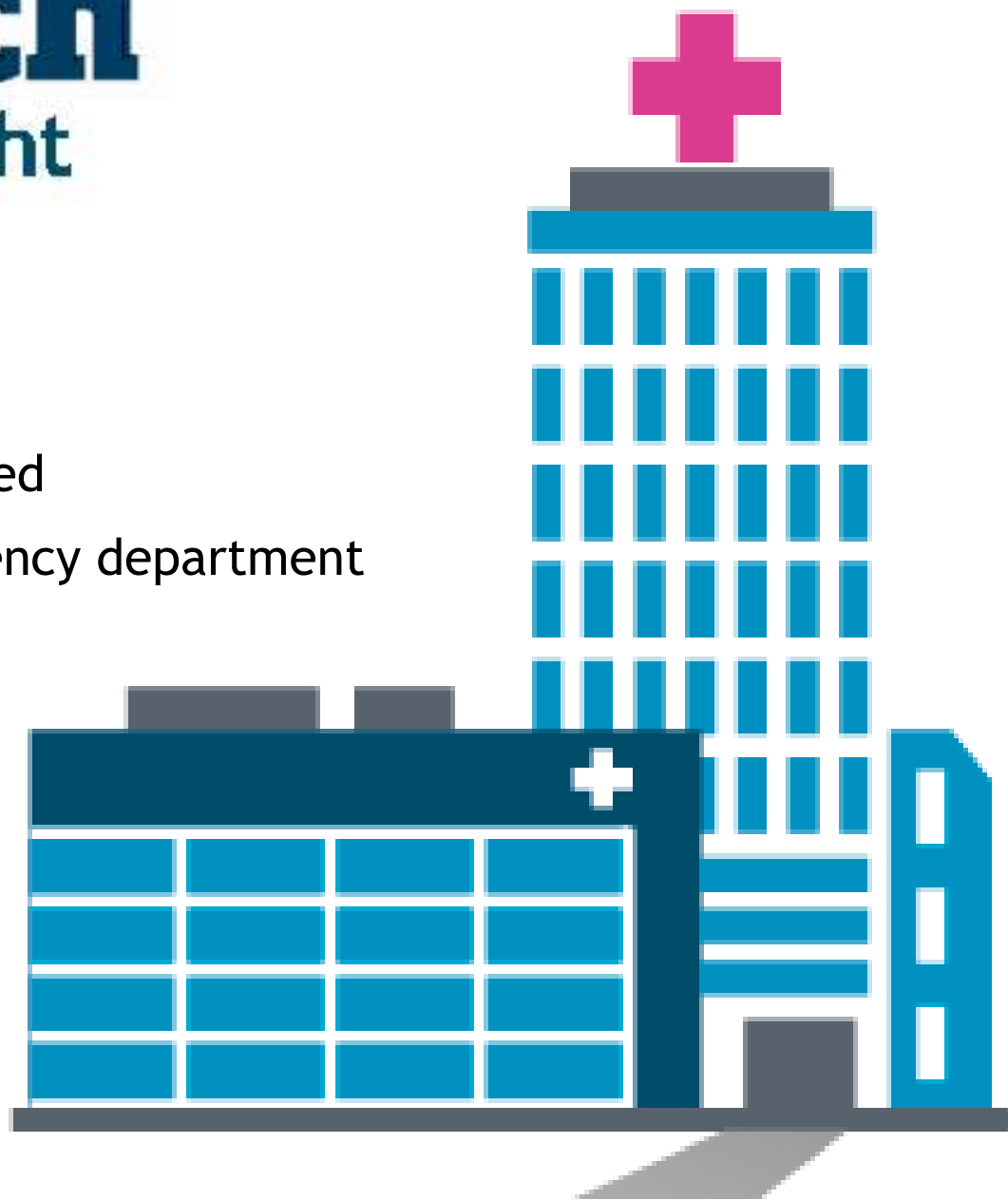


# healthwatch

Isle of Wight

A Healthwatch report highlighting  
the experiences of people who visited  
the Isle of Wight Accident & Emergency department



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## Acknowledgements

Healthwatch Isle of Wight would like to thank all those who contributed to this piece of work, in particular the following:

All members of the public who kindly shared information on their experiences of the IOW NHS Trust Accident and Emergency department.

The authorised Enter and View volunteers who contributed their time and communication skills to carry out surveys at the Isle of Wight NHS Trust Accident and Emergency department.

The Accident and Emergency staff who supported Healthwatch Isle of Wight to speak to patients and their families, friends and carers.

## **Background**

Healthwatch Isle of Wight is the independent consumer champion for local health and social care services. It was created in April 2013 through legislation bringing in a Healthwatch organisation in each local authority area of England. It exist to ensure that people are at the heart of care. Feedback from the public is used to identify and share good practice and to highlight improvements that need to be made to health and social care services. Healthwatch Isle of Wight is supported by a team of paid staff, and an enthusiastic and proficient group of volunteers.

Healthwatch Isle of Wight relates to all health and social care services funded for Isle of Wight residents. The principle focus of this report is people's experience of the Isle of Wight NHS Trust Accident and Emergency department as this was identified as one of Healthwatch Isle of Wight's priority topics for 2016 - 17 after a review of recent Healthwatch feedback, and a period of public engagement.

The Isle of Wight Accident and Emergency department is provided by the Isle of Wight NHS Trust and is situated at St Marys hospital in Newport. It shares a waiting area with the Beacon Walk in Centre (newly recommissioned as the Urgent Care Centre). The Accident and Emergency department provides urgent and emergency care for those with serious / life threatening illness/injuries.

The Beacon walk-in centre was commissioned in 2009 to provide a GP led walk in centre for people living on and visiting the Isle of Wight that had minor illnesses or injuries.

When a person presents to reception they are booked in and then are triaged by an appropriate medical practitioner. This triage determines whether someone is seen by the Accident and Emergency department or the Beacon centre and is also used to prioritise the order in which people are seen by the relevant department.

The Isle of Wight NHS Trust has been experiencing significant capacity issues in recent times, with the Trust declaring black alert status on a number of occasions. Communications have tended to focus on the impact of people attending the Beacon Centre is having on the Emergency department and the overall flow of the hospital with some correspondence suggesting people may be using services inappropriately. This report explores the experiences of people using these services and their reasons for doing so.

# What Healthwatch did



## Survey

Following the public consultation to determine Healthwatch priorities, feedback received by Healthwatch Isle of Wight relating to the Isle of Wight NHS Trust Accident and Emergency department was analysed and the following themes were identified:

Communication

Discharge

Diagnosis

Patient pathway



With agreement of the Healthwatch Isle of Wight Board a survey was developed to further explore the areas identified. It is important to stress that Healthwatch, in developing this piece of work, was interested in patient experience rather than health outcomes or staffing issues. It also appreciated that the department, like all others in the country, would be experiencing stress both in number and in type of admissions.

The questionnaire was also seeking to explore the idea that people may be coming to the Emergency Department inappropriately.

The questionnaire was designed to be undertaken in a face-to-face interview style with patients within the Accident and Emergency department. In October 2016 two members of the Healthwatch Isle of Wight team piloted the survey and, following a few amendments to the questionnaire, a full roll out of the survey was then undertaken.

This was administered over a two-week period in November and was conducted by teams of two Enter and View members visiting the emergency department at various times of the day.

113 surveys were completed with patients during these visits.

### **Follow up telephone calls**

During the initial survey, people were asked whether they would be willing to allow Healthwatch Isle of Wight to telephone them in a week or so to ask a few more questions relating to their experience of the Accident and Emergency department, including information relating to their discharge.

Healthwatch Isle of Wight telephoned every person that had consented to be contacted and spoke with 60 people.

As with the survey, a set list of questions were asked to ensure consistency and to allow for comparisons to be made. People were given the opportunity to make additional comments should they have wished to do so.

**Follow up telephone calls were made to 53% of people who undertook the initial survey.**





# What Healthwatch found



At a glance - Survey results

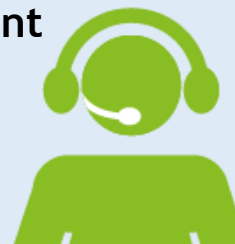
50 % of people tried another service first



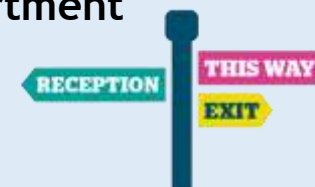
41% of people tried to remedy the problem themselves



50% people tried NHS 111 before attending the Accident and Emergency department



NHS 111 advised 93% of the people that called them to go the Accident and Emergency department



14% of people visited the Accident and Emergency department in the last month with the same problem



81% of people felt their needs were assessed straight away or quickly



74% of people were not given a clear idea of the likely waiting time



70% of people felt that waiting arrangements were appropriate for their needs



## Survey Results

People that participated in the survey were asked a total of 8 questions relating to their visit to the Accident and Emergency department.

**Q1) Is this the first service you have contacted about the problem?**

First service	-	45%
Tried another service	-	50%
Not answered	-	5%

**Q2) Did you try to remedy the problem yourself?**

Tried to remedy	-	41%
Did not try	-	47%
Not applicable	-	6%
Not answered	-	6%

Has metal in eye, tried to wash eye

Home remedies

Phoned GP yesterday went today and the Dr phoned A&E

Carer called the ambulance

Saw First Aider at work who advised A&E.

Saw own GP - was told to visit A&E as unable to deal with symptoms

Push button - Wightcare. They told me to call 111. 111 sent an ambulance.

Phoned 111 who sent ambulance

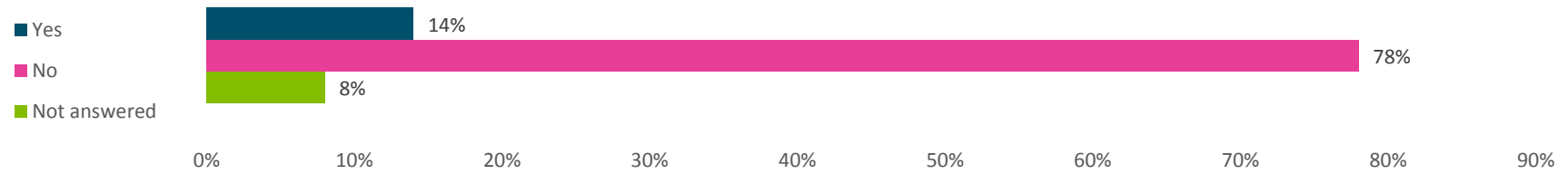
### Q3) Which other service did you try?

NHS 111	54	GP	22
Pharmacy	4	Ambulance	2
999 Service	2	Other hospital department	1
Optician	1	Walk in Centre (not IW)	1
NHS website	1	Workplace first aider	1
School nurse	1	Emergency alarm service	1
Had appointment	1		

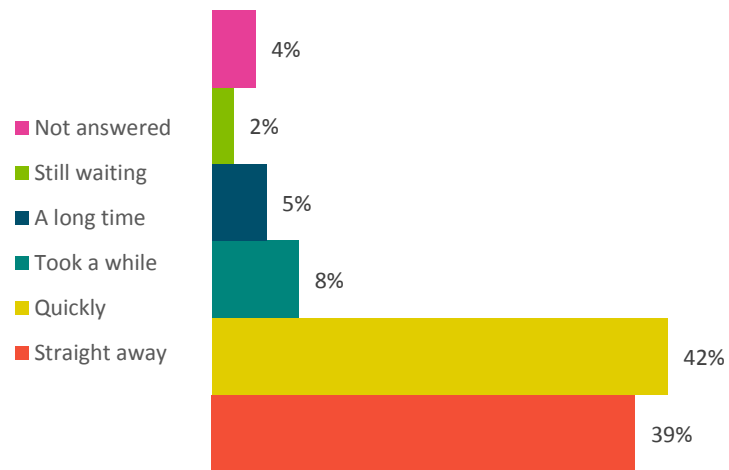
### Q4) Which service advised to attend?

NHS 111	50	GP	9
Employer	4	Ambulance	3
999 Service	2	Hospital staff	2
Pharmacy	1	Optician	1
School nurse	1	Health visitor	1
NHS website	1		

**Q5) Did you visit A&E in the last month with the same problem?**



**Q6) How quickly were your needs assessed?**



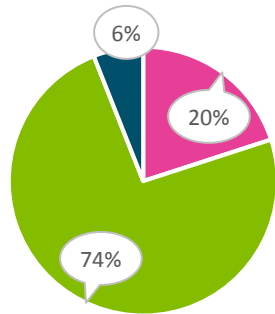
**Came back because not happy with condition**

**Follow up**

**Same problem admitted via ambulance**

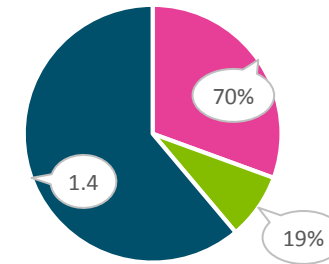
**Return for dressing change**

Q7) Were you given a clear idea of the likely waiting time?



■ Yes ■ No ■ Not answered

Q8) Were waiting arrangements appropriate for your needs?



■ Yes ■ No ■ Not answered

No pillow provided

Just said wont be long. Better facilities needed for children

Given drink and a sandwich

No call bell

### Reasons for attending

With Accident and Emergency departments seeing a large increase in demand, national and local NHS leaders, government ministers and the media have reported that this increase is in part due to people attending Accident and Emergency departments inappropriately.

<http://www.publicfinance.co.uk/news/2017/01/patients-should-use-ae-responsibly-says-hunt>

The survey results challenge this assumption and highlight the fact that 50% of people had tried another service first and 41% of people had tried to remedy the issue themselves. Overwhelming people's access to the service was through referral on from a call to 111 or via their GP surgery. It is important to remember that for many of the people that did not try to remedy the issue themselves this can not necessarily be attributed to attending inappropriately as many of the people providing this answer were taken in via ambulance or had accidents that required X rays/stitching which is not available at their GP surgeries.

Very few people reported attending Accident and Emergency as a matter of convenience, however some did answer that they attended due to being unable to obtain a GP appointment.

As the Beacon Centre was still a commissioned walk in service it is not unreasonable to expect that people will utilise this service if unable to get an appointment at their own surgery. It is unclear how/why people would be receiving care in the Accident and Emergency department following triage and not within the beacon centre if clinical need did not dictate this. The Beacon Centre is separate from the Accident and Emergency department and shares triage and a waiting area. There would appear to be no reason for Beacon attendees to impact upon Accident and Emergency unless people are so unwell they need to be admitted to hospital.

The Emergency Department and Beacon Health Centre at St. Mary's Hospital have been under significant pressure, especially following the Bank Holiday weekend. There were over 200 attendances at the Emergency Department on Tuesday 30<sup>th</sup> August and over 160 on Wednesday 31<sup>st</sup> August.

St. Mary's Hospital is appealing for Islanders to call the Island based NHS 111 telephone number if they feel they need urgent medical help before making a visit to the Beacon Centre. Dr Mark Pugh, Medical Director at Isle of Wight NHS commented: "We really need people to think about whether they need to attend the Beacon Centre. If you think you should we would ask you to phone NHS 111 first and they may well be able to offer you alternative treatment options like seeing your GP, a pharmacist. On the other hand, if it's an emergency, the NHS 111 service can send out an ambulance directly to you if that's what's required."

When you call 111 the call is answered by a highly trained call handler, supported by nurses and paramedics based at St. Mary's Hospital. They will assess the symptoms and put the caller directly in touch with the people who can help; for example, an out-of-hours doctor, a district nurse, an emergency dentist — or it may be something as simple as a 24 hour pharmacy.

999 is for emergencies and life-threatening situations only and the Emergency Department (A&E) is for serious, life-threatening injuries and illnesses that need urgent medical attention.

Isle of Wight NHS Trust -

<http://www.iow.nhs.uk/news/Significant-pressures-lead-to-cancellation-of-some-scheduled-and-day-case-surgery.htm>

### Waiting times

National targets expect that people attending Accident and Emergency departments be seen and admitted or discharged within 4 hours. This survey concentrated on the experience of people waiting and not the target times. 81% of people felt they were assessed quickly - straight away. When asked if they were kept informed of likely waiting times only 20% of people felt they had been kept informed.

At a glance - Follow up telephone calls

83% of people felt appropriately supported whilst they waited



78% of people felt they were given a suitable explanation of the problem



82% of people had a satisfactory experience leaving the Accident and Emergency department



30% of people were not given advice on managing the problem



34% of people needed further attention for the problem





Follow up telephone call results...

Q1) Were you supported appropriately whilst you waited?

Yes	-	83%
No	-	15%
Not answered	-	2%

Q2) Were you given a suitable explanation of the problem?

Yes	-	78%
No	-	18%
Not answered	-	4%

Very helpful

Fully explained

Left in limbo for a bit - ended up waiting 6 hours

Triaged immediately - went straight to A&E and was stitched up quite quickly.

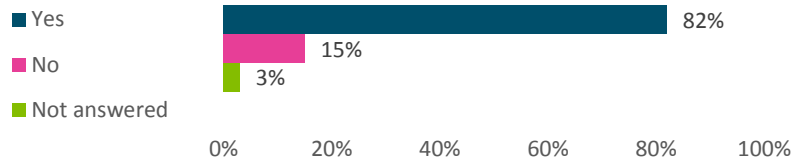
Felt like being dismissed - given antibiotics and sent home

Waiting 2 ½ hours - and in great pain.

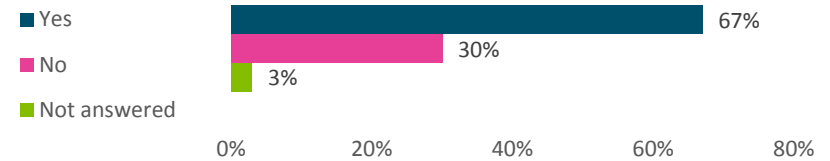
Really amazing

Found the care poor and slow in actions

**Q3) Did you have a satisfactory experience leaving A&E?**



**Q4) Were you given advice on managing the problem?**



Went home at 6am in morning, waited in foyer on own for taxi

Given packed lunch and place to wait for person to collect

Given painkillers

Staff very good & helpful - no problems apart from long wait

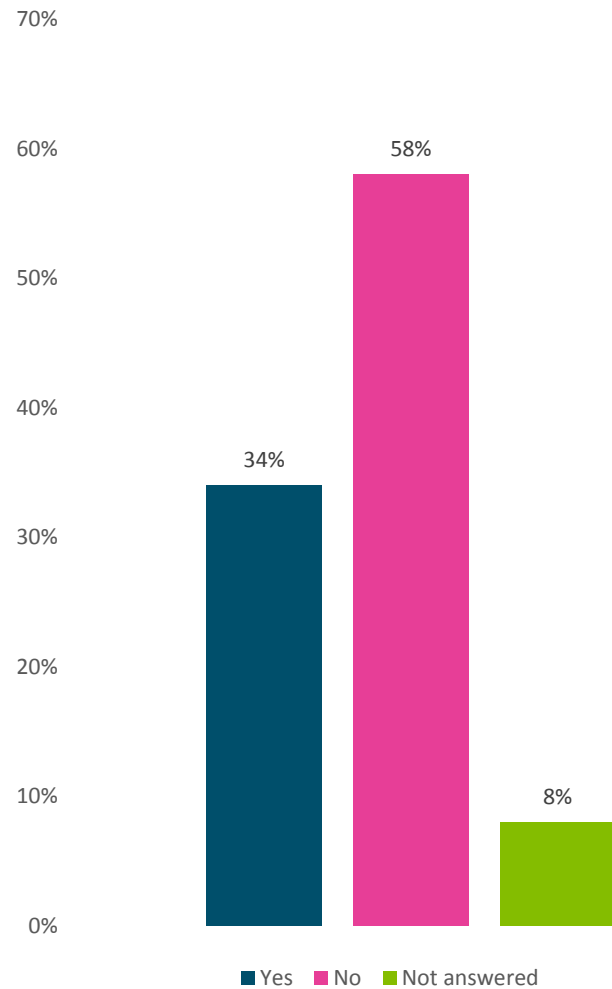
Left feeling good

Some advice

No advice given on what to do if the condition worsens or where to go.

Would have preferred a bit more info!

**Q5) Have you needed further attention for the problem?**



The responses given for further treatment needed for the problem include:

**Referral to specialists**

**Follow up with GP**

**Readmitted via ambulance**

**Revisited Accident and Emergency department**

**Referred back to Accident and Emergency department via NHS 111**

**Fracture clinic**

Some of those that revisited the Accident and Emergency department did so as they were advised at their initial visit to come back in 7-10 days for dressing changes / stitch removal.

### **Experience of waiting through to leaving the Accident and Emergency department**

The majority of the people attending the Accident and Emergency department (83%) felt they were appropriately supported whilst they waited, with some commenting that staff were very helpful and supportive. However some people reported being left in pain and feeling confused about what they were waiting for.

A little over three quarters of people (78%) felt they were given a suitable explanation of the problem. People that stated they had received a suitable explanation of the problem made comments about staff being very helpful, kind and full explanations being given.

For some a full explanation could not be provided as follow-up tests/referrals to specialists were required and arranged. Others reported being sent home with painkillers or antibiotics but no explanation. Some commented on feeling dismissed by staff and others stated they received the wrong diagnosis which was then rectified at a later date by other health professionals.

82% of people were satisfied with their experience of leaving the Accident and Emergency department. The reasons given for those that were not satisfied with their experience of leaving were generally related to a lack of information of future management. Some people reported being given packed lunches and somewhere to wait for the person collecting them but others commented that they were left to wait for a taxi alone at 6am in the morning.

Only 67% of people answered that they had been given advice on managing the problem. For some this was due to the staff being unable to make a full diagnosis without further tests or appointments with specialists. But for others people stated they were either given medication or told they were better now but were not informed of what to do should they need any advice or what to do if they became unwell again.

## **Conclusion**

It is clear from the survey results that people attending the Accident and Emergency department, although not all experiencing life threatening / serious illness/injury, were not attending inappropriately but through a lack of available alternatives. Examples of people attending after being told to come back for stitches to be removed is a clear example of this.

At least half of the people undertaking the survey had tried another service first, indicating that self-presenting at the Accident and Emergency department is not happening as a matter of course but that people are willing and are indeed trying alternatives first.

Few people commented on long waits within the department. However, even though people were not necessarily waiting for what felt like a long time, the lack of communication around potential waiting times left many patients feeling anxious and confused.

Overall people felt that they were appropriately supported throughout their time in the Accident and Emergency department. However, delays to administration of pain relief, physical surroundings such as hard chairs, a lack of childrens activities, call bells being out of reach and a lack of refreshments caused some people distress. One person described a lack of dignity at being left in a public waiting area, whilst experiencing what they described as 'embarrassing' symptoms.

Upon discharge many people felt they were not given enough information to know how to effectively manage their condition or where to go if the condition persists or worsens. Some people were discharged after tests and were told they would be contacted with the results and upon hearing nothing had made the assumption that this must mean the results had shown no cause for concern. For many people, this lack of information and communication created a sense of unease and to provide reassurance people visited their GPs.

Overall staff were highly praised throughout the survey by the majority of people. A few people reported staff being rushed off their feet, hurried, rude and dismissive.

### Recommendations for the Isle of Wight NHS Trust

1. During the initial triage process at A&E, patients should be offered a pain assessment and if required, pain relief offered at the earliest opportunity.
2. During this initial triage assessment, A&E staff should give patients a general indication of the expected wait to be seen and reasons why this may change.
3. After being triaged, patients should be kept informed of the length of time they may be expected to wait to be seen, particularly if the department is very busy.
4. A suitable area in the department should be accessible for children with toys and games and equipment maintained and ready to use.
5. A secluded or more private area should be offered to those patients whose dignity may be compromised when accessing the department.
6. All test results should be communicated to the patient as well as their GP without delay

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