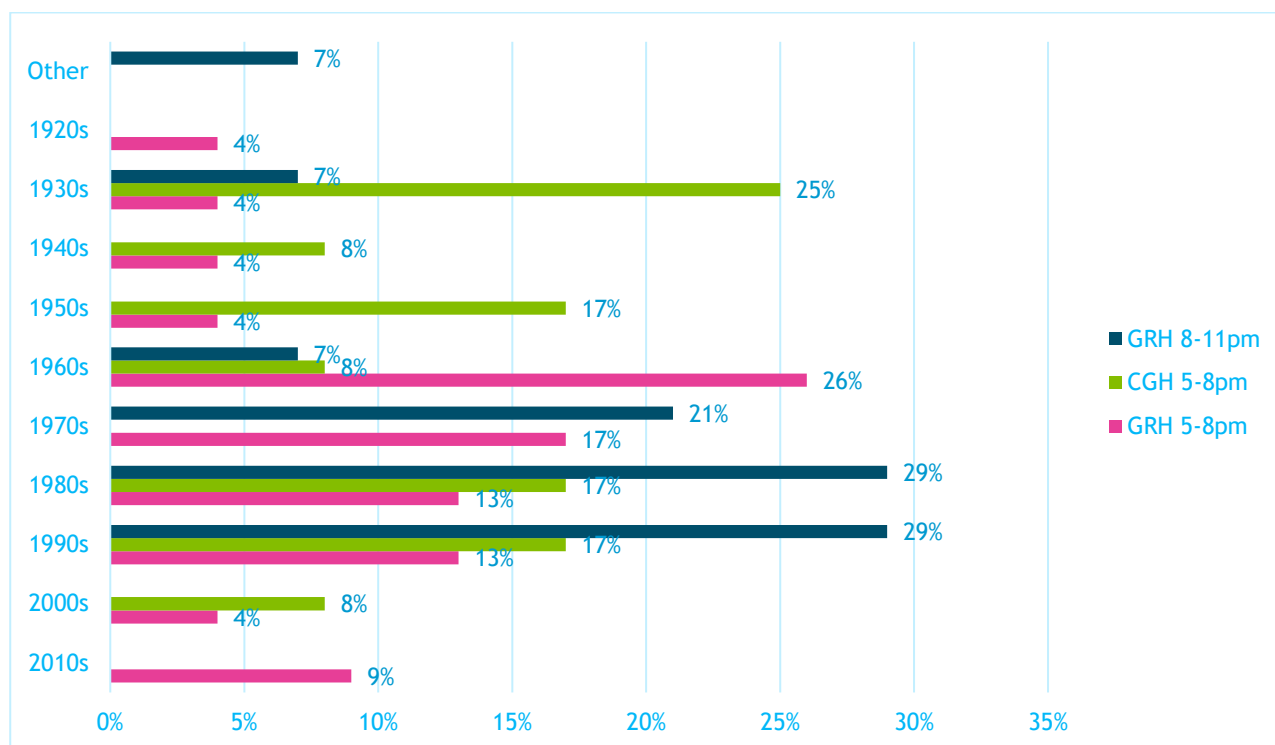
The gender split of patients was:

- **GRH 1:** Male 11 (44%); Female 14 (56%)
- **GRH 2:** Male 9 (64%); Female 5 (36%)
- **CGH:** Male 7 (58%); Female 5 (42%)

Patients were asked where they lived. Their responses have been divided by district:



Patients were also asked for their year of birth:



Other: One patient was described as ‘OAP’ rather than a year of birth given.

In terms of ethnic groups, patients identified as:

- Black or Black British - African (GRH 2: 1 (7%); CGH: 1 (8%))
- Mixed - White & Black Caribbean (GRH 1: 2 (8%))
- White - British (GRH 1: 23 (92%); GRH 2: 13 (93%); CGH 10 (83%))
- White - European (CGH: 1 (8%))

4. Conclusions

The conclusions drawn from the visits by the Authorised Representatives to Gloucestershire Royal and Cheltenham General Hospital EDs should be taken as illustrative of general points. It is acknowledged that the situation in each ED will vary depending on factors such as the level of demand, and patients' perceptions will also differ depending in part on the circumstances leading up to their arrival at the ED and the severity of their condition. The conclusions and recommendations are intended to highlight matters which were repeatedly raised by patients taking part in the survey, along with the observations made by the Authorised Representatives.

General

- **Sources of advice:** Overall, 51% of those who took part in the survey were advised to go to the ED by a healthcare professional or NHS 111. Of these, 19% were GPs at the patients' own surgery.
- **There was no 'perceived' suitable alternative at the time:** Although 15% of respondents overall said there was somewhere else they could have gone rather than attending the ED, the overwhelming majority did not consider there to be an alternative option. Reasons for this included the need for x-rays or specialist equipment, the reason behind the patient's visit occurred 'after hours', or in the case of visitors to the area that they did not know of the alternatives available to them.
- **Patients were aware of alternatives to the ED:** The majority of patients were aware of alternatives to the ED such as GPs, NHS 111 and Pharmacy, all of which scored 50% and over for awareness as options. The Minor Injuries & Illness Unit (MIIU) had the lowest recognition levels among the four options, with only 43% overall indicating an awareness of the service. This figure was lowest at CGH where only 33% of patients were aware of MIIU, although 75% of patients at CGH were from Cheltenham where there is no MIIU available.
- **Information about waiting times:** The majority of patients did not feel they were kept informed about waiting times - 82% overall said they had not been updated. Information provision appears to be better at Cheltenham General, where 33% of patients said they had been kept updated, compared with Gloucestershire Royal where only 13% across the two visits said they had been kept updated.

Gloucestershire Royal Hospital

- **Clinical Navigator:** It is not made clear to people arriving at the ED what the purpose of the Clinical Navigator (CN) is. On arrival, no one explained the support the CN could provide and that they are supposed to be the first point of contact. Patients were observed walking straight past the CN to get to the reception desk and were sometimes sent back to the CN.
- **Reception desk - barrier to communication:** Although the reception desk is clearly visible, the height of the desk is a barrier to communication and patient privacy. When staff are seated only the tops of their heads are visible, and visitors have to lean over to speak to them. People in wheelchairs, shorter people, and those who are in pain and cannot stretch over the top to talk to a staff member could find this off-putting. This issue was specifically raised by a patient, who said: "*In the reception area I found it awkward talking to receptionist over the high desk.*" Authorised Representatives also observed an older gentleman in a wheelchair who could not be seen by the staff, who eventually leaned over the desk and had to raise their voice to be heard by him when asking for his details.



- **Reception desk - privacy issues:** The communication issue posed by the height of the reception desk has a knock-on effect as regards the privacy of the patient. 20% of the total patients spoken to at GRH said they did not have enough privacy when discussing their condition with the receptionist. By contrast, no patient at CGH said they did not have enough privacy. Two speakers directly above the reception desk, playing music, did not help patients trying to make themselves heard or hear what the receptionist was saying. The music also affected the ability of patients to hear the nurse calling the next patient into the sub waiting room.

Cheltenham General Hospital

- **Reception area:** In terms of helpfulness, all the patients rated reception staff as either 'Very good' or 'Excellent' and no one raised the issue of lack of privacy when discussing their condition with reception.
- **Seating:** The majority of patients (75%) regarded the seating in the waiting area as uncomfortable. This was a noticeably higher rate than at GRH. Although, judging by their comments, most patients were not overly concerned about the hard seating, many of them would have appreciated cushioning and there were comments about needing better support for back pain, particularly in relation to longer waits for treatment. A patient commented that whilst they appreciated it is important not to make the waiting area 'too comfortable' so as not to encourage unnecessary visits, where extended waits are concerned patients with more severe conditions would appreciate more comfortable seating.

5. Recommendations

As a result of the visits the following recommendations are suggested:

General

- **Improvements to communication about waiting times:** The majority of patients did not feel they were kept updated about waiting times, although it was noted that there were screens which periodically broadcast general information. HWG recommends that more specific information relating to the waiting times in the different areas of the ED be provided so that patients are better informed as to how long they should expect to wait. Also, consideration should be given to providing patients with information on patient flow and where they should go on arrival at the ED
- **Staff attitude:** Consideration should be given to ensuring all staff begin their interaction with patients 'My name is...'
- **Hydration:** Consideration should be given to providing access to water on both sites
- **Infection control/cleaning:** Consideration should be given to setting up and displaying a cleaning rota, especially for the toilets

Gloucestershire Royal Hospital

- **Signposting on arrival - Clinical Navigator:** The Authorised Representatives saw the value of the Clinical Navigator as a means of reducing waiting time for patients by signposting them to appropriate areas. However, an assessment should be made of the name (Clinical Navigator), signage and information made available to patients on arrival at the ED to ensure they understand the CN role, the difference between this and reception, and the different options available to them. Information about the alternatives should be clearly visible on top of the CN desk and not underneath where no one has access to them. Consideration should also be given to the positioning of the CN desk to capture people immediately on their arrival at the ED as the current positioning contributes to patient confusion.
- **Reception desk:** The current height of the reception desk in the main waiting area is both a barrier to communication for patients and also raises concerns over patient privacy when discussing their condition. Consideration should be given to the feasibility of lowering the height of the desk and possibly adding a screen for staff safety, similar to CGH.

Cheltenham General Hospital

- **Seating:** Consideration should be given to the possibility of providing some form of cushioning to improve the comfort of patients, especially those with back pain or when experiencing long waits to be seen.

6. Service Provider response

Gloucestershire Hospitals NHS Foundation Trust



Gloucestershire Hospitals 

NHS Foundation Trust

Alexandra House
Cheltenham General Hospital
Cheltenham
Gloucestershire
GL53 7AN
Tel: 0300 422 4721
e-mail: deborah.lee@glos.nhs.uk

Barbara Piranty
Chief Executive
Healthwatch Gloucestershire
Community House
15 College Green
Gloucester GL1 2LZ

Dear Barbara

'Enter and View' visits to Emergency Departments at Gloucestershire Royal Hospital and Cheltenham General Hospital- 22nd and 23rd August 2016

Thank you for your letter dated 21st December 2016 offering us the opportunity to comment on the conclusions and recommendations made in the final report following the 'Enter and View' visits to the Emergency Departments at Gloucestershire Royal Hospital and Cheltenham General Hospital.

We found the report both interesting and informative. This external view of our hospital provides a "critical friend's" view, at a snapshot in time, of the service we provide to our patients and service users and as such provides a helpful set of insights to staff and more formally input to shape our improvement priorities and plans.

In response to the recommendations of the report, the Trust is exploring the feasibility of these, in conjunction with our Emergency Care Programme.

Please find our response to each of the suggested recommendations below.

Improvements to communication about waiting times

We have noted that Healthwatch Gloucestershire have recommended that we should improve our communication regarding waiting times. We note also in the report that patients did not feel they were kept up to date regarding waiting times. We previously acknowledge that we needed to do better in this regard, and introduced the screens in both Emergency Departments, which provide some information. We accept however that this could be improved further and as such will review the frequency of the updates and the information that is displayed. Furthermore, in future, our reception team will provide the current waiting time for triage to patients as they book

Chair: Peter Lachecki
Chief Executive: Deborah Lee



in at the reception desk. The standard waiting time for triage should be within 15 minutes of arrival though we acknowledge that we do not always achieve this, when the department is busy or short staffed.

Our current IT infrastructure means it is challenging to display additional information on waiting times in specific areas and by the nature of an Emergency Department, the waiting times to be seen in a given area are determined by a combination of time in the department and the acuity of the patients arriving. However, should any patients or service user within the department wish to have an indication of the waiting time for them to be seen, they should speak to reception or a member of the nursing team. Of course, we aim to have at least 95% of our patients seen, treated and either admitted for further treatment or discharged from the Emergency Department within 4 hours of their arrival. We will reinforce the importance of communicating waiting times to patients through our Customer Care training we deliver for reception and administrative staff.

Staff Attitude

It is obviously disappointing to read that not all staff introduced themselves to the patients they saw. The message of the importance of this will be reinforced to all staff working within the Emergency Departments including our medical, nursing, allied health professional, administration and support teams. It is really important to us that everyone feels welcome in our departments and is aware of who they are talking to and the role that the staff member holds.

Audits will be conducted in the near future regarding the visibility of ID badges and compliance with staff introducing themselves, on a quarterly basis. As you are aware we have signed up to the 'Hello my name is.....' Campaign and we will continue to reinforce this.

Hydration

The report recommends that access to water is provided on both sites. There are vending machines available in the waiting rooms at both of our Emergency departments and we have asked that the stock levels in these are monitored more closely. There are water fountains located in both Emergency Departments that patients and other service users are welcome to access. We acknowledge that there are not dedicated facilities in every area where patients may wait once through the main waiting area and unfortunately some of this is limited by our current estate and the space within. Of course, any member of staff can be asked for a drink and they will happily direct visitors to our department appropriately. We will explore the possibility of improved signage indicating the location of the water fountains over the next few months.

Infection Control/ Cleaning

We note the recommendations regarding setting up and displaying of a cleaning rota especially in the toilet areas. This has been escalated to our domestic services team and will be acted upon.

Gloucestershire Royal Hospital

Signposting on arrival – Clinical Navigator

As highlighted in the report the Clinical Navigator service is provided by the South West Ambulance Service Trust and it is encouraging to read that the Authorised Representatives recognised the benefits of the work that this service is able to offer. The name is used in many localities across the country as the idea of the role is that the clinician can navigate the patients to the most appropriate service for their needs, facilitating timely access to appropriate services for all patients and maximising the most effective use of resources to support safe, high quality care. The recommendation of the report clearly demonstrates that there are improvements that this service can make. As such, the Trust together with colleagues from South West Ambulance and the Gloucestershire Clinical Commissioning Group are costing some estates work which will facilitate a more confidential area for the clinical navigator to operate from and improve the signage. This is challenging within the current estates space available though we do acknowledge that the current system is less than ideal.

We would anticipate an improved solution being in place in early 2017.

Reception Desk

We have asked our provider, Bilfinger, to supply a proposal for an alternative reception desk and indicate the likely cost of this. If we are to lower the desk height, we would consider the safety risk to our staff and have asked that this is taken into account in our proposed alternatives with options to include screens to be considered.

Cheltenham General Hospital

Seating

The choice of chairs in waiting areas at Gloucestershire Royal Hospital and Cheltenham General Hospital has been driven by the need for the facilities in both Emergency Departments to be easily cleaned to maintain a safe and clean environment and maintain Infection Prevention and Control standards.

However, we do accept that seating is insufficient and uncomfortable and will be exploring options for its replacement. Any proposed changes will have to be assessed on the grounds of infection prevention and control risk, patient satisfaction and cost.

We would like to thank you once again for carrying out these visits and sharing your findings with us. We continue to look forward to working with Healthwatch during 2017.

Yours sincerely



Ms Deborah Lee
Chief Executive

South Western Ambulance Service NHS Foundation Trust



South Western Ambulance Service 
NHS Foundation Trust

Section 2.1 Environment - The Clinical Navigator service is provided by South West Ambulance Service Trust (SWAST), and the clinician's role is to navigate the patient to the most appropriate service for their needs.

"The Clinical Navigator service is a collaborative Primary Care Pilot scheme between South West Ambulance Service (SWAST) and Gloucestershire Hospitals Foundation Trust (GHNHFST) and the Clinical Navigator role is to stream patients not requiring acute care into primary care."

Section 2.1 General Observations - The Clinical Navigator is an Advanced Nurse Practitioner introduced to reduced waiting time for patients and ensure they are attending the right place for their care. They can send patients on site to the GP, for example.

"The Clinical Navigator is an Advanced Nurse Practitioner introduced to stream patients presenting to the Emergency Department with primary care presentations or minor illnesses ensuring patients receive expert care whilst reducing waiting times and improving flow through the Emergency Department"

Section 5

Signposting on arrival – Clinical Navigator: The Authorised Representatives saw the value of the Clinical Navigator as a means of reducing waiting time for patients by signposting them to appropriate areas. However, an assessment should be made of the name (Clinical Navigator), signage and information made available to patients on arrival at the ED to ensure they understand the CN role, the difference between this and reception, and the different options available to them. Information about the alternatives should be clearly visible on top of the CN desk and not underneath where no one has access to them. Consideration should also be given to the positioning of the CN desk to capture people immediately on their arrival at the ED as the current positioning contributes to patient confusion.

Response:

The provision of a Primary Care service within the Emergency Department commenced on the 5th January 2015 as a Pilot scheme to integrate Urgent and Emergency Care services. The original Pilot model streamed patients at the reception desk of the Emergency Department but an early review demonstrated that this was ineffective. Following a recommendation from the Monitor Operational Support Team, the use of a "Clinical Navigator" at the front door was tested and the Streamlining Urgent Care Programme Board recommended this model and the Gloucestershire Clinical Commissioning Group approved funding for the Pilot scheme until March 2017. In the event of funding being withdrawn, the Pilot will cease.

The objectives of the Pilot service include: streaming patients to the right care, provide expert care for patients presenting to Emergency Departments with primary care presentations or minor illnesses, provide expertise about the availability of and capability of alternative health services, reduce waits and improve flow through the Emergency Department and development of an integrated whole system approach to Urgent and Emergency Care.

As a collaborative pilot scheme, the responsibility of GHNHFST includes providing space within the Emergency Department for the Primary Care team to operate, which meet the relevant guidelines for patient confidentiality, safety, and delivery of care in an Emergency setting. The responsibility of SWAST includes ensuring name badges and uniform reflect that the Primary Care service is being provided by SWAST and to include the provision of clear signage.

The Clinical Navigator should intercept self-presenting patients and invite patients/carers to discuss their reason for attendance to the Emergency Department, ensuring patient confidentiality is maintained at all times, identifying suitable patients for the Primary Care



stream or the Emergency Department stream. The Clinical Navigator should also monitor and safeguard the welfare of patients waiting to see the Primary Care clinician. It has been recognised within the duration of the Pilot scheme that the Emergency Department physical environment would require significant investment to provide a new Urgent Care facility. As this is a collaborative Pilot scheme that is presently funded until March 2017, the feedback provided will be submitted to the joint SWAST, GHNHFST and GCCG Primary Care Pilot project team for assessment and consideration of implementation.



NHS Gloucestershire Clinical Commissioning Group



Barbara Piranty
Chief Executive

Sanger House
5220 Valiant Court
Gloucester Business Park
Brockworth
Gloucester
GL3 4FE

Sent via email to
Barbara.piranty@healthwatchgloucestershire.co.uk

Tel: 0300 421 1415
Email: mary.hutton1@nhs.net

Our Ref: MH/ad'b

25th January 2016

Dear Barbara

Thank you for giving Gloucestershire Clinical Commissioning Group (GCCG) the opportunity to comment on the final version of the Healthwatch Gloucestershire 'Enter and View visit to the Emergency Department' Report.

We were interested to see the findings of the Healthwatch Gloucestershire Group. It is helpful for us as local NHS commissioners to understand the way that services are experienced and perceived and we will be working with our providers to improve our Emergency Departments, based on your recommendations and in conjunction with the acute Trust's Emergency Care Programme.

There is always learning to be gained for both commissioners and providers from each individual's experience and we remain committed to working closely with Gloucestershire Hospitals NHS Foundation Trust (GHFT) to improve the performance of our Emergency Departments (EDs) and improve the experience for patients.

For ease we have prepared responses to each of the report's recommendations in turn below:

Report recommendations

Improvements to communication about waiting times

It is noted that Healthwatch Gloucestershire's experience was that patients did not feel that they were kept up to date with the latest waiting times. We are aware that GHFT have introduced screens in both EDs and are subsequently reviewing the updates provided on the system based on your recommendations.

On a broader scale, GHFT and the CCG both actively use social media as a platform to communicate with patients when ED is particularly under pressure. NHS Digital are also working on a National online system that will provide ED waiting times for all hospitals to patients.

Staff Attitude

We were disappointed to hear about your experience with the staff within the Emergency Departments. We understand that GHFT have addressed this as a matter of most importance.

The CCG and GHFT support the '#hellomynameis' campaign, which aims to make a difference to patient experience by asking staff to properly introduce themselves to every patient they meet. We support and recognise the efforts being made by the Trust to improve staff communication and patient experience via this campaign.



Hydration

We understand that there are adequate and appropriate facilities for patients, and staff currently have a checklist which helps them prompt patients to drink water during their time in ED. However, based on your findings, it has been noted that these facilities would benefit from improved signage and direction. It is our understanding that the Trust are exploring the possibility of additional signage to help direct visitors to the appropriate facilities.

Infection Control and Cleaning

We understand that the recommendations from Healthwatch Gloucestershire have been escalated to the domestic services team at GHFT and has been actioned accordingly.

Gloucestershire Royal Hospital: Signposting on arrival – Clinical Navigator

We are pleased to read that the Authorised Representatives saw the value of the clinical navigator. In line with your recommendations, we are currently working with GHFT and South West Ambulance Service (who provide the service) to finance and develop a more confidential space for the clinical navigator to operate in. This will also include signage to help patient's understanding of the role, and we aim to have a solution by early 2017.

Gloucestershire Royal Hospital: Reception Desk

GHFT have requested a proposal for an alternative reception desk based on your recommendations, and will be taking into account having additional screens for staff safety.

Cheltenham General Hospital: Seating

Based on your recommendations, GHFT will be exploring options for replacing the chairs in the waiting areas at Gloucester Royal Hospital and Cheltenham General Hospital.

Thank you again for your continued commitment and interest in the quality and experience of Gloucestershire's health services. We appreciate your feedback and look forward to continuing our work with Healthwatch Gloucestershire in the future.

Yours sincerely

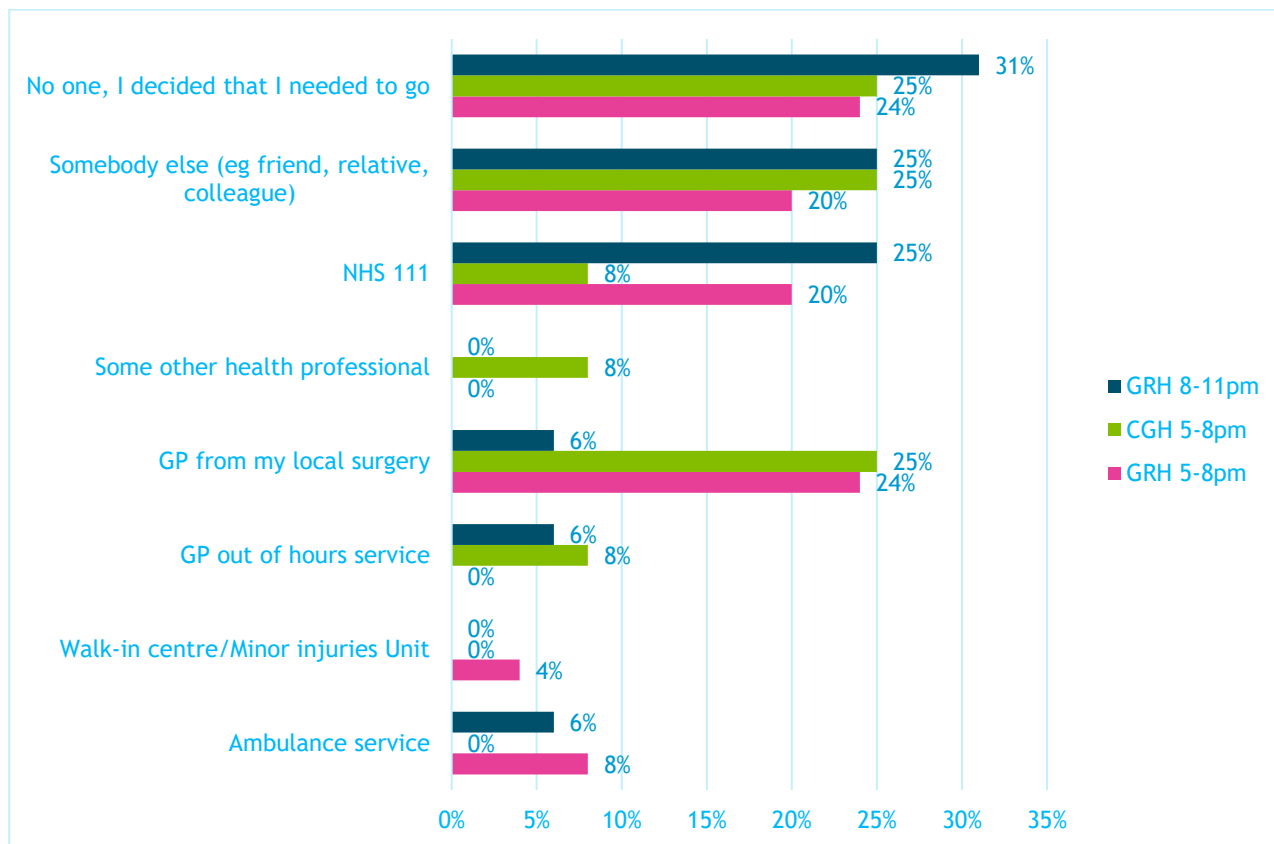


Mary Hutton
Accountable Officer
NHS Gloucestershire Clinical Commissioning Group

Appendix 1: Patient Survey Results tables and full comments

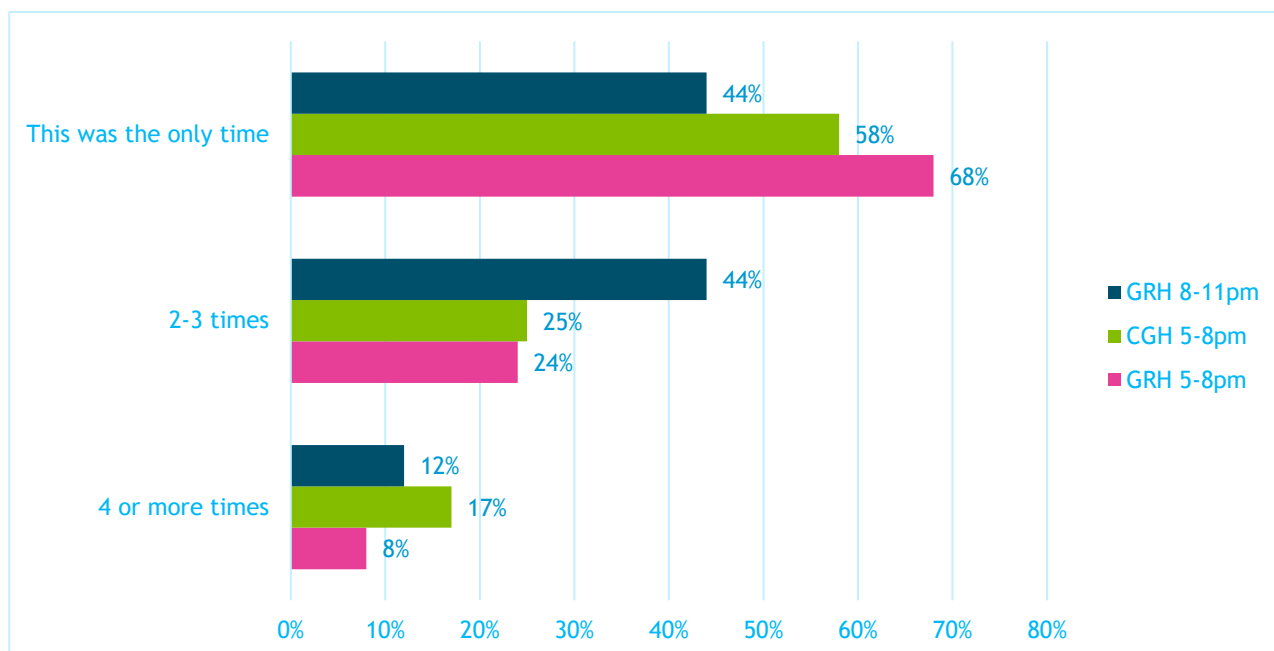
Q3. Who advised you to go to the ED? (tick one only)

GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 16 responses



Q4. How many times (including this one) have you visited an ED as a patient in the last 12 months?

GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 16 responses

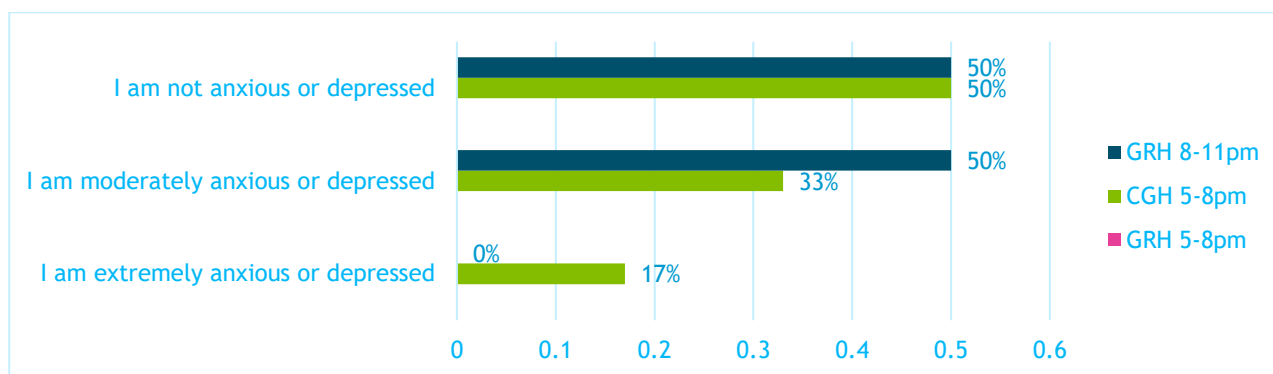


Q5. If more than once, can you tell us why?

GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
Out of hours doctor	2 separate things	Hit in face. Abscess on hand. Bleeding hand
Mother is 74 and has had a series of problems. Last time blood clots round heart. Now she has cellulitis.	Various symptoms	Strangulated hernia
Same complaint not sorted on previous occasions	1 st time my chest; 2 nd time my arm	Asthma
6 months pregnant, I have had quite a few problems	Same condition. Not resolved	Children's accidents etc. This time something stuck in my throat
Work injuries	Various illnesses. I chose to come along these times. Occasional ambulance	Stomach acid. Now collapsed lung
Rugby injuries		
Children's injuries		

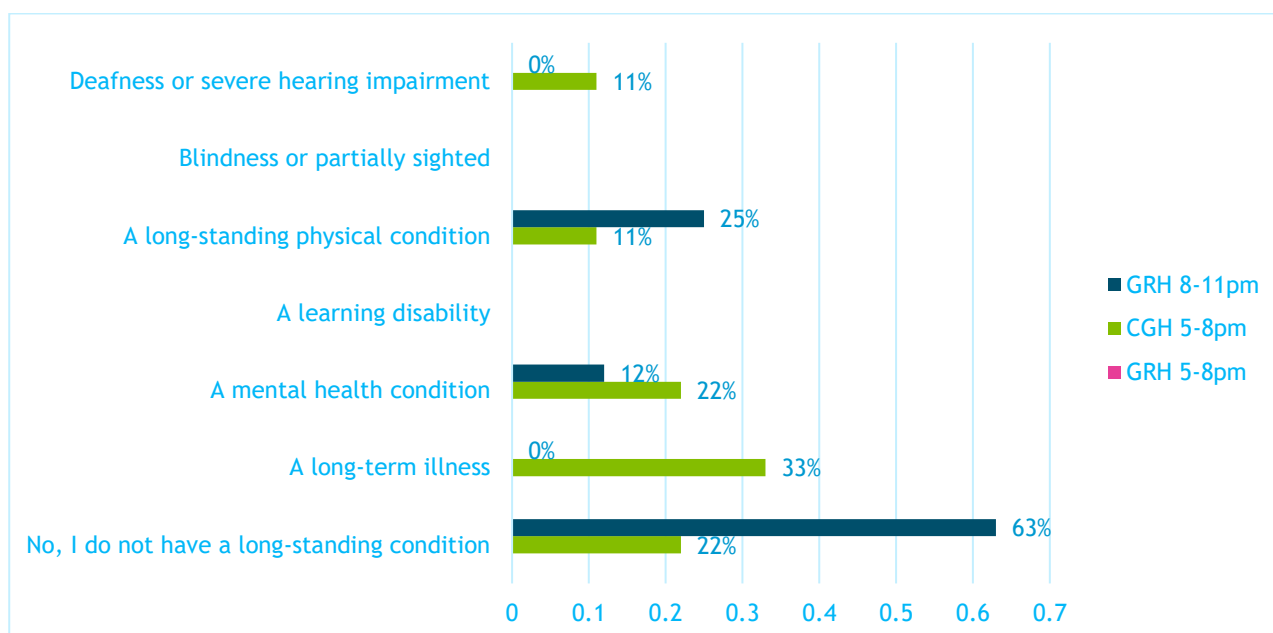
Q6. Are you anxious or depressed?

GRH 5-8pm: 0 responses; CGH 5-8pm: 6 responses; GRH 8-11pm: 6 responses



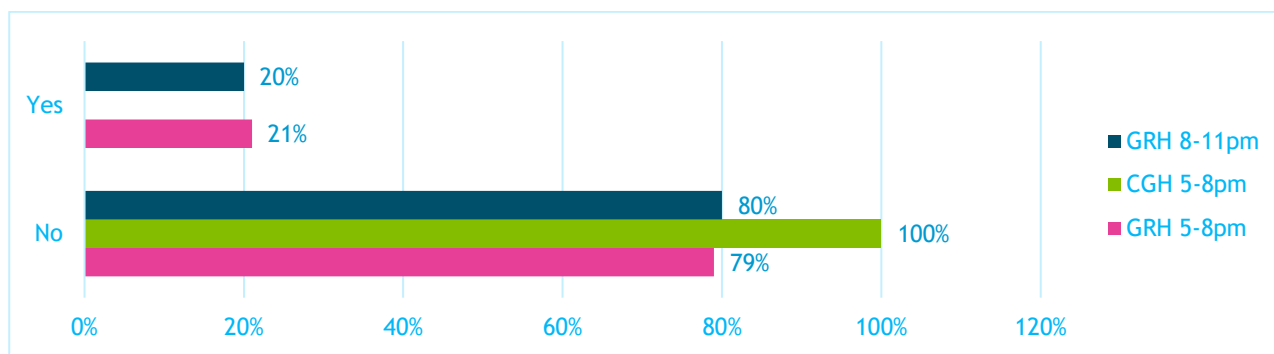
Q7. Do you have any of the following long-term conditions? (Tick all that apply)

GRH5-8pm: 0 responses; CGH 8-5pm: 9 responses; GRH 8-11pm: 8 responses



Q8. Was there anywhere else you could have gone?

GRH 5-8pm: 24 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 15 responses

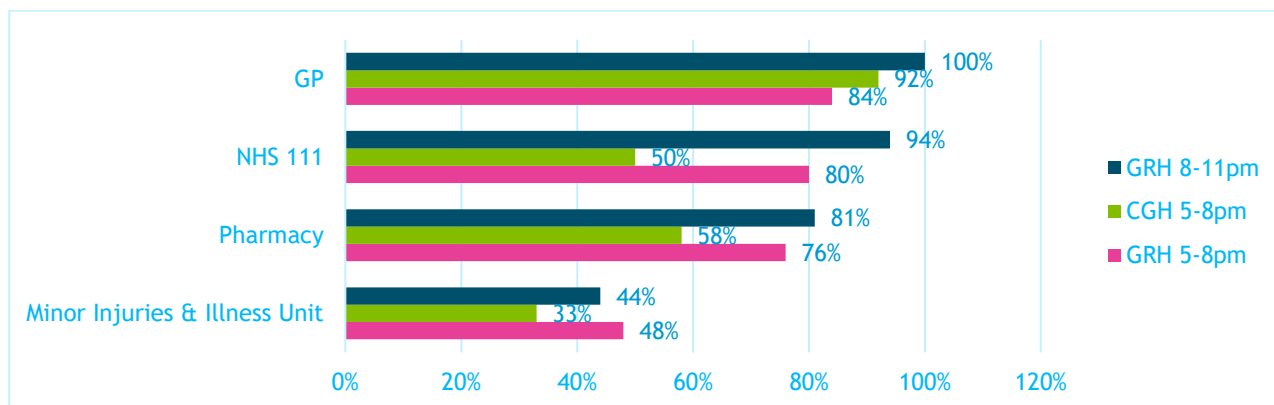


If yes, where? Why didn't you?

GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
I knew GP was best as I am a healthcare professional and GP sent me to A&E	Moreton, Bourton, Northleach. 4 th place today	Stroud MIU. Girlfriend thought A&E would be better
Went to Dilke MIU - they sent me to GRH A&E	Didn't know any local options. My problem probably needs ED anyway	Stroud or Dursley - but NHS111 said there was specialist equipment in Gloucester
Had to come as a head injury		Advised to go to A&E
Need x-ray so had to come here		It happened after hours
NHS 111 told me to come		Husband didn't want to go to GP
Not that I am aware of		They are closed. Tewkesbury/Evesham
Parents in car accident - have head wounds and whiplash		
Couldn't get appointment at GP - had to ring at 8 in the morning, I am not doing that		
Not at 6pm. Earlier I would have tried GP		
MIU but someone else called the ambulance. I didn't think it was necessary		
Tewkesbury, Ledbury/Ross. X-ray on certain days only		
Ortho clinic. GP phoned clinic to see if could bring appointment forward but they advised to come here - informed ED		

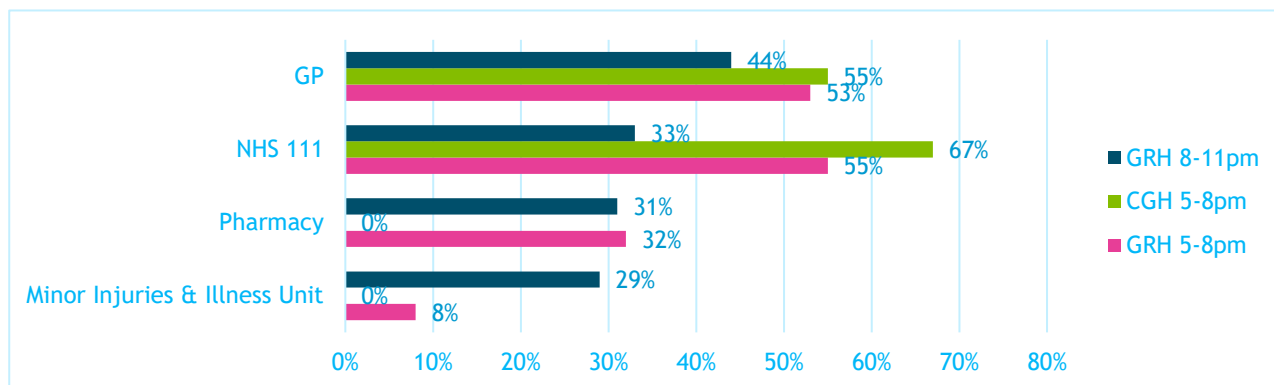
Q9. Are you aware of the alternatives? (Tick all that apply)

GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 16 responses



Q10. If so, which have you used in the past 12 months?

GRH 5-8pm: 23 responses; CGH 5-8pm: 8 responses; GRH 8-11pm: 11 responses. Patients may have attended more than one of the alternatives.



Additional comments:

GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
NHS 111 - Out of Hours appointment	Last time I called NHS 111. But this time I didn't	Lydney & GRH for dialysis. OAP
I use my pharmacist all the time	GP - not available	GP - happy
Aware of alternatives but there was no alternative - I fell off mountain bike	GP - prescriptions. NHS111 - really handy, polite & helpful, tried to go through to a nurse, got call back within 5 mins. Put on hold and music is really loud	NHS111 told me to go to A&E
I am nearly 90, don't really know about NHS111 and MIU. I use the pharmacy	GP. Hospital@Home	Pharmacy x 2 - minor things
Work in health sector so more educated		GP numerous; NHS111 - once; Pharmacy - regular
NHS111 said had to be seen within 2 hours after being discharged from hospital. Wouldn't use pharmacy, only for prescriptions		
Use pharmacy quite often. Often ask their opinion		
Use doctor all the time. NHS 111		
GP. Pharmacy to collect prescriptions only		
None - try to avoid them		

Q11. What was your experience of them?

GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
NHS111 Good - but long wait potential	NHS111 - I thought they were good	GP Good
GP can take ages to see	GP; Hospital@Home Good local services	Can wait a long time for GP to call
GP Difficult to get past reception. Not heard back from them about test I had done. Rosebank Surgery 2/52	GP brilliant. Winchcombe Medical Centre. NHS111 - too much talking. Repeat themselves. Can't comprehend - no common sense	GP amazing. Pharmacy - difficult to get drugs you need but good - Yorkley
GP Long waits for appointments	NHS111 - They were very helpful but not very specific	GP - good, St Johns. NHS111 - brilliant. Pharmacy - really good, Badhams St Johns
NHS111 - really good	GP fairly good	Pharmacy - Tuffley - good; NHS111 - good; GP - v good, Aspen Centre
We have a good pharmacy in Stow on the Wold	GP - Receptionist - gatekeeper. Certain times and days	GP Good. Severnbank, Lydney
NHS111 - clear, decisive, personable	GP Positive	
MIIU Dilke - OK. NHS111 - not v good, I am a home carer - took 9 hours for ambulance to come for a client as NHS111 didn't pass on message to ambulance service	Been bounced between MIIUs. No one knows what to do so finally ended up in Cheltenham	
Suffering from double vision. Rang OOH GP on Thursday after seeing optician. Saw ophthalmologist at CGH next day and have now come to GRH as my double vision has persisted. Waiting to be referred to neurology	Crescent Bakery GPs. Doctors changing all the time and a real issue with lack of privacy on reception at GPs	
NHS111 - clear, decisive, personable		
NHS111 pretty good		
GP is useless - GHAC; NHS111 are useless		
NHS111. Never thought of using MIIU		
OK - never order prescriptions		
NHS111 - continuous questions tiring		
GP - ok but long wait for appointments; NHS 111 - used for child. Not so good - scripted. I found it frustrating. Long wait and not appropriate questions		
NHS111 - not helpful. Chose them instead of ED but they sent me here anyway. Not choose them again. GP - hard to get appointment		
GP - Hard to get appointments so had to come to A&E out of hours		
NHS111 - OK, but scripted. I've no confidence in them.		
GP - Fine. He sent me here for x-ray		
No confidence in local pharmacy. Long waits and incorrect information which has led to meds not being available		

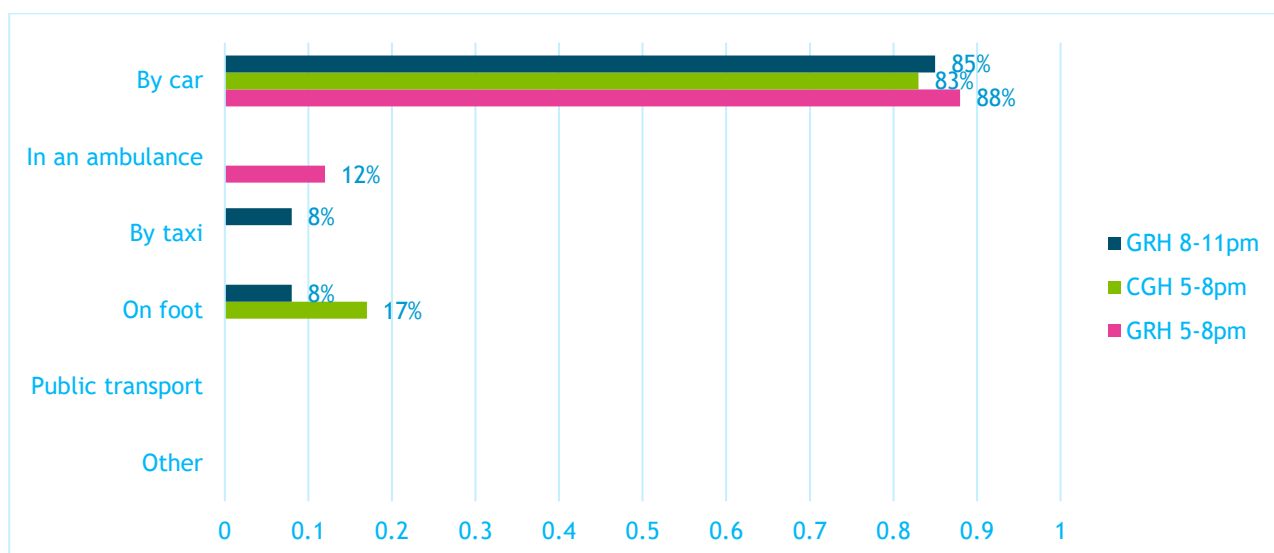


Q12. Would you use them again? If not, why not?

GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
NHS111 - Yes	NHS111 - Yes	Advised not to use NHS111
GP - Try not to!	Yes, they are my doctors	GP- Yes
Yes - NHS111	GP Yes. NHS111 - not unless I really had to!	GP, NHS111, Pharmacy - Yes
Yes - NHS111	NHS111 - No. It was too hard - advice not relevant. A lot of irrelevant questions	GP, NHS111, Pharmacy - All, yes
No choice but to use NHS111	GP & MIU - yes - they were nice and especially Northleach GP. Wrote us a letter	
Yes I would use NHS111 again		
I just go straight to A&E		
NHS111 always sent me to OOH - you wait for ages there so I skipped that and went directly to A&E		
NHS111 - no. Found them asking silly questions		
Not 111 - don't trust it - they surely aren't qualified		
Not use 111 again		
GP - Yes		
NHS111 - Possibly just use A&E or GP		
Changed Pharmacy of lack of confidence		

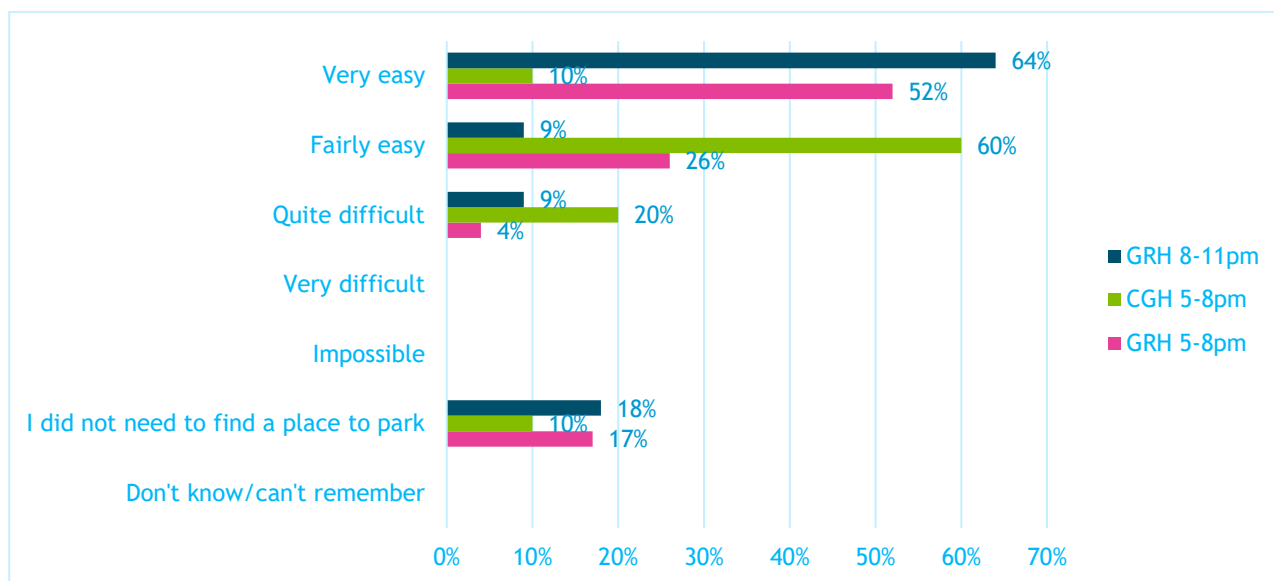
Q13. How did you travel to the hospital?

GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 13 responses



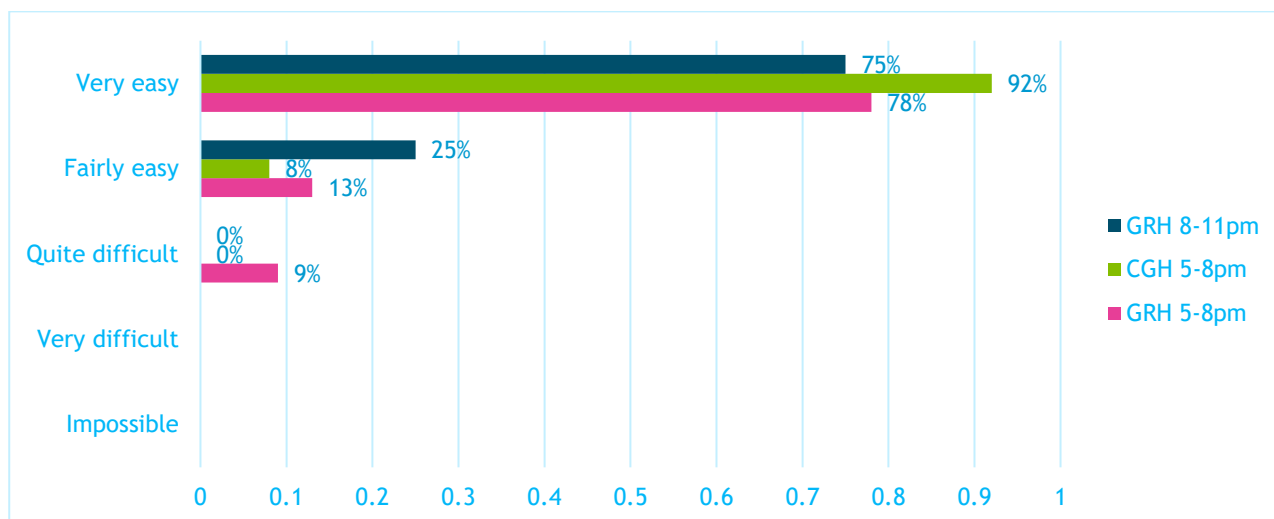
Q14. How easy was it to find a convenient place to park at the hospital?

GRH 5-8pm: 23 responses; CGH 5-8pm: 10 responses; GRH 8-11pm: 11 responses



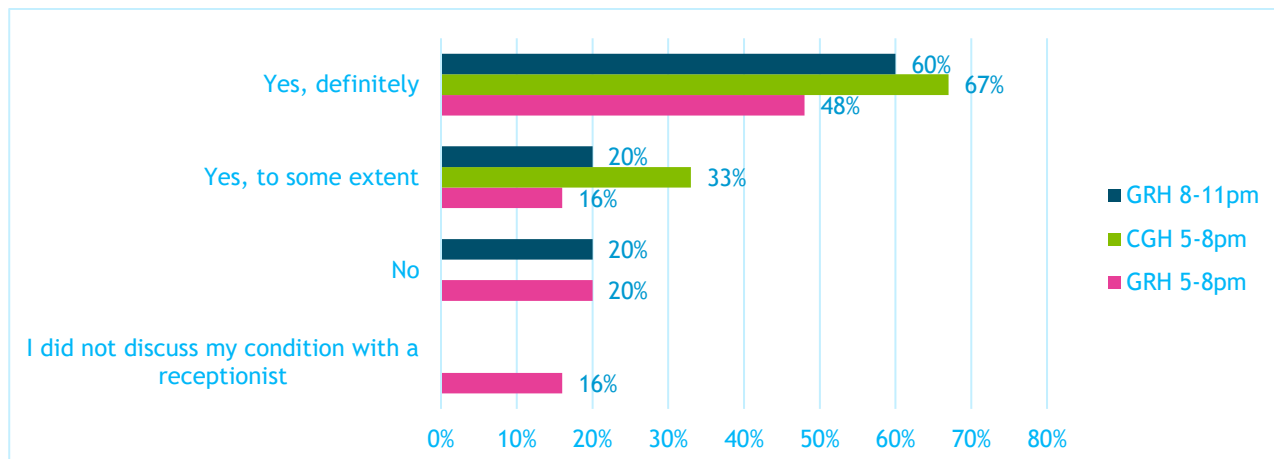
Q15. Once you arrived at the hospital, how easy was it to find your way to the ED?

GRH 5-8pm: 23 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 12 responses



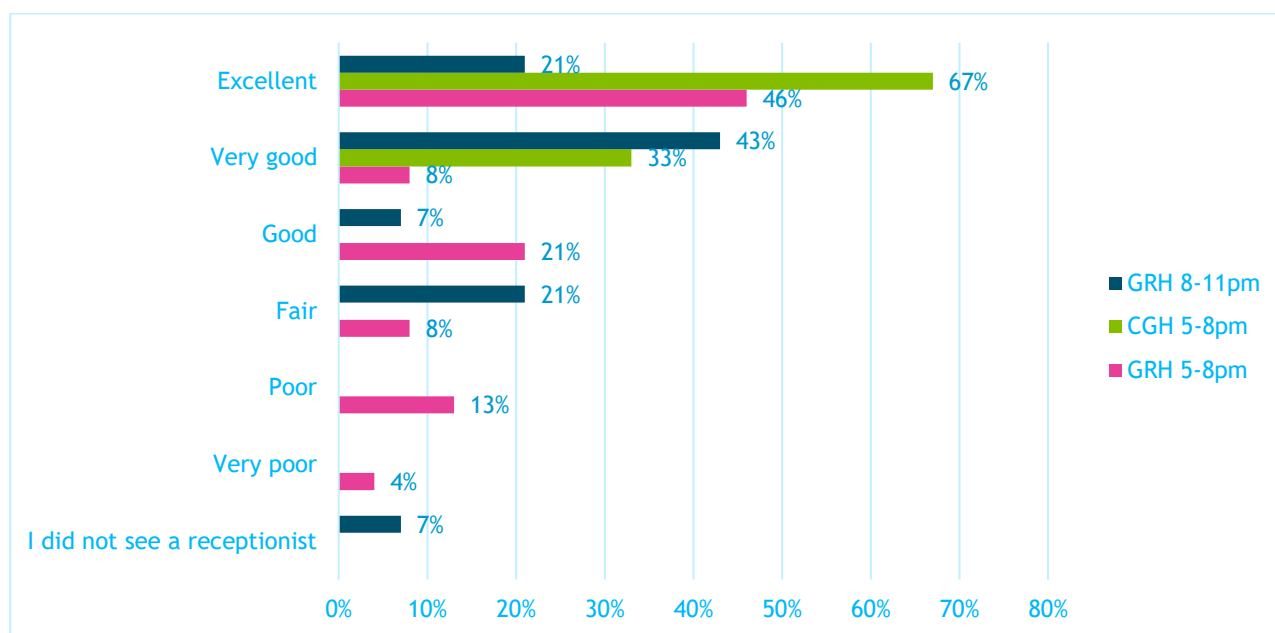
Q16. Were you given enough privacy when discussing your condition with the receptionist?

GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 10 responses



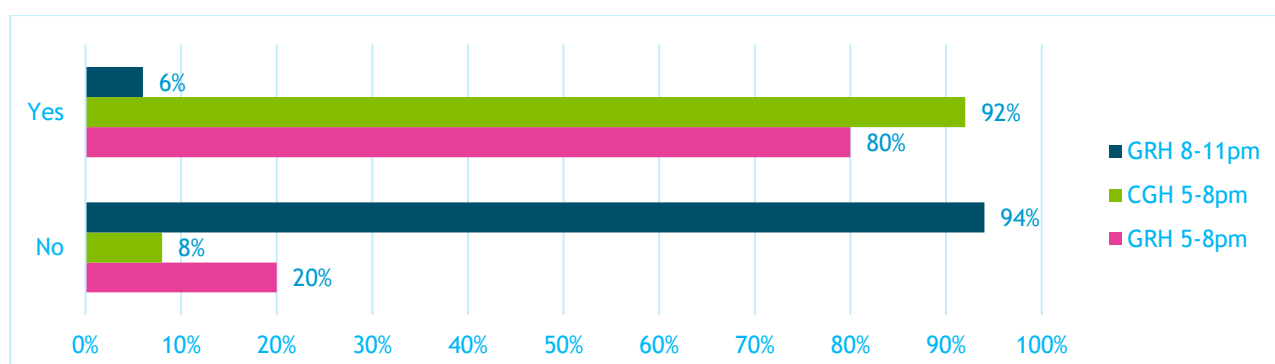
Q.17 How helpful were the reception staff on arrival?

GRH 5-8pm: 24 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 14 responses



Q18. Have you spoken to a nurse or doctor yet?

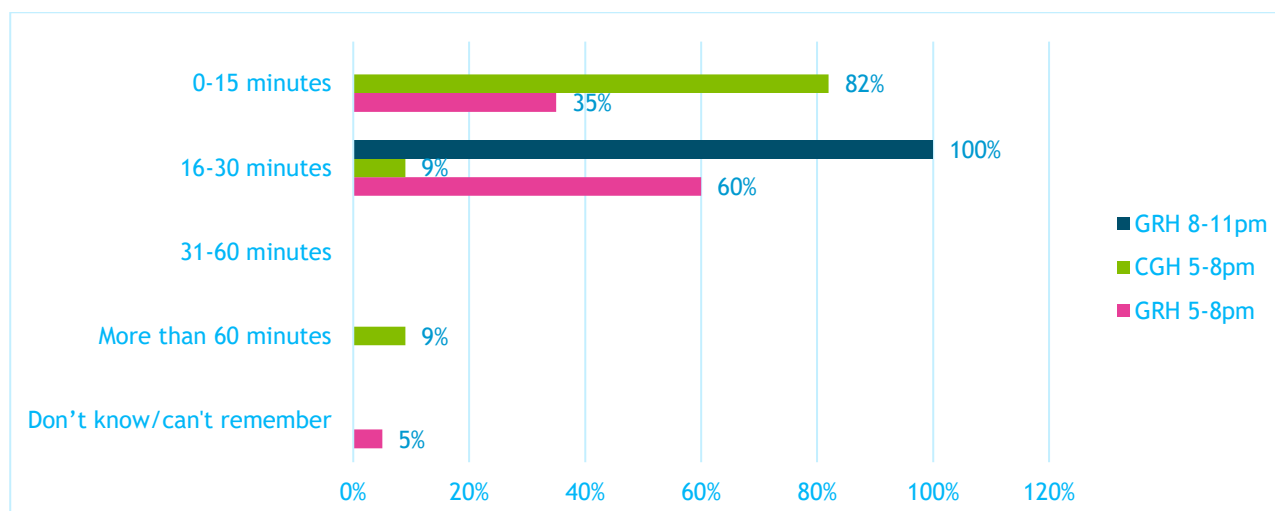
GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 16 responses



Q19. How long did you wait before you FIRST spoke to a nurse or doctor?

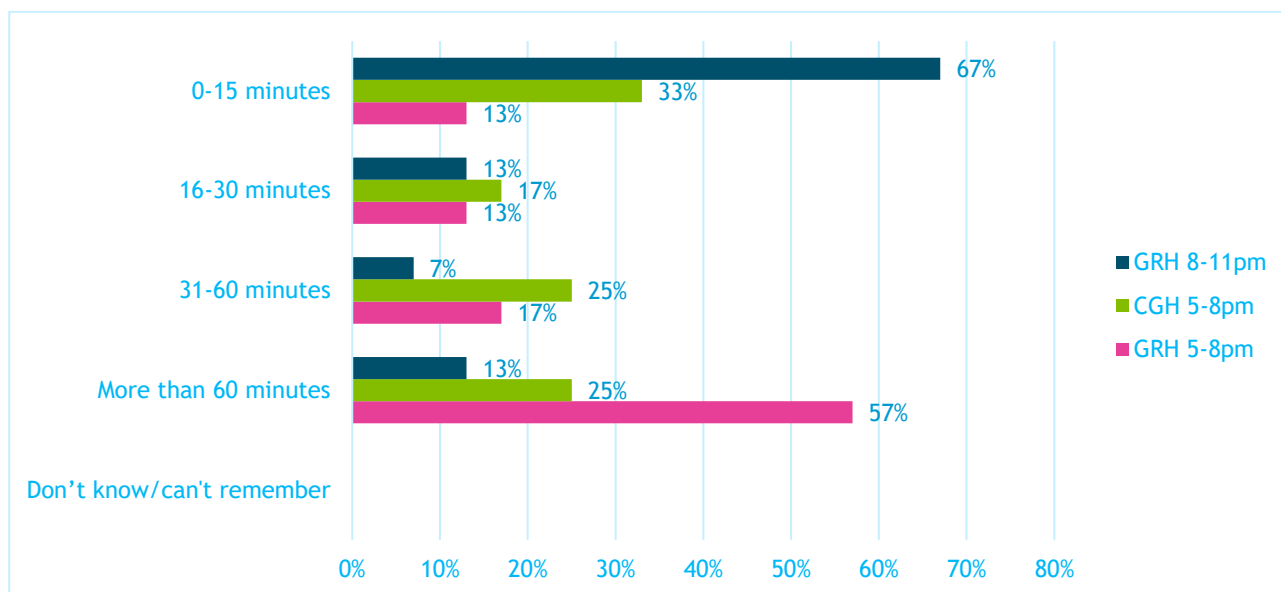
This question only applied to those patients who answered 'Yes' to Q18.

GRH 5-8pm: 20 responses; CGH 5-8pm: 11 responses; GRH 8-11pm: 1 responses



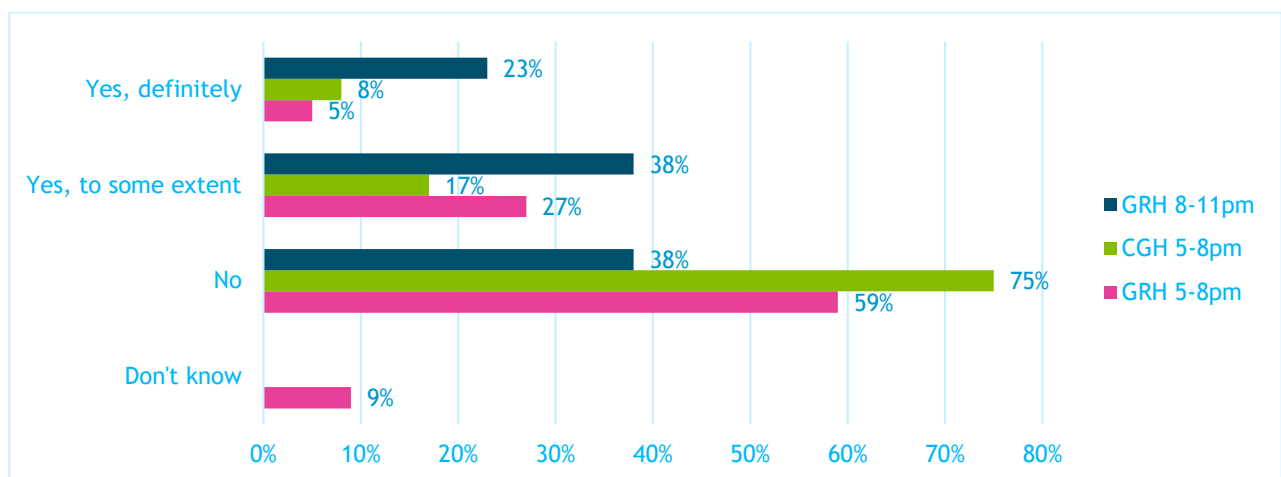
Q20. How long have you been waiting now?

GRH 5-8pm: 23 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 15 responses



Q21. Are the seats in the waiting area comfortable?

GRH 5-8pm: 22 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 13 responses



Q22. How could they be improved

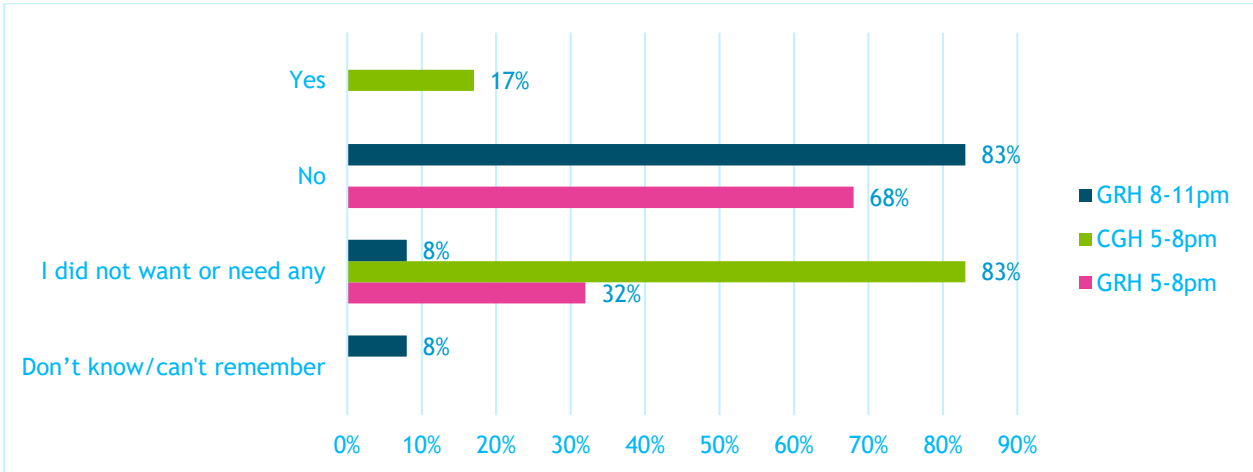
GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
More comfy for long waits	Cushions	Cushions
Better laid out	Padding and softer	Don't want it too comfortable
This one rocks. Understand why	Not important to me	More padding and space
Bigger waiting area, more seats	Cushions!	Bit of padding
Seats could be padded	Yes - a bit softer	More cushioning
In the reception area I found it awkward talking to receptionist over the high desk	They have to be like this for health and safety	Padding
Seats not good if you want to lie down (sub-wait area)	Seats are noisy each time you shift	Padding. Less close together
Waiting room needs cleaning - there was blood on the floor, I told them to clean it (sub-wait area)	They do the job. Good to be easy clean	
You don't expect a hospitality service at A&E	Better support for back when in pain	



More cushioning!	Better back support	
Be made less hard!	More comfort for long wait.	
More cushioned for long waits		
Less hard - have arms on them		
Cushioned for long waits		
Would appreciate a foot rest		

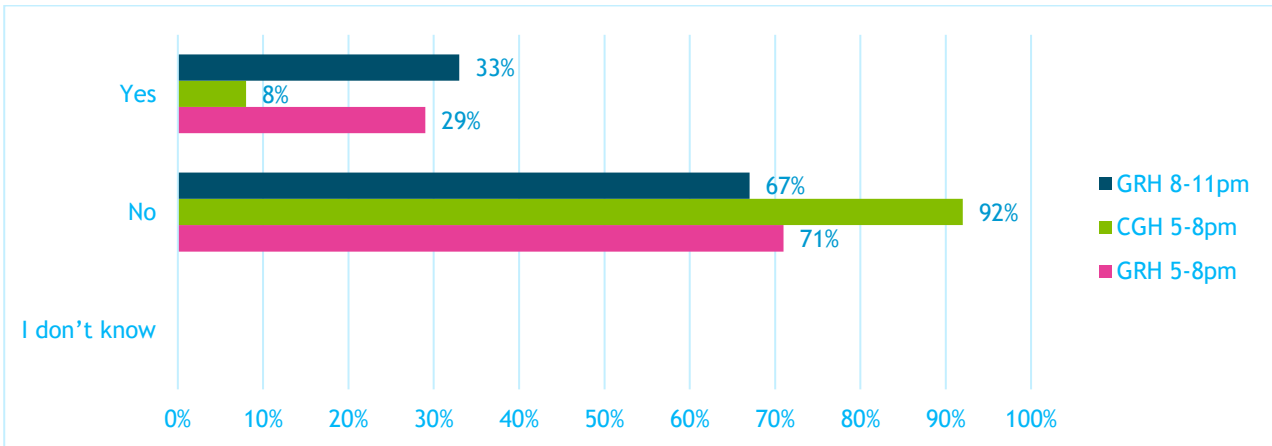
Q23. Were suitable magazines or newspapers provided in the waiting area?

GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 12 responses



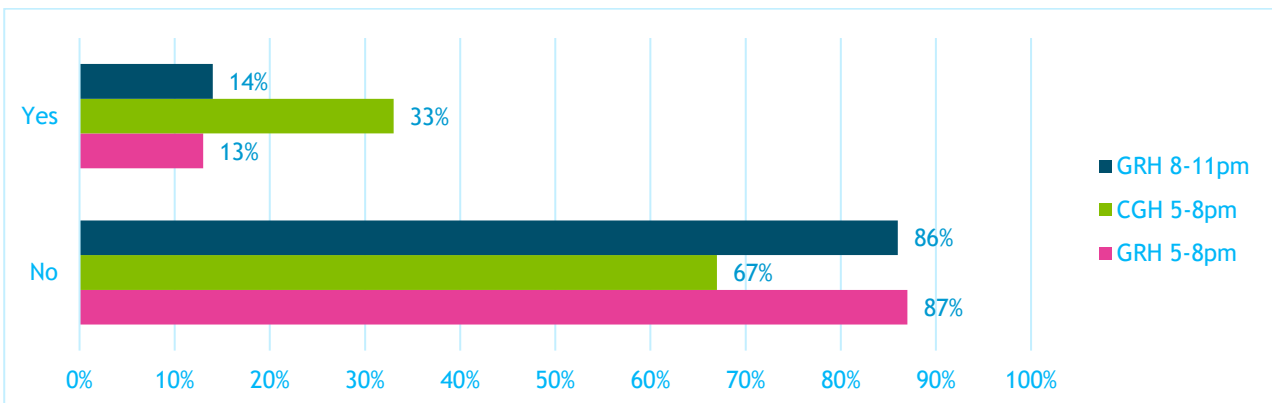
Q24. Since you've been here, have you worried that you've been forgotten about?

GRH 5-8pm: 24 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 9 responses



Q25. Have you been given any updates on the waiting times? If yes, how?

GRH 5-8pm: 24 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 14 responses



GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
I went and asked and got told how many were in front	Used info screen	Just told 51 patients in queue
Originally said it would be a couple of hours	I asked nurse and she said she would let me know when she has seen the next patient	On board
Nurse in triage	Seen the board - first time now	Said it would be a while
We were seen immediately	Not a concern	Given approximate waiting time
Told wait is 3-4 hours	I went and asked	
Told it was busy	I went to ask and told two people before us	
I expect it to take a while to be treated	Indicated that there would be a small wait	
I would like updates. It would be helpful as I am six months pregnant.	Need more information	
Waiting for OOH doctors	Have got to wait now - understand that it will take a while to get an appointment	
TV screen. General waiting times	Board on computer and says the same waiting time for the same number of people	

Q26. Can you suggest any ways in which your wait could be made more comfortable?

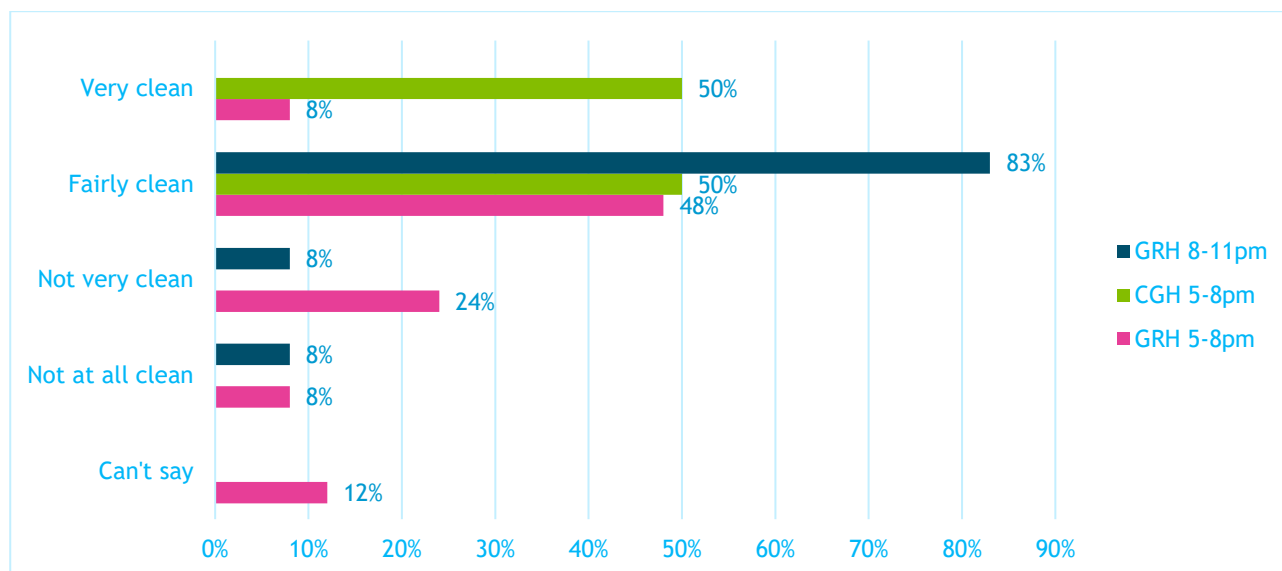
GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
Better seats. Water available - I have no change.	Not really. Free water would be good	No
Updates on wait. Cooler waiting area.	Comfy chairs. Better on TV	Speed of care. Being seen more quickly
More updates	Doesn't concern me	No
A television	Not really	No
Good to have separate children's area. It would be good to have some reading material for adults in paediatric waiting room.	Reducing waiting times. Difficult to see where you are in the process. Don't understand how there is such a long wait when there are few people	We are very cold, aircon too high. Updates on waits. Also it is difficult to hear who they are calling for so worried we might have been missed
Some water	Board somewhere updating you on wait times	Better seating
Toys too young for 12-year-old	Positive - great that there is a separate area for children	
Some water in paediatric waiting area	More information on where I am in waiting list	
Waiting area is the best it can be (sub wait area)	Having better space for wheelchair waiting	
Not unless there is a drinks machine (paediatric waiting area)	Air conditioning could be more effective	
Things to read/watch on TV. Communicate waiting times	Pain relief. Better seats	
Have vending machines not as close to the chairs - have to keep moving when people want water		
Updates on wait - no info other than the main info		
Giving more information on how long I need to wait		
Update on how long I will wait		



Communicated better and wait less. More pain relief		
Water should be available - 'buy' a cup for tap water/cooler. Expensive to buy bottles		
Foot rest/stool for my injured leg		

Q27. In your opinion, how clean is the ED?

GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 12 responses

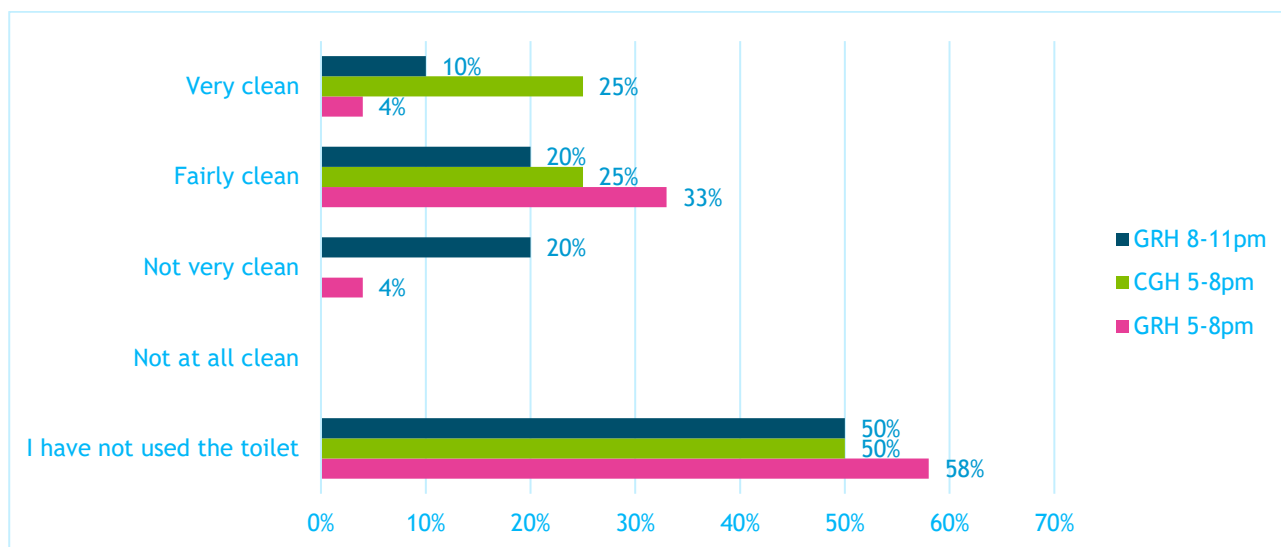


Q28. What could be done to improve this area?

GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
Lots for small children to do, nothing for adults	All fine	Plants. Fish
Regular cleaning rota. There is rubbish under some chairs	Tidy up and new paint on walls	If waiting a long time, seats uncomfortable
The seats in reception are back to back and they knock against each other when you sit down	Board with info. Comfier seats	This should have triage. Do feel unsafe in main area late at night.
I think the paediatric area is child friendly	Not really. Water fountain?	Newspapers, something to read, better seating
Updates on waiting times, especially with small children		Bins & table
Waiting area should be twice the size (sub wait area)		Drinks machine
Remove rubbish on floor/remind people to be tidy!		Don't care, just want to be seen
Rubbish picked up		Clean it
If it were less 'grubby'		Better cleaned
Toilets aren't regularly checked - can be a mess		
Feels unclean even though it isn't dirty		

Q29. How clean are the toilets in the ED?

GRH 5-8pm: 24 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 10 responses

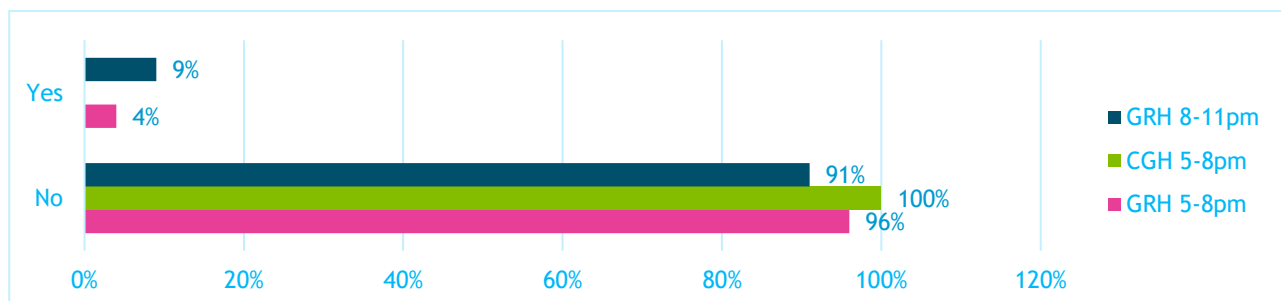


Q30. What could be done to improve this area?

GRH 5-8pm	CGH 5-8pm	GRH 8-11pm
One toilet was blocked so used disabled toilet	Better lock	Clean it - paint it
Access to drinks (<i>paediatric waiting area</i>)	All OK	Regular checks
Need someone from accredited organisation to show them how to clean properly	Have seen cleaners going into the toilets	
More regular cleaning - haven't seen anyone go in		
More checks		
More checks maybe - no one has been in while I've been waiting		
People cleaning up after themselves		
More regular checks, on toilet roll especially		

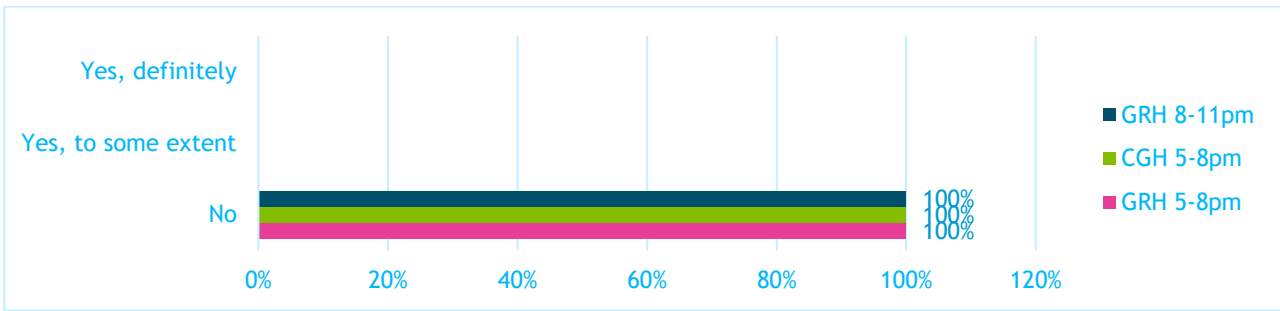
Q31. Have you been bothered by noise during your visit to the ED?

GRH 5-8pm: 24 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 11 responses



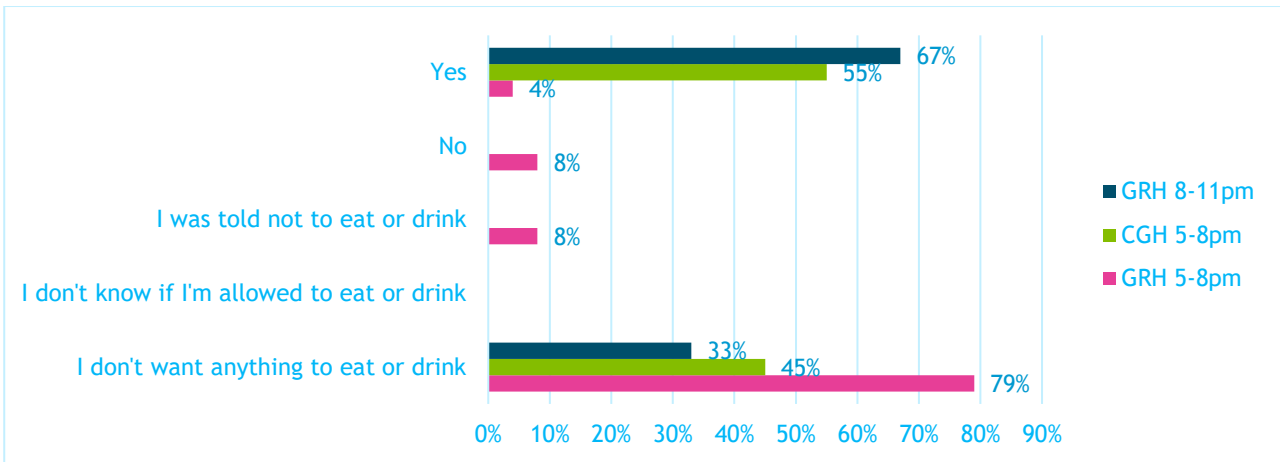
Q32. While you have been in the ED, have you felt bothered or threatened by other patients?

GRH 5-8pm: 24 responses; CGH 5-8pm: 11 responses; GRH 8-11pm: 12 responses



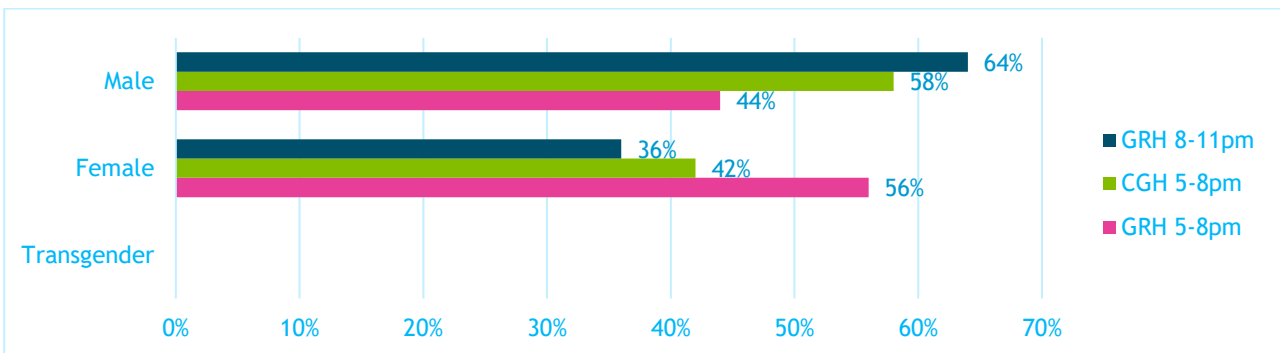
Q33. Have you been able to access suitable food or drink when you were in the ED?

GRH 5-8pm: 24 responses; CGH 5-8pm: 11 responses; GRH 8-11pm: 9 responses



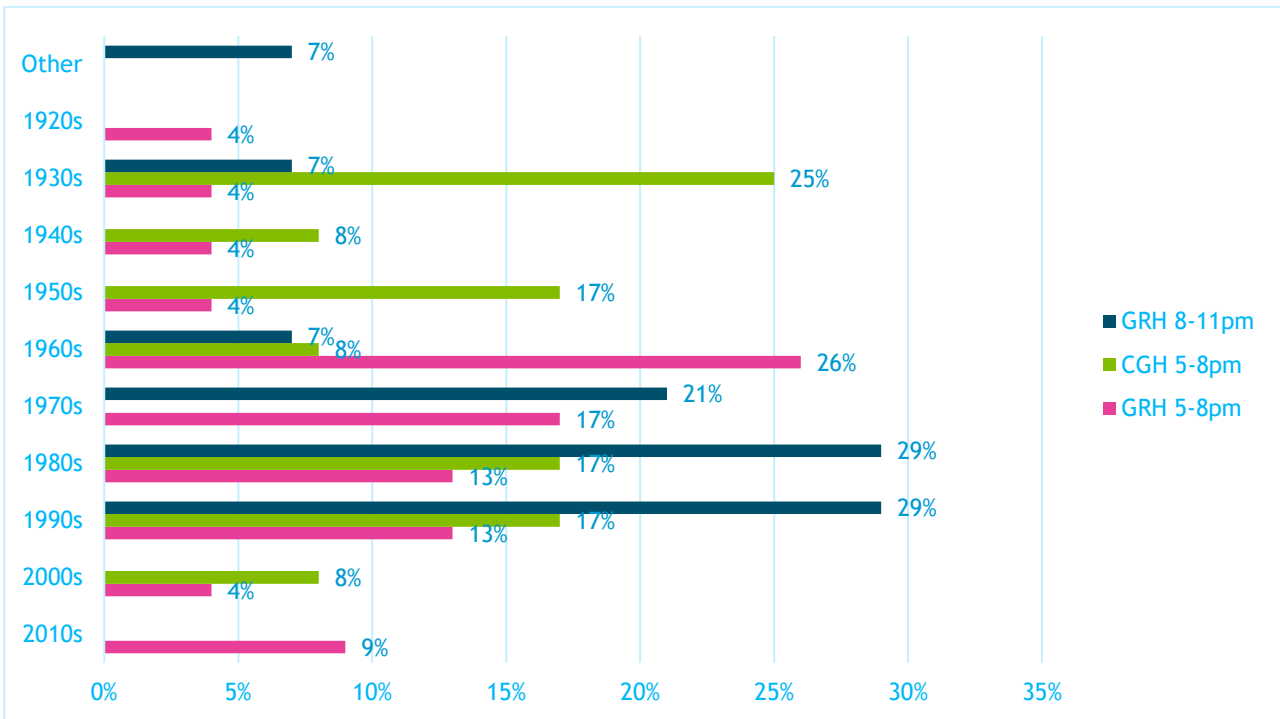
Q34. Are you male or female?

GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 14 responses



Q35. What was your year of birth?

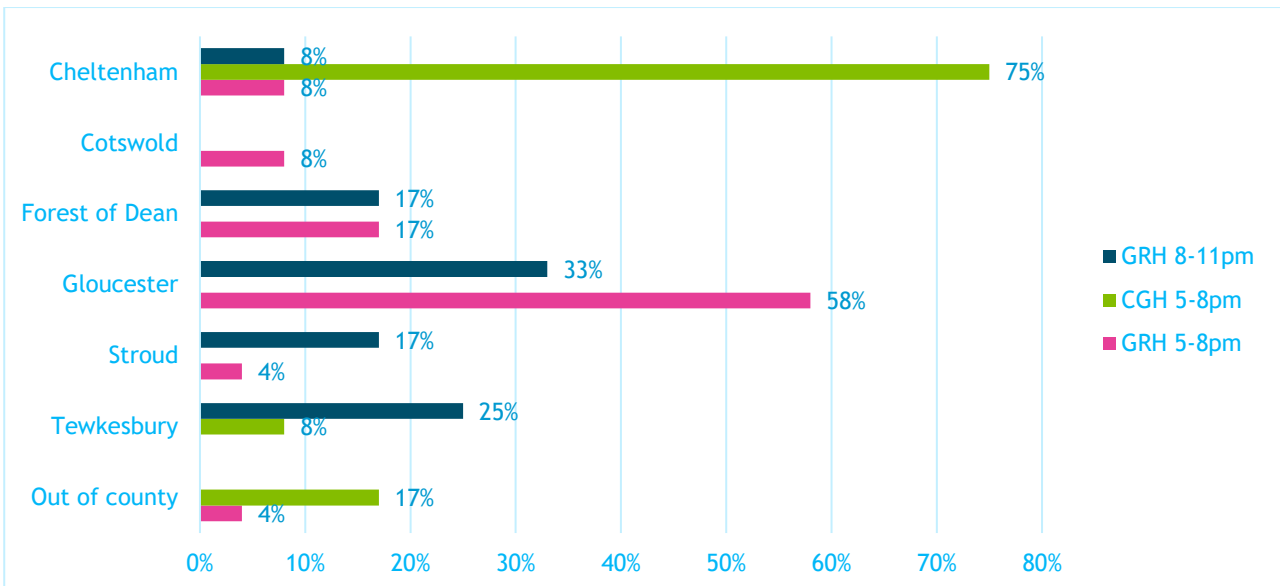
GRH 5-8pm: 23 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 14 responses



Other: One patient was described as 'OAP'.

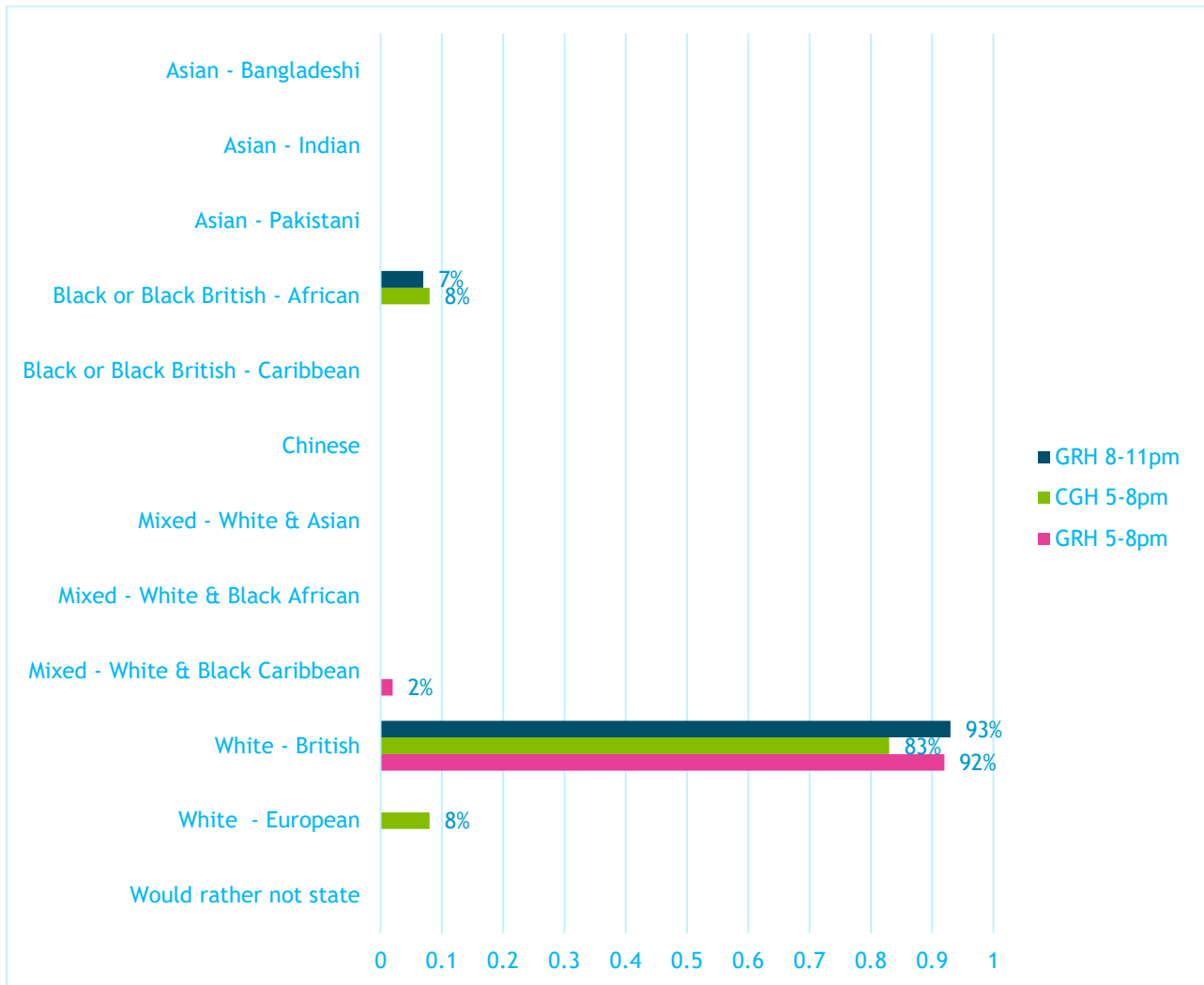
Q36. Where do you live?

GRH 5-8pm: 24 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 13 responses



Q37. To which of these ethnic groups would you say you belong? (Tick one only)

GRH 5-8pm: 25 responses; CGH 5-8pm: 12 responses; GRH 8-11pm: 14 responses



Appendix 2: Blank copy of survey



Enter & View Survey on People's Experiences of using Accident & Emergency August 2016

Only ask questions 1 and 2 if necessary

Q1 Do you need any help understanding English?
 Yes (go to question 2)
 No (go to question 3).....

Q2 Is there someone who could interpret for you?
 Yes, a relative or friend.....
 Yes, an interpreter from hospital
 Yes, someone else on the hospital staff.....
 Yes, a telephone interpreter
 No.....

Q3 Who advised you to go to the A&E Department? (tick one only)

Ambulance service
 Doctor or nurse at a walk-in centre or minor injuries unit.....
 GP out of hours service
 A GP from my local surgery
 Some other health professional
 NHS 111
 Somebody else (e.g. friend, relative, colleague)
 No one, I decided that I needed to go.....
 Don't know/can't remember

Q4 How many times (including this one) have you visited an A&E Department as a patient in the last 12 months?

This was the only time
 2-3 times
 4 or more times
 Don't know/can't remember

Q5 If more than once, can you tell us why?

Q6 Are you anxious or depressed?

I am not anxious or depressed.....
 I am moderately anxious or depressed.....
 I am extremely anxious or depressed.....

Q7 Do you have any of the following long-term conditions? (Tick all that apply)

Deafness or severe hearing impairment.....
 Blindness or partially sighted.....
 A long-standing physical condition
 A learning disability.....
 A mental health condition
 A long-term illness, such as cancer, HIV, diabetes, chronic health disease or epilepsy .
 No, I do not have a long-standing condition...

Q8 Was there anywhere else you could have gone?

Yes.....

No

If yes, where? Why didn't you?

Q13 How did you travel to the hospital?

By car (go to question 14)

In an ambulance (go to question 15).....

By taxi (go to question 15).....

On foot (go to question 15)

On public transport (go to question 15).....

Other (go to question 15)

If other, please specify

Q9 Are you aware of the alternatives? (Tick all that apply)

GP

NHS 111

Pharmacy

Minor Injuries and Illness Unit (MIU).....

Q10 If so, which have you used in the past 12 months?

Q11 What was your experience of them?

Q12 Would you use them again? If not, why not?

Q14 How easy was it to find a convenient place to park at the hospital?

Very easy.....

Fairly easy

Quite difficult

Very difficult.....

Impossible

I did not need to find a place to park

Don't know/can't remember

Q15 Once you arrived at the hospital, how easy was it to find your way to the A&E Department?

Very easy.....

Fairly easy

Quite difficult

Very difficult.....

Impossible

Q16 Were you given enough privacy when discussing your condition with the receptionist?

Yes, definitely

Yes, to some extent.....

No.....

I did not discuss my condition with a receptionist.....

Q17 How helpful were the reception staff on arrival?

- Excellent.....
- Very good.....
- Good.....
- Fair.....
- Poor.....
- Very poor.....
- I did not see a receptionist.....

Q18 Have you spoken to a nurse or doctor yet?

- Yes (go to question 19).....
- No (go to question 20).....

Q19 How long did you wait before you FIRST spoke to a nurse or doctor?

- 0-15 minutes.....
- 16-30 minutes.....
- 31-60 minutes.....
- More than 60 minutes.....
- Don't know/can't remember.....

Q20 How long have you been waiting now?

- 0-15 minutes.....
- 16-30 minutes.....
- 31-60 minutes.....
- More than 60 minutes.....
- Don't know/can't remember.....

Q21 Are the seats in the waiting area comfortable?

- Yes, definitely.....
- Yes, to some extent.....
- No.....
- Don't know.....

Q22 How could they be improved?

Q23 Were suitable magazines or newspapers provided in the waiting area?

- Yes.....
- No.....
- I did not want or need any.....
- Don't know/can't remember.....

Q24 Since you've been here, have you worried that you've been forgotten about?

- Yes.....
- No.....
- I don't know.....

Q25 Have you been given any updates on the waiting times? If yes, how?

- Yes.....
- No.....

How have you been updated?

Q26 Can you suggest any ways in which your wait could be made more comfortable?

Q27 In your opinion, how clean is the A&E Department?

- Very clean.....
- Fairly clean.....
- Not very clean.....
- Not at all clean.....
- Can't say.....

Q28 What could be done to improve this area?

Q29 How clean are the toilets in the A&E Department?

- Very clean.....
- Fairly clean.....
- Not very clean.....
- Not at all clean.....
- I have not used the toilet.....

Q30 What could be done to improve this area?

Q31 Have you been bothered by noise during your visit to the A&E Department?

- Yes.....
- No.....

Q32 While you have been in the A&E Department, have you felt bothered or threatened by other patients?

- Yes, definitely.....
- Yes, to some extent.....
- No.....

Q33 Have you been able to access suitable food or drink when you were in the A&E Department?

- Yes.....
- No.....
- I was told not to eat or drink.....
- I don't know if I'm allowed to eat or drink.....
- I don't want anything to eat or drink.....

Monitoring

The information on this form helps Healthwatch Gloucestershire to establish the profile of people attending A and E to help us better understand the types of people attending and why.

Q34 Are you male or female?

- Male.....
- Female.....
- Transgender.....

Q35 What was your year of birth? Please write in e.g. 1934

Q36 Where do you live?

Q37 To which of these ethnic groups would you say you belong? (Tick one only)

- Asian - Bangladeshi.....
- Asian - Indian.....
- Asian - Pakistani.....
- Black or Black British - African.....
- Black or Black British - Caribbean.....
- Chinese.....
- Mixed - White & Asian.....
- Mixed - White & Black African.....
- Mixed - White & Black Caribbean.....
- White - British.....
- White - European.....
- Would rather not state.....